



Enhancing Insight Part 2

Exploring “Shielding” (Denial and Defense Mechanisms) and “A Journey Through Change”

Some of the more contemporary viewpoints of substance abuse/dependence have started to shy away from the 12- Step concept of Denial. The likely reason for that is because of the confrontational discussions that can take place in association with the topic of denial. Motivational approaches for substance abuse counseling by nature need to be non-confrontational due to the simple but true premise that confrontation only builds resistance as opposed to breaking it down (Miller, Zweben, DiClemente, & Rychtarik, 1992). There is no difference with the Escalator in that this method also is non-confrontational, and nonjudgmental in its focus. Confrontational and judgmental tactics are the distinct enemies of motivation and insight, which are at the very core of the Escalator. Consider, for example what it is like to tell a teenage drug user who does not see a problem that he or she is in denial. That can be an exercise in extreme frustration for all involved. The fantasy that telling someone who has limited insight that they are in denial will make them suddenly open their eyes and see the light of truth and insight is just that – a fantasy. Telling someone they are in denial rarely ends with increased insight and awareness but rather that approach most often leads to defensiveness, irritability and rationalization. The concept of denial then, if handled incorrectly, can do more harm than good with regard to insight and motivation building.

However, completely ignoring the concept of denial due to fear of confrontation can also be a mistake. It is not the concept of denial itself that is the problem, but what matters most is the way in which the concept is introduced to others. Due to a healthy fear of increasing resistance in substance users by discussing denial incorrectly, some people have decided not to discuss it at all. In actuality, denial and its related underlying defense mechanisms are real and should be addressed in the proper context. Specifically, the key is to discuss these issues with tact by focusing on denial as a *concept* as opposed to a “*state*” or a “*label*”. In other words, telling someone “you are in denial” is completely ineffective and should not be a tactic of anyone working with those with substance use and coexisting issues. Discussing the *concept* of denial and allowing someone to decide for themselves if they at times utilize the various defense mechanisms associated with denial is much more productive and can absolutely be an effective approach to helping with insight building. In the “old days” of substance abuse treatment, if someone was consistently labeled as being “in denial” that was grounds for that person’s discharge from the treatment program. That in itself is unacceptable with what we know about helping people with substance use issues today. If you are a person reading this on your own or a counselor or helper you will see that denial and defense mechanisms can be discussed and examined without confrontation and without defensiveness. Once again, the critical aspect is simply discussing these concepts and ideas in a broader sense and then taking the discussion to a deeper level from there with no pressure, no labels, and no judgment. Here’s how:

One critical factor behind removing the judgmental aspects of the discussion of denial is acknowledging that *everyone* on the face of this earth has been in and likely still is experiencing a degree of denial in some form or another. Think about the first reaction to any bad news. For example when someone first finds out they may have a disease, the first reaction is usually something like “that can’t be, there must be something wrong with the test” Think about the usual types of first reactions to hearing that someone has died unexpectedly. “That can’t be, there must be some kind of mistake” is a typical denial-based first reaction to such terrible news. People can be in denial about silly and seemingly inconsequential things as well. Someone can be in denial by thinking that they are a good dancer while meanwhile everyone around the dance floor is privately chuckling at them and their lousy moves. Adolescents are in denial when they often have lofty dreams that may never come true such as the belief they will be a professional sports player or movie star, which is only true for an extremely small percentage of those who share that dream as young people.

Denial can be long-lasting and difficult to penetrate even with the presence of irrefutable evidence. A good example would be the feeling many of us who grew up around New York City during the September 11th 2001 terrorist attacks. For weeks, even months after, it felt like a dream to many to look at the New York City skyline and see those once “larger than life” twin towers suddenly gone from view. I can remember feeling like as much as I knew that they were gone it was just so difficult to accept mentally, despite even the visual evidence of their disappearance from view. People can spend a lifetime in denial about traumatic loss of family members or other difficult to accept events.



