

# DEFENSE MECHANISMS IN SUBSTANCE USE DISORDERS

Jack Stem, CDCA

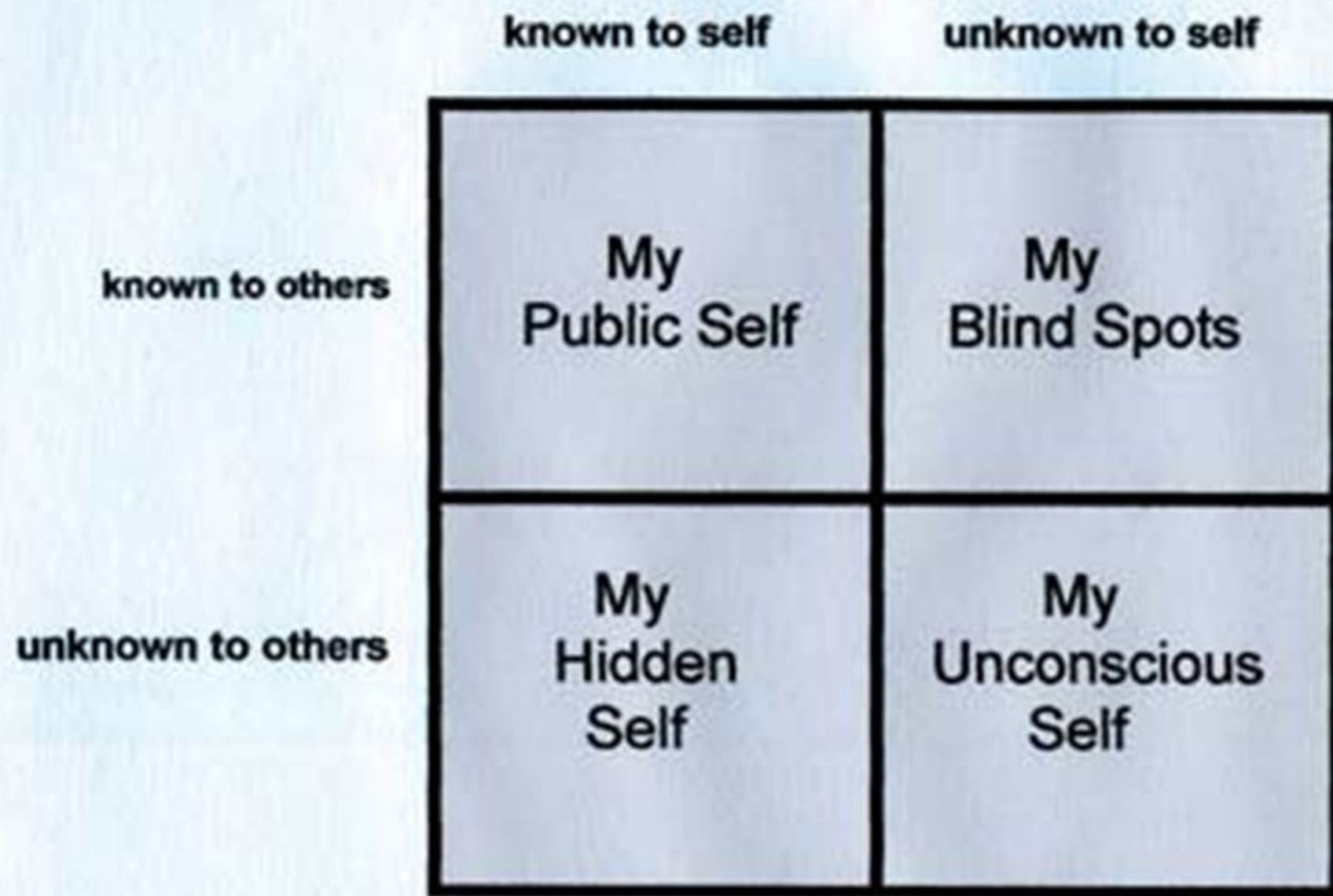
---

# Defense Mechanisms

- Defense mechanisms are a part of our everyday thinking and behaviors
- They are neither good nor bad, they just are- they simply give us a “defense” or reasoning for our behaviors.
- Defense mechanisms are pathological (unhealthy) when used to “protect” the disease of addiction.

