



Dr. Henry writes about Massive Denial

Denial is a word that is frequently overused in American life. We hear it used as it pertains to the method in which many substance abusers or their codependent spouses cope. Elizabeth Kubler Ross identified denial as one of the early stages in the process of dying from a terminal illness such as cancer. In the book of Matthew in the New Testament, even Jesus advocates self-denial as a virtue when he says, "If any man will come after me, let him deny himself, and take up his cross, and follow me." The dictionary offers several definitions for denial such as rejection of a request, refusal to admit the truth of a statement or charge, disavowal, and restrictions on one's own activity or desires. Perhaps all of us, at one time or another, have exercised denial in these four ways. In the psychodynamic world, denial is recognized as a defense mechanism. What is a defense mechanism? A defense mechanism is defined as an unconscious intrapsychic process serving to provide relief from emotional conflict and anxiety. Conscious efforts are often made for similar reasons, but most defense mechanisms are unconscious, meaning that their use is not a rational, willful cognitive function of our personalities. Denial is one of at least 17 recognized unconscious defense mechanisms of our personalities. As a defense mechanism, denial is defined as an unconscious process used to resolve emotional conflict and allay anxiety by disavowing thoughts, feelings, wishes, needs, or external reality factors that are consciously intolerable.

Polio survivors have exercised denial to a massive extent for years and have demonstrated how successful this defense can be. Everyone is different in personality, but massive denial has been remarkably incorporated into the lifestyle of countless polio survivors. For those who survived polio with some identifiable residual damage from the disease or displayed an outward sign such as a brace, a limp, atrophy of an extremity, spinal curvature, brace, crutches, or wheelchair, this reality set them apart from their able bodied peers. For any one, but particularly a child, this awareness, self-consciousness, or feeling was unacceptable in order to feel normal. To consciously feel abnormal, crippled, or deformed was very anxiety provoking. The thought or feeling of being different from one's peers in the classroom, at play, or within the family was unbearable and frightening. To regain some sense of selfhood and a healthier identity, many polio survivors began a process of unconscious denial. At the same time, many were also regaining some use of previously paralyzed muscles. With the encouragement of family, friends, doctors, nurses, physical therapists and many others, measurable improvement occurred and the denial process became even easier to adopt.

How often did crippled polio children secretly entertain "what if" wishes or fantasies? I would estimate that the majority did at least for several months if not years after the polio event. To be surrounded by peers who took walking and running for granted, one would naturally wonder "what if I had never had polio?" In time as this wishful thinking would only produce anger and anxiety, one would gradually adapt to the denial defense and in time, the frequency of such unrealistic wishes subsided. "Why punish myself with such fantasies and wishes, it does not do me any good, it only makes me feel worse."

Polio survivors clearly had many identifiable needs unless they completely recovered or were able to pass

for normal. Some were severely damaged and needed wheelchairs or even iron lungs. Others needed braces, corsets, crutches, or canes. Many others underwent painful orthopedic surgery and rehabilitation. The overwhelming goal for polio survivors of the 20's to the 50s' was to find some way to get back on one's feet. The world would be greatly limited or nearly inaccessible to those who could not get back on their feet. Needs were hard to deny, especially if a crippled polio fell and could not get back on his/her feet without assistance from another individual. Falling was frightening to so many, not so much because of possible injury, but more so from the fear of being an object of pity and "needing" help to simply get up. How many polios, whether walking with braces or even rolling in wheelchairs, were stubbornly aggressive about opening their own doors or carrying their own objects? Most of us, not only denied, but also resented our obvious need for the assistance that would have made our lives simpler. Many of us became automatic in our refusal to accept the help of others rather than graciously accept the good intentions of others. To admit to ourselves that we had needs was intolerable. We were extremely vulnerable to become absorbed into a life of massive denial. We did just that, became masters of massive denial.

Our massive denial has resulted in a scattered group of variously handicapped individuals who have achieved, contributed to the work force, married, raised families, have done everything humanly possible to be normal, and have successfully denied our polio realities, thoughts, feelings, wishes, and needs. We were fully expecting to complete our life's course with our denial defense intact and die of natural causes like our normal peers. Polio was past history, and then came the unexpected.

