Dangers of Denial
Marcy Maler, MMFT, Art Therapy Educator & Care Specialist

Alzheimer’s disease is the sixth leading cause of death in this country. An estimated five million Americans have the disease and one family in three is touched by it. Yet Alzheimer’s disease and other related dementia very rarely appears in obituaries or even on death certificates. The disease, experts say, is one of the few that still carries such a stigma that families and patients often refuse to acknowledge it or call it by a name.

As a consequence, some people with dementia have been put in dangerous situations. They are allowed to live alone, for example, when they can no longer cook or care for themselves. Families have been torn apart when some members refuse to accept a diagnosis in a parent, or help with his care. It may feel better to overlook problems and hurtful situations to protect our emotions and decrease a fear about the future. But is it better to deny the existence of dementia in a family member?

Accepting that memory loss is creating problems in everyday life can be painful and difficult because the notion of becoming a caregiver is too much to bear. We may make excuses to lessen our pain: “His bad day was just because of the unusual circumstances today;” “She will remember tomorrow, once she is rested.” Or perhaps, it could be the promise you made of never putting your loved one in a nursing home. If you assume that your loved one doesn’t have dementia, you won’t have to deal with it.

When family members downplay their loved one’s level of functioning and care needs, they also put him at a higher risk of danger. Although it is possible to deny what we find unpleasant or frightening, when denial exists there runs a risk of getting improper care. It is important to have a realistic perspective about your loved one’s illness to effectively support your loved one as well as yourself.

Denial, a risky business
An important consequence of denial is neglecting your loved one’s safety. One example may be the misuse or mismanagement of prescriptions. Using a weekly pill dispenser makes it easier for the average person to properly take medications. However, for a person living with cognitive impairment, even though the medication is organized, it will not help them to remember where the dispenser was placed and recognize the need to take the medication as prescribed. Despite your efforts, you may notice the medication was taken too often or not taken at all. There comes a time when medication needs to be monitored and given by a second party.

Beyond taking medications safely, is your loved one’s home safely navigated by an aging person with compromised mobility and perception? Does she know how to call you if she falls and can’t get up? Will your loved one turn off the stove after use? Remember to unplug the iron? Remember how to get home when driving or on a
walk? There are so many logistical aspects to consider to ensure the safety of a person with cognitive impairment.

Denial will impact family dynamics. Those in denial will accuse the accepting family member of overreacting and refuse to assist in caring for the loved one; those accepting the reality will feel burdened by doing all the care. Frustration for the person with the disease can become overwhelming, in that he doesn’t receive the support he needs from his family because they don’t acknowledge that the disease is interrupting activities of daily life. Uninformed, those in denial may truly believe that their loved one can re-learn to make her own meals or dress herself. The entire family will be stressed, the patient will not receive adequate care, and relationships will be torn apart.

**It happens in the best of families:**
Unfortunately, shame is often associated with a dementia diagnosis. Having noticed that a husband or wife has progressive memory loss, a spouse may choose not to share it with others. In doing so, the couple may face isolation and further difficulties in providing proper care. In fact, were they to seek out the many educational opportunities and support groups that are available, they would realize there is nothing shameful and they are not alone.

At the onset, a spouse may be able to provide the needed care, however, as dementia progresses so does the intensity of caregiving needs. Increasing daily supervision is needed to avoid the risk of accidents in the kitchen and bath. Gas and fire dangers arise as reason and judgment decline. Continuous denial of this decline creates greater dangers to the patient. Beyond the safety issues mentioned above, the failure to address symptoms with proper medications can make the patient’s life extremely stressful and uncomfortable.

While it is normal to be fearful of a dementia diagnosis at the outset, