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10 Common Ways People Talk Themselves Out of Getting Treatment (That They Really Need)

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Addiction Treatment

Addiction takes a powerful hold not only on the addicted person, but on their loved ones and family members. Both the addicted person and their significant others often fight the label of addiction because of the old and highly inaccurate belief that addiction is simply a matter of weak will or moral failing.

In order for someone to get help, they have to first recognize there is a problem. Sometimes it is the pressure from friends and family that finally moves someone to get the help they need. Here are 10 common lies we tell ourselves to minimize an addiction, either our own addiction or that of a family member, which can delay getting treatment.

1. I can quit anytime I want

This is the common claim of alcoholics and addicts. It's hard to disprove it because if you say, "Then quit," they will say they don't feel like it right now, but they could if they wanted to.

2. He is under a lot of stress, so that's the only reason he's drinking so much

This is one of the most common excuses for excessive drinking or drug use. It is often accompanied by statements such as, "If I had a better job," "If my wife didn't nag me," "If I wasn't so financially stressed," and similar explanations as to why someone "needs" to drink or use drugs.

3. My drug use or drinking is my business; it doesn't hurt anyone else

Nothing could be further from the truth. The addict is moody, unpredictable, unreliable, and sometimes an embarrassment. They sometimes drive while intoxicated, making it everyone's business. They put a burden on the health-care system due to the impact addiction has on their body and brain. They can't possibly be as productive or work or as good a parent as they could without drugs and alcohol affecting their abilities. Drug addiction and alcoholism take an enormous financial toll on society, and a big emotional toll on families.

4. She only drinks on the weekends

Binge drinking is a common form of alcoholism. Unfortunately, it tends to be accompanied by even more denial than you find with daily drinkers. You may have heard the story of the mother who killed herself, some of her children and sibling's children, as well as another driver and his passenger while driving back from a camping trip intoxicated on alcohol and marijuana. All her family members expressed shock, saying she didn't really drink that much. There has been a growing trend of young mothers drinking in a way that disguises the problem. They might drink alone during the day, or binge drink to let loose on the weekends. A person does not have to drink every day to have a problem with alcohol that requires treatment.

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5. That DUI was unfair – I wasn't that drunk

DUIs are serious business. When you drive a car under the influence of alcohol or drugs you are not at 100%, regardless of how low the blood alcohol content (BAC) is. You are driving a lethal ton or so of metal. You need to be totally in control. Occasionally a normal drinker makes a mistake and drives after they've had one drink, but they did it on an empty stomach, have a low body weight, or just didn't wait long enough. However, if the BAC is well over the legal limit or if they get a second DUI, it's no longer just a single case of poor judgment. Normal drinkers get the message after one DUI. The embarrassment and financial cost are enough to deter future incidents. The alcoholic does not have the ability to make good decisions once they drink, and will tend to get more DUIs.

6. The doctor prescribed all those different medications, so they must be fine

Not all doctors prescribe with care, and not all patients are honest with their doctors. Opiates are the most commonly abused prescription drug, along with anti-anxiety and sleeping pills. If you are taking multiple pills that have the effect of suppressing the central nervous system, you are treading dangerous waters. It's important to look at how many prescriptions the person takes that are classified as a Schedule II, III, or IV controlled substance; taking many different mood-altering drugs is typically very risky and unhealthy behavior. If the person has multiple doctors writing these prescriptions, or goes to different pharmacies to fill them, these should set off warning bells.

7. I don't drink in the morning, so I can't be an alcoholic

This is one of those old myths, similar to the I-only-drink-on-weekends myth. When you drink or what time you start really is secondary to how much you drink, how much it affects your behavior and life, and how hard it is to stay abstinent from alcohol.

8. He isn't that bad; I know people who drink a lot more than that

Comparing how one person drinks to another is a real trap for some people. Everyone has a different metabolism and various factors that influence how they are affected by alcohol. More important, how other people abuse alcohol isn't really your concern. Your concern should be how alcohol impacts your life. You might say this excuse is akin to saying you've only had two heart attacks and you know a guy who's had four, so you really don't have heart disease.

9. She has a great job and never calls in sick, so she can't have a problem

High-functioning alcoholics can get away with abusing substances a lot longer than other people. There are people who just seem able to push through their addiction and maintain an outward appearance of being just fine. Having a good job, lots of money, or great kids does not mean you don't have an alcohol problem. Examine the areas of your life that could be better if you weren't under the influence. That's a more accurate way to assess the situation.

10. I only drink beer and wine, not the hard stuff

Old myths die hard, and this is one of those stories alcoholics tell themselves so they can keep on drinking. If you drink six beers every night, you may as well knock back six shots of whisky. They are equivalent. What you drink is not important, it's how you drink and the impact it has on you, your life, and your family.