No one has complete insight without some degree of psychological defensiveness. Denial and defense mechanisms serve a purpose similar to the protective atmosphere around the Earth that shields the planet from incoming meteors by burning them up before they hit the surface. Imagine what it would be like if every difficult truth that could be realized about ourselves had an uninhibited road to penetrate our consciences without any defenses. Imagine what it would be like to recognize every fault, mistake, shortcoming, and other negative aspect of our behavior and personality all day long. It would be extremely difficult to be able to withstand that constant barrage of negativity and psychological discomfort. Therefore, our psychological defenses are like a shield protecting us from taking on more than we can handle. This is not to say that denial is in fact a good thing because it is not, but rather sometimes due to our own weaknesses we have to accept difficult truths gradually.

As with previous terms mentioned in this book such as “addiction” and co-occurring “disorders”, the term denial has a negative connotation. Therefore from this point forward, instead of using the term “denial” which is so synonymous with confrontation and defensiveness, we will use the term “shielding”. Shielding implies making either a conscious or unconscious effort to protect oneself from an uncomfortable fact or truth. Shielding is very similar to the concept of denial except for the fact that it is not a state or label but rather it is an action that is actually commonplace with all sorts of people. The way people have used the concept of denial has often implied a sense of advantage or superiority on the part of the person using that term with another person: For example, someone may say: “You are in denial”; Thus implying “I am right; I know the truth” and “You are wrong and you do not see things clearly – You should listen to me because I know what is best”. That approach has a superior tone and is easily viewed as condescending to the listener. Rather, discussing shielding is focused on a person’s course of action as opposed to making a general and judgmental statement about a person’s overall level of awareness.

When you read statements such as the above quoted examples you cannot help but understand why telling someone that they are “in denial” is a set up for building resistance, confrontation and strengthening disbelief rather than helping a viewpoint change and facilitating insight-building. Rather, considering “shielding” as a normal reaction to bad news or other uncomfortable information is much less threatening and therefore much more likely to exhibit a more open and honest dialogue as opposed to argument or debate. Considering shielding as an everyday reaction that all of us do, regardless of substance use or other issues, makes the concept much easier to discuss and consider freely. Denial, has become synonymous with the concept of someone having to admit that they are a drug addict or alcoholic. As a result, if someone is lacking insight and therefore experiencing ambivalence about whether or not they have a problem, that person is going to resist the possibility that they are in denial in order to avoid an uncomfortable label. On the other hand, if it is accepted that everyone everywhere experiences shielding, regardless of substance abuse or not, then for someone to admit that they may be exhibiting shielding in a particular instance is in no way an automatic admission that one is an addict or alcoholic as in the case with denial.

The following activity for insight building is based on discussing the concept of shielding for individuals, groups or anyone else in need of increasing self-awareness and insight. Arguing or debating about this topic is notoriously ineffective when it comes to insight building. Similar to the Point of View Adjustment, this activity is focused on just getting people to look at themselves from viewpoints other than their own. Shielding should never be used with an accusatory tone, such as “You’re shielding, open your eyes and stop that!” Rather, the best way to look at shielding is to analyze and discuss the ways we may be shielding ourselves from looking deeper into things that may not be so fun to look at.

Many may notice that the specific concepts listed in the following shielding exercise are strikingly similar to the well know Defense Mechanisms utilized for decades in psychology and the study of human behavior including work pioneered by Freud in the 1930’s and revisited and reworked by Kernberg (1967), Vaillant (1977) and Plutchck (1979) among many others. The difference with this revisiting of these concepts in this publication for the purpose of explaining shielding is that the terminology used is designed to avoid negative labeling which breeds defensiveness as we have discussed. The terms used below to describe the mechanisms one may use to protect themselves from uncomfortable or anxiety-inducing information are expressed in a less pathological format but rather as “normal” strategies that all of us use every day for emotional self-preservation. For comparative purposes some commonly accepted terms for similar defenses are listed in parenthesis within the next activity.