# The Johari Window

- The Johari Window is a theory of human personality
- It states every human being has four parts that make up their personality.
- The analogy of a four paned window is used to describe this concept.
  - Public Self (Open)
  - Hidden Self (Closed or my “secrets”)
  - Blind Spot (This is where others can see things in “me” but “I” cannot see in myself.)
  - Subconscious- This is the part of you that you and others are unaware of



**Johari Window**

# Pathological Defenses

- Pathological defenses develop in order to make sense of the powerlessness (physical symptoms of addiction) and unmanageability (social symptoms of addiction) that the disease brings into our lives.
- ***Defenses hide us from reality!***
- ***Defenses;***
  - protect from physical changes induced by our SUD
  - protect from painful feelings experienced from SUD
  - explain away the serious consequences experienced due to active SUD.
  - ***allow the disease to continue its progression.***
- ***Defenses protect active use***, they are neither good nor bad, they just “are”. They ***develop subconsciously*** over time
- Left unchecked and untreated they are always ready to support continued use or a return to use.

# How do we treat defenses?

- Look for defenses that are used to protect addiction.
  - When one is used, point it out, tag it and tell the person how it is protecting their disease
- When others hear you use defenses and point this out, ***listen!!***
  - If you don't understand, ask and ***think about what has been shared***
- Defenses overlap one another 3-5 or more may be used at one time.

# Responding to defenses

- Individuals may not like to listen to this feedback and may become angry
- Try not to take angry responses personally
- Take time to think about what was shared
- When ***your*** defenses are pointed out, ***listen***, don't deny or defend

# Importance of Defense Mechanism Work

- Pathological defense mechanisms and irrational beliefs support the *relapse patterns*.
- Understanding how this process is related to relapse can be *beneficial in identifying and preventing the relapse* and minimizing the totality the disease of addiction
- **IT IS NORMAL TO FEEL ANGER WHEN DEALING WITH DEFENSE MECHANISMS!**
- An *open mind and a willingness* to work on feedback is key in developing a healthy change in thinking



# DENIAL

- The “Big Daddy” of defense mechanisms
- The individual avoids a painful or anxiety-provoking situation by blinding themselves to its existence.
- He or she may insist that a given fact can’t be true, ***despite evidence to the contrary.***
  
- “I don’t have a problem!”
- “I don’t need to go to an AA/NA (sober support) meeting”
- “I don’t have to participate in groups”

# RATIONALIZATION

- The individual provides explanations to excuse inconsistent or irrational behavior. ***If they believe their excuses***, they are rationalizing.
  - I can't speak in groups, because I'm shy and I never have
  - I talked during education because I was bored
  - I slept during education because I was tired
  - I did take your pain medicine, but my back was really hurting.”
- **KEY WORDS: *but/because***

# MINIMIZING

- The individual protects himself from worry or anxiety about a problem by making it seem less important than it is.
  - I **only** smoke pot every other day, but I drink every day, so marijuana isn't a problem for me.
  - I **only** drink on the weekends.
  - I **only** broke a little boundary
  - I **only** took one of your Percocets
- **KEY WORDS:** *only / a little / kind of / maybe / probably / possibly / sort of*

# EXTERNALIZATION

- The individual acts as though outside forces or circumstances cause them to react in self-destructive ways.
- ***Believing this, the individual does not have to take responsibility for their behavior.***
  - If you had parents like mine, you would drink too.
  - I'm late because Joe didn't tell me it was group time.
  - Nobody else is talking, so I'm not either.
  - My counselor didn't like me anyway, so I didn't go to group
- ***KEY WORDS: fault/blame***

# INTELLECTUALIZATION

- The individual uses lengthy argument or small detail to distract from the real issue
  - I never used a roach clip, I shared my joints with friends, I never smoked alone, o I can't be addicted.
  - I am not rationalizing. I did have a headache and I didn't take notes, but I listened to what was said. I took notes the other times. Besides, I sit way up front, and I started out sitting in the back.
  - I can be an addict, but not an alcoholic; therefore, I should be going to NA and not AA.
  - In intellectualization, you **think away** an emotion or reaction that you don't enjoy feeling.