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Stages of Denial

Addiction Denial is defined two different ways by most experts in the substance abuse field.

Discerning the differences between the two is paramount in working effectively with people in treatment. For illustration purposes lets call the two types of denial Type A and Type B.

Type A denial is when a person sees, understands, and knows that they have a definite problem. When confronted about the problem they flat out deny it, knowing that it is true. This type of denial is outright dishonesty or lying.

Type B denial is when a person is either partially or totally blind to a problem that they have. Through a hundred forms of self-deception, rationalization, justification and excuse making, a person can actually believe that they do not have a problem, when everyone around them sees this it is obvious. This type of denial comes from being honestly dishonest or by blindness. The type of denial we will deal with in this test is Type B, honestly being dishonest.

I can remember years ago when I was confronted about my own drinking problem by loved ones, close friends, and my employer. I was destroyed, not at the thought of being an alcoholic, but by their accusations. My reaction was shock, denial and indignation. I would have passed a lie detector test if I were asked if there was a drinking problem in my life. I honestly believed that it wasn't true, and that I was being totally misunderstood.

Obviously my denial was based on being honestly dishonest, not on being a liar.

Some time later after I hit my bottom and entered recovery for Alcoholism I remember asking myself, "How could I have been so blind?"

This type of denial doesn't automatically disappear once the person sees and accepts being chemically dependent. It almost always emerges again with a new and more improved look, It's like Ivory Snow with the new packaging that say "New and Improved". It's really the same old soap with a new ingredient added to it so it can be marketed as a new and improved product.

What we are dealing with is a whole denial system, not just denial of a particular problem. It is also important to understand that denial can be on both an intellectual and spiritual level. It is common to see a person who intellectually accepts being alcoholic but doesn't believe it in his innermost self. This

is the person who constantly relapses, much to the amazement of themselves and everyone around them.

Intellectual denial is usually based on lack of understanding, differences in semantics or in definition. A good example is the person who thinks an alcoholic is a degenerate who lives on skid row. He is always panhandling and drinks cheap wine. Anyone who still works, supports a family, pays the bills, and lives in a nice house couldn't possibly be an alcoholic. Here we have a clear problem in definition. A further example is the young executive who drives a BMW, lives in a nice condo and holds a good job with a nationally known electronics firm. He uses \$200 worth of cocaine weekly and denies having a problem. He can't pay his bills; he loses his friends, and is always borrowing money. His definition of a drug addict is a person who sticks a needle in his arm every day.

Spiritual denial is even more difficult to deal with because it is so hard to see. This level of denial will lock a person into compliance blocking any possibility for ongoing sobriety. The process of internalizing a new truth is more fully explained in the chapter of the three-headed dragon, head number three.

One of the major goals in the treatment of chemical dependency is to help you through compliance (intellectually agreeing that the problem exists) to acceptance (coming to believe it in the heart). This dynamic is a process not an event. Even in the most ideal conditions it will sometimes take months before acceptance is fully rooted in the innermost self. This is why it is absolutely essential for attendance in at least 90 support meetings in the first 90 days after treatment is completed. This will add substantial insurance for the proper development of the precious new convictions cultivated in treatment.

Denial, in relationship to treatment of chemical dependency, comes in three stages. Each stage has an intellectual and spiritual dimension.

Stage One Denial

Stage one denial is when a person truly does not believe that they have the disease of chemical addiction. They may accept being addicted to a particular drug(s), and still deny having the illness. They also could deny having a problem with drugs in spite of overwhelming evidence to the contrary. Another considers themselves to be a drug abuser but not chemically dependent.

There are dozens of different ways to express this stage of denial all leading to the same place. The person does not accept the fact that they have an illness, which requires nothing short of total abstinence from all mind altering drugs, including alcohol, for its solution.

Overcoming Stage One Denial

Overcoming the wrong understanding of chemical dependency is accomplished through proper education. This will only produce intellectual acceptance at best, more commonly known as compliance.

Internal acceptance of chemical dependency is a completely different issue. It requires a basic conversion in the belief system, which is in the innermost self (spirit).

Internal acceptance is a process, not an event. One cannot come to believe something new in the innermost self by simply willing it to happen. That would be like planting a seed in the ground on

Monday and expecting to have an apple tree on Friday. Once the seed has been planted, it needs time to root. It also needs proper nourishment for growth and maturity.