Understanding “Shielding”

Shielding – Shielding is a way the mind may try to protect itself from information or ideas that may at first seem to be scary, stressful, hurtful, painful or uncomfortable to acknowledge or even think about as true. *In summary:*

- Shielding is most often the first reaction to bad or sad news - Think about your first reaction to hearing about someone’s death or when someone breaks up with you in a relationship; the first reaction so often is “It can’t be true”
- No one is completely immune from shielding. Consider an example: If someone throws something at you with the potential to hurt you. Your first reaction is to put your hands up and shield yourself from getting hurt by the oncoming object if you can. The same holds true if we hear something potentially hurtful: Our mind’s first reaction often is to naturally protect and shield itself from impending harm. Shielding is not limited to people with drug or alcohol problems or mental health issues. Everyone experiences shielding from time to time. With increased awareness and maturity, we can minimize shielding but it takes practice.
- Shielding can serve a purpose in some instances– Imagine if every potentially hurtful or negative thing that anyone ever said to you instantly penetrated your mind and you right away started considering it to be true. If that was the case we all would spend a lot of time being hurt and upset by every little thing. It is important to be able for our mind to deflect these negative little “attacks” on our mind and our beliefs.
- The reason for taking a more serious look at the way we may practice shielding is because sometimes it is important for us to let down our shields, figuratively speaking, and to allow some potentially uncomfortable information to penetrate our mind. Sometimes our mental shields work too well and there is something that we may need to learn about ourselves that we may be shielding our minds from thinking about because it is too uncomfortable. This is often true in the case of a variety of issues including (but not limited to) substance abuse and mental health issues which can be very difficult to acknowledge or accept.

Questions for thought and discussion - What are some life areas that can be affected by shielding? In other words, besides substance use and coexisting issues, what are some other examples of situations that one may feel defensive about and want to shield themselves from thinking about? (For example, what areas might it be difficult to accept criticism on? – Your work, relationships, personality traits, fears, weaknesses? Etc. What are some of your sensitive areas?)

Shielding is Different than Lying: How?

- When someone is lying, they consciously know and recognize the truth that they are actively concealing.
- With shielding, the person does not recognize the truth but rather they are making an effort to protect themselves from the truth
- To an outsider, shielding may seem like lying even though it is not the same. It may appear to another person that someone who is shielding is dishonestly failing to acknowledge the obvious truth. In reality, the person who is shielding often *believes* that they are making the correct assertion contrary to what others may think and often contrary to what evidence may be indicating. The person who is shielding often really believes in their heart and mind that they are correct.

Common Shielding Mechanisms

Avoiding – Doing what is necessary to avoid any discussion on an uncomfortable issue. Avoiding is usually done right away, soon after the uncomfortable subject is brought up with the goal being to get the conversation to stop or change as soon as possible.

Consider some more specific types of *Avoiding*:

- **Stonewalling** - “No I’m not!” “That simply is not true!” – Putting up a wall that inhibits any discussion of a matter any further. Refusing to discuss an issue even if you need to sound like a broken record of repeated refusal to elaborate. (Compare to Simple Denial)



- **Intimidating** – Using anger, threats or aggression to make others afraid to discuss issues with you (Compare Hostility)
- **Pacifying** – Patronizing, using humor, or just cleverly moving on to another subject, just to give the impression that you are listening without really addressing the issue. “It’s funny you bring up cocaine, you know I just saw a really cool news piece on crack addiction, let me tell you about it” or ‘Yeah, you got me, Oh yeah, I’m a crack head, I am going to sell all my stuff for crack the minute you leave – ha ha ha!’
- **Double-Talking** – Engaging in conversation and using a good amount of words but deliberately keeping the conversation on a superficial level

Reasoning – Thinking about and expressing seemingly good reasons why something that is uncomfortable is not true in your particular situation or expressing seemingly good excuses why it is justifiable for you to engage in negative behaviors. (Compare with Rationalizing/Justifying) “I use drugs because of _____”

Some more specific forms of Reasoning:

- **Tracing/Theorizing**– Looking back into the possible origins of behavior in order to find an apparent cause: “I had a difficult childhood” “If there were more opportunities in my life I wouldn’t have ever started getting high” (Although these ideas may actually be partially true in many people’s situations, they still should not be used as reasons to accept a negative behavior without having to change) Often these reasons can come across sounding like intelligent sounding theories (Compare Intellectualizing)
- **Normalizing** – Providing reasons why there is nothing unusual about one’s behavior; “This is just a normal phase that all college kids go through”, “Every kid in my school drinks, even the nerdy kids” “Just about everybody gets high these days”
- **Excusing/Explaining** (Similar to Tracing/Theorizing) – Providing a seemingly logical explanation or excuse why it is OK in your particular situation to continue “I need it to medicate my anxiety and help me focus” “Getting high really is the only way I can relax, so if I just didn’t have such a stressful job I would quit no problem” “If I could just get out of this place I could stop easily”

Shifting – Very similar to avoiding however shifting involves initially seeming to engage in conversation but then cleverly taking the focus of oneself and trying to move it onto another to avoid further scrutiny from others.