A little over a decade ago, post-polio syndrome became a new reality. Our well-oiled denial defense initially seemed to be helpful with PPS. We could simply convince ourselves that this was something that was only happening to a few polios and it would not happen to me. Or, even if it did happen, it was just a matter of "pushing through" the pain, fatigue, and weakness. The "no pain, no gain" strategy had worked so well in the past, why wouldn't it work now? Our massive denial was still operant. We all know what happened next. PPS began happening to me, as well as you, and finally to the majority of us. Some of us went to many doctors before getting a proper diagnosis. Some of us went to a support group meeting and did not like what we saw or heard and did not go back with eagerness. To go to a support group meeting was a direct insult to our denial armor. One might see a mirror image of oneself across the room. What would we likely see? We would likely see a person with needs and realities that we did not want to accept in ourselves. Again, our denial armor might be chipped or cracked.

The whole experience of PPS is like a boomerang or a déjà vu experience. We have been caught off guard and our massive denial defense has been invaded and penetrated. What has been the result? Many of us have experienced overt anxiety, depression, anger, physical and emotional pain, loss of jobs and self esteem, family stress, and eventual resignation to an unfair fate. For those who had been "passers", the whole PPS experience has been an old nightmare or a regression back to an experience they had assumed they had beaten. Massive denial had not been necessary for most passers, but they too were unprepared for PPS and its realities.

Massive denial, was it good for us or not? Do we still need it? Will our minds find an unconscious replacement? These are questions to ponder. I doubt that we will relinquish massive denial. It has been so good to us. Even with PPS, if we have a good day, do we not entertain thoughts and feelings that we can overcome again? Do we not search for more knowledge about PPS, try many untested remedies, share information with each other, and try to gain some semblance of autonomy, even when it is compromised by undeniable realities. Becoming a burden is the last thing we want to be. We must have control of our existence. Denial of our control will likely be our demise.

Only as a result of PPS have we discovered each other. We have helped each other uncover and share our polio pasts, and now we should be better able to support each other, as we grow old in our polio futures. With the knowledge of having and knowing each other, may massive denial go on a much needed and long recess?

Henry Holland, Richmond., Virginia, USA. Henry4FDR@aol.com

23rd April 1998

Originally published in the [Central Va PPS Support Group \(PPSG\)](#)'s newsletter, *The Deja View*, in 1998.

[▲ Top of Article ▲](#)

[Content Catalogue](#) [Source Catalogue](#)

[Reception](#)

[Library](#)

[Networking](#)

[Directory](#)

[What's New?](#)

[The Lincolnshire Post-Polio Network](#)

Registered Charity No. [1064177](#)

An Information Service for Polio Survivors and Medical Professionals

All enquiries, book requests, medical article requests, membership fees, items for newsletters and donations to

The Secretary, Lincolnshire Post-Polio Network

PO Box 954, Lincoln, Lincolnshire, LN5 5ER United Kingdom

Telephone: [+44 \(0\)1522 888601](tel:+44(0)1522888601)

Facsimile: [+44 \(0\)870 1600840](tel:+44(0)8701600840)

Email: info@lincolnshirepostpolio.org.uk

Web Site: www.lincolnshirepostpolio.org.uk

The Lincolnshire Post-Polio Network takes great care in the transcription of all information that appears at this site. However, we do not accept liability for any damage resulting directly or otherwise from any errors introduced in the transcription. Neither do we accept liability for any damage resulting directly or otherwise from the information available at this site. The opinions expressed in the documents available at this site are those of the individual authors and do not necessarily constitute endorsement or approval by the Lincolnshire Post-Polio Network.

© Copyright The Lincolnshire Post-Polio Network 1997 - 2010.

© Copyright Henry Holland [1997 1998 1999 2000](#).

Copyright is retained by The Lincolnshire Post-Polio Network and/or original author(s). Permission is granted to print copies of individual articles for personal use provided they are printed in their entirety. Links from other Internet WWW sites are welcome and encouraged. We only ask that you let us know so that we can in future notify you of critical changes. Reproduction and redistribution of any articles via any media, with the exception of the aforementioned, requires permission from The Lincolnshire Post-Polio Network and where applicable, the original author(s).

Document preparation: Chris Salter, [Original Think-tank](#), Cornwall, United Kingdom.

Created: 25th April 1998

Last modification: 24th January 2010.