This is the same way someone comes to accept being chemically dependent. The seed is planted in the innermost self of the person who admits that they have the problem by their own words. Once planted it is nourished by the continuation of the same process, admitting, (Step One of the AA program. . . We admitted . . .). The more one admits to having the condition, the more one comes to believe it in their inner most self, This is expressed by the popular slogan, "You have to give it away to get, and you have to keep giving it away to keep it".

Stage Two Denial

Stage two denial is when a person denies the need for ongoing sobriety support after treatment is completed. It represents denial of being powerless. . .just because you agree to go to meetings after treatment is completed, does not mean that you will do it. It is important to understand that good intentions in treatment do not guarantee program action after discharge. Once out from under the influence of the peer group in treatment, some people will go their own way. They will never attend a single support meeting in their home community, unless they have a profound change in their inner perception of both the problem and its corresponding solution. This is sometimes called a spiritual awakening, or a moment of clarity. Good intentions are not enough. The absence of this inner perception keeps the person in the second stage of denial. This problem has to be corrected in the innermost self before any long-term sobriety can be obtained.

The real change takes place in the spirit (innermost self), not in the mind (understanding). This is why many people see the recovery process as spiritual not psychological. It takes place in the Heart not the Head.

Overcoming Stage Two Denial

Overcoming the second stage of denial requires the successful transference of dependency from self to a greater power outside of self for the maintaining of ongoing sobriety. If you are depending on your own power to do this, you are in the second stage of denial, This is true regardless of how long you are sober. Many people have painfully discovered this, having relapsed after years of continuous sobriety.

The persistence of this denial is astonishing in many who continue to attempt abstinence by themselves in spite of repeated failure. It seems that they are incapable of grasping (the notion that they are NOT all powerful. This illusion of power is a major barrier to recovery from chemical dependency. Overcoming the second stage of denial requires the successful elimination of this illusion. This is not just an ordinary illusion. It has grown to an obsessional proportion just like the one that used to see alcohol or drugs as the answer to life's problems before it was smashed.

The second stage of denial is easily broken by the transference of dependency from self to the sobriety support fellowship. When a person gets exposure to the 12-Step program for instance, they initially do it with a great deal of reluctance. What they usually find before too long is that something very powerful is happening to them.

Externally, emotions are charged with positive energy. A feeling of belonging begins to replace the old feelings of guilt and worthlessness. Acceptance is now gradually replacing compliance. Remember, this is a process that is taking place in spite of early resistance, not an event that happens as a result of a decision. Miraculously as a result of exposure, an internal, unseen transference of dependency is taking place in the innermost self. This new found power seen as the fellowship is now taking the place

of the illusion of power that used to dominate the person with so many empty promises. The internal development of Ibis transference of dependency from self in the support fellowship takes time.

The internal development of this dynamic is called the second step experience by AA/NA members. It results in the “Coming to believe in a power greater than self”.

Stage Three Denial

Stage three denial is the denial of the need to be willing to go to any length in the recovery process. It is an indicator that you have other priorities that are just as or more important than the maintenance of sobriety. The commitment to sobriety may be strong. However, the commitment to its maintenance is weak. This condition will usually escalate in one of two directions in time. One direction is to increase commitment and involvement when living problems intensify and the other direction is to eventually withdraw from the program completely, which usually leads to relapse. One does not stay in the third stage of denial for long. It always seems to go one way or the other.

Another indicator of the third stage of denial is the rejection of the steps. Total abstinence from alcohol and drugs will produce sobriety. Practicing the living principles in the 12 Steps will produce recovery. Sobriety with no recovery will usually lead to relapse; it is only a matter of time.

Overcoming Stage Three Denial

The third stage of denial is dismantled by the constant recommitment to active participation in the recovery support fellowship of your choice.

Getting involved is the fastest way to overcome it with activities such as 12-Step meetings, sponsorship, being a secretary or chairperson, having a coffee commitment at a meeting, greeting newcomers, going on 12-Step calls. There are dozens of things one can do to establish a growing commitment to the Recovery Program.

The more activity the more you are overcoming the third stage of denial. The less activity the more you are sinking back into the third stage of denial.

Overcoming the third stage of denial completely is almost impossible. One should strive for progress in this area not perfection. The proper level of commitment to the program and the principles in it varies widely between different people. The important thing to understand is that each person needs to find his own healthy level of involvement based on his own particular needs.

Conclusion

Denial is tricky stuff. It has many faces and disguises. Its number one symptom is the denial OF its own existence. It keeps good people in everlasting blindness destroying any chance for healthy change. It will fight viciously for its survival all the way to insanity institutionalization and death. It is not threatened by you trying to beat it by yourself, in fact it welcomes it. The last thing it wants is for you to join with others who are dedicated to destroying it.

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