- **Contrasting**– Picking an example that is definitely worse so that one no longer seems that bad – “Take a look at Uncle Harry, he shoots heroin every day when I am just using prescribed medications” (Comparing)
- **Softening** – Looking at and expressing things in a way that makes things not look so bad. “I only drink” “It’s just marijuana” “I am not stealing from anyone” “Yeah, I do it but it’s not that bad” “It’s not like I am doing any hard stuff” “At least I don’t steal to pay for it” “I am holding down a job so I can’t be that bad” (Compare minimizing)
- **Dealing/Buying Time**– Making a deal that places a contingency on behavior change such as – “I’ll change only if _____ happens first” – This is really often an effort to delay any change with hope that eventually others will forget and stop asking. “I’ll quit after the new year starts” “I’ll quit when you first stop smoking” “I’ll stop once I get a job” This can involve making it seem like there is willingness to stop a behavior but really just delaying the possibility of having to do anything about it now
- **Holding up the Mirror** – “OK I drink, now what about you? When are you going to go on that diet? In other words putting the focus on others apparent shortcomings to avoid discussing our own

Complications Associated with Coexisting issues – Coexisting issues may be present in someone’s life that can contribute to one’s difficulty recognizing or accepting uncomfortable information. Mental health issues such as depression and anxiety as well as other life issues that increase stress and difficulty with setting priorities often contribute to a lack of focus and ability to mentally absorb relevant information about ourselves.



- **Clouds** – At times life can become so filled with anxieties and worries that it becomes nearly impossible to focus on ourselves and our issues to the degree needed to make lasting changes. Similar to the way clouds block our view of the horizon, having too many distractions, obsessions, worries, and anxieties can be a huge barrier to personal growth and self-awareness.
- **Intellectual Bulimia** – Similar to the bingeing and purging patterns associated with Bulimia, when someone has Intellectual Bulimia there may be periods of intense “taking things in” that are soon followed by expelling it all out afterward. A person who fits this category may at times initially have “moments of clarity” where information is initially taken in openly, with good understanding and insight. These moments of clarity are short lived, however, and as days or even hours go by everything learned is soon forgotten as it never really “digested” and absorbed into one’s daily consciousness and is thus expelled mentally and thereby forgotten.

Remember there is often a lot of similarity and overlap with regard to these shielding strategies and they can be used in combination or in rotation from one to another, particularly when one is not working. When working with others, it is interesting to actually watch how someone may try one shielding technique, such as intimidation for example, then when the person realizes that is not working then switching to another technique, for example softening or explaining. People usually become skilled at using more than one shielding strategy because often a backup is required if the first shielding technique does not work.



[Click to view the group therapy activity “Shielding”](#)

Misinformation about substance use, abuse and addiction can play into the process of shielding: Consider a few examples below:

“I can’t have a problem because” (*None of the following examples listed below are valid reasons to automatically rule out the possibility of a substance use issue*)

- *I don’t use every day*
- *I am not a criminal or “fiend”*
- *I am not a weak-minded person (Intelligent people can have substance abuse problems too)*
- *I don’t use “hard drugs”*
- *I have not lost my family and my job (I work so I can’t have a problem)*
- *I have stopped for periods before*
- *I only “overdo it” sometimes but not always*

Other substance related myths or untruths that can reinforce shielding-

- Marijuana is not addictive (Truth – marijuana is not necessarily physically addictive but for some individuals it is extremely difficult to quit due to being psychologically addictive)
- Alcohol, prescription drugs and in some places marijuana are legal so therefore using these substances is not a problem (In reality many people abuse and experience consequences for both illegal and legal substances)
- Drug and alcohol experimentation and occasional overindulgence is a normal part of human development (In other words, using the old “everybody does it” excuse is not valid)



Enhancing Insight Activity – A Journey through Change:

Some concepts and ideas are timeless as they remain useful for generation after generation. One such concept is the idea of the Johari Window developed by Luft, and Ingham, in 1950. Many people who have been involved in therapy or self-help may have heard of the Johari Window at one time or another. One reason that the Johari Window is so effective is that it is an excellent tool with regard to conceptualizing and getting a really good look into the concepts of self-awareness and insight.