# FANTASY

- The individual escapes from unpleasant situations through daydreaming or not paying attention
  - Thinking about friends (during education) having fun and getting high.
  - Wishing they were somewhere else.
  - Thinking things will be okay as soon as they move to a new house. Neighborhood, school, job, etc. (geographical cure)

# REGRESSION

- Returning to old destructive behaviors.
  - “Instinctive response”
- The individual returns to a less mature level of behavior
  - Going back to yelling, cussing, fighting, and talking about all the fun times of using.
  - Begin isolating from family, friends and work or school colleagues
  - Watching movies or TV that glorify using

# DEFOCUSING

- The individual begins to focus on issues outside the realm of chemical dependency treatment
- Focusing on outside issues such as family, court, work, etc.
  - I sure miss my girlfriend. She is all I think about.
  - I have that court date after treatment. I can't think about anything else.
  - I wonder what my friends are doing?



# JUSTIFYING

- Trying to prove behavior or thoughts to be right by making excuses or illogical explanations
  - I don't talk much because that's the way I am
  - I'm too shy to talk in groups
  - I wasn't listening in education because I've heard it before
  - I like to using drugs because they make things better.
  - Your just jealous because you can't control your using like I can.

# SARCASM

- Saying the opposite of what you really mean either with anger or humor
  - I really like being drug tested all the time
  - I'll spend my whole life going to AA/NA
  - I suppose I need a buddy to go to the bathroom. Are you going to buy me flowers too?

# PEOPLE PLEASING

- The act of saying and doing what you think others want to hear or see.
- Goal in people pleasing is to get others to like you so they will avoid giving you honest feedback
  - I will wash the dishes even though it's not my turn.
  - I won't confront Joe's sarcasm because his humor is part of his personality.
  - I really like you but . . .

# UNDOING

- Making up for unacceptable behavior without changing it the behavior.
- The individual engages in behavior which is designed to atone for previous unacceptable actions.
  - I'm sorry for confronting you.
  - Teasing or provoking a peer, then later, doing that peer's laundry or chores.
  - Teasing or provoking a peer, apologizing, then continuing to provoke and tease.

# PROJECTION

- The individual redirects emotions toward ideas, objects, or persons other than their legitimate source.
  - Ignoring peers when upset about legal problems.
  - Hitting a wall or yelling at a peer or staff member when upset about discharge date.
  - Yelling at spouse or children when upset or disappointed at a situation they did not cause

# ACTIVE NEGATIVISM

- The individual refuses to do what is necessary to treat his or her disease; refuses to participate or go to groups.
  - Not doing goal work.
  - Not going to AA meetings
  - Not participating in groups
  - Not taking notes in education

# PASSIVE NEGATIVISM

- The individual passively resists doing what is required.
- Procrastinates, forgets, or remains confused.
  - I don't understand.
  - I don't know.
  - I'll do it tomorrow.
  - I'll go to a meeting tomorrow.

# CHANGING THE SUBJECT

- Choosing to talk about a different topic to avoid a subject you don't want to discuss.
  - I know this may be off task, but. . .
  - We are supposed to be talking about Step 2 but I want to tell you about.....



# MANIPULATING

- The attempt to get what you want, without asking directly and openly.
  - Going to another person to get something after one person said no (staff splitting or working one parent against another)
  - Leaving out important details. (“I used pot,” but failing to say how much and how often.)

# Relapse Patterns and Defense Mechanisms

- Pathological defense mechanisms and irrational beliefs support the relapse patterns.
- Understanding how this process is related to relapse can be beneficial in identifying and preventing the relapse and minimizing the totality the disease of addiction
- We need help to “see” our own defense mechanisms
  - They “live” in our blind spot (JOHARI Window)