The Johari Window has been in use for years as a way to explore the concept of change which is a critical issue when dealing with substance abuse and coexisting issues. Often, there are external (coming from others) and internal (based on one's own perception) viewpoints with regard to what needs to change that may have a great deal of discrepancy between them. This Journey through Change exercise helps one to examine the broad spectrum of internal, external and even subconscious factors with regard to the concept of change and development.

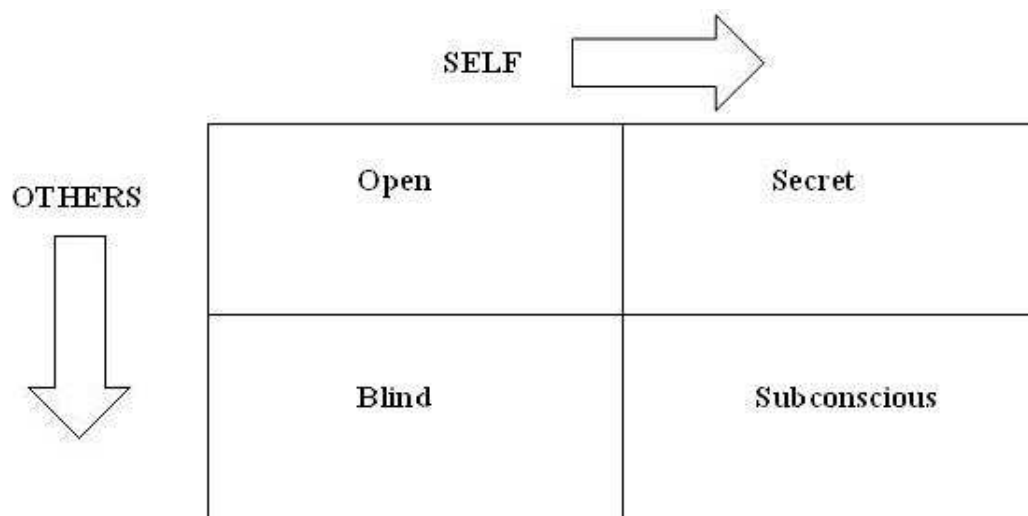
Specifically with regard to substance abuse, people in traditional substance abuse recovery often use the term "sobriety", when often others who know less about recovery view sobriety simply as an absence of substance use. In reality there is much more to the concept of sobriety. An absence of substance use is merely *abstinence*. Sobriety implies abstinence plus much more. If abstinence was the only goal in recovery then a good recovery program would include just a lot of drug testing with no need for therapy, support, education, etc. Sobriety requires *change*.

Consider the next activity; "A Journey through Change" which uses the Johari Window to explore change and increase awareness and insight about the change process. This activity can be done alone or with a counselor or helper, and it is an excellent activity for groups. Sobriety is considered in this particular activity from an educational perspective only with regard to considering what sobriety means and what it involves as opposed to coercively enforcing sobriety as a goal on anyone who is not ready for it. It is important to remember to use this activity with a non-confrontational perspective if used by a counselor or helper, particularly in use with a person or group of people who may be lacking insight.

The Johari Window:

The Johari Window is a representation of our mind from four different perspectives, each of which makes up a different "pane" in the window. There are things about each of us that we can see in ourselves and there are things about each of us that others can see and there are still other things about us that no one can see, not even ourselves

The Johari Window helps us to compare and contrast things about ourselves that we can see and others can see. In this instance we are going to use the Johari Window to look at the different ways both we ourselves and others look at change:





Open Window: Notice that based on the placement of the open window, it includes things about us that both we can see and that we also openly allow others to see about us. These are things about you that you do not generally hide. This includes qualities about you that you are likely to discuss openly with others.

(Examples of things in the open window could include: hobbies, likes/dislikes, goals, attributes) Consider a few examples

- 1- I was born in New Jersey
- 2- I have one older sister
- 3- My favorite baseball team is the Boston Red Sox
- 4- I am six feet tall
- 5- I love submarine sandwiches, pizza and Chinese food
- 6- I have five children
- 7- My first job was as a pizza chef
- 8- I enjoy classic films
- 9- I enjoy basketball even though I am not very good at it
- 10- I would like one day to go on a cruise to a remote island

Secret Window: This window holds our secrets. This includes what you know about yourself but want to conceal from others. (For example: fears, pain/hurt, guilt/shame, embarrassment, shortcomings, “ugly” things, “scars”) For example:

- 1- One of my feet is slightly crooked causing me to walk with a strange bounce
- 2- I am so afraid of dogs that once when I was a kid I wet my pants when a dog terrorized me
- 3- I was arrested for underage drinking several times as a teenager
- 4- I wish I was a good dancer but in reality I am probably pretty lousy on the dance floor

Subconscious Window: This window holds that which you cannot see and others cannot see. Often this part of our mind is seen as a huge contributing hidden factor with regard to the choices we make. We are not always conscious of why we do things. There are times when we can peer into our subconscious:

Our dreams are portals into our subconscious: For example –

- >One of the first nightmares I can remember as a child was that I would grow a horse face if I caught the Chicken Pox

Another way we allow our subconscious to come out is through art and music. For example, when we allow ourselves to create and draw freely, often what is going on in our subconscious is released through our artwork and through our free discussion of our drawings:

- >Free Drawing- A Cheeseburger

Analysis - “When I look at the cheeseburger I just drew it reminds me of how I used to go to the restaurant with my mother as a child and order a deluxe cheeseburger. Come to think of it, this is the anniversary of the day my mother got sober and on that day I stopped for a cheeseburger just after I dropped her off at rehab 20 years ago. She has been sober ever since. I didn’t realize that was on my mind until I drew that cheeseburger and started talking about it!

Blind Window: This window contains what others can see in you, but you cannot see – For examples



consider things that we would engage in shielding to avoid recognizing or acknowledging. (Reasoning, Avoiding, Shifting, etc.)

The only way to honestly see what is in this window is to ask others and get their feedback and observations about us. The things in our blind window are those things we lack insight and awareness into that others, from the outside can see in us. Perhaps we think we are good at something when in reality everyone else can see we are not. Perhaps we think we have a quality such as easy-goingness or flexibility when others can clearly see that the opposite is true about us and we are rigid and inflexible but just not aware of it, for example. Others often can see things about us from the outside that we shielded ourselves from recognizing.



[Click here to view the group therapy activity “A Journey Through Change”](#)

Increasing Insight Wrap-up:

This overall section on enhancing insight has provided several activities with related information focused particularly on the extremely challenging task of increasing insight. Of course there is no guarantee that after reviewing these activities, insight will be automatically be increased in everyone who used these strategies. Realistically speaking, these activities will at least kick-start the mental process needed to increase insight which can be a time consuming, gradual process. The idea is that if nothing else, if these strategies are used and implemented properly, the stage is set for some insightful thoughts to grow and hopefully flourish over time like seeds deposited in fresh soil. Each time a person works on insight building, it can be another step toward the eventual goal of sustained increased awareness, similar to watering that seed. With that in mind, it is important to consider that these and other similar activities may need to be periodically revisited. It is also critical to remember that personal circumstances and life events may constantly affect one's level of insight, therefore both we and our helpers need to be attuned to these changes and take advantage of insight building opportunities as they arise.

For Helpers: When it comes to helping others build and increase insight and awareness, it is crucial that helpers and counselors remain persistent but patient. Remember to avoid the temptation to argue and confront. Always keep in mind the importance of avoiding frustration and discouragement by remembering that insight building is a process that often takes time but can improve even in the face of temporary setbacks.

One more insight building activity to try:



[Click here to view SELF RATINGS SCALE \(The Lanni Scale\)](#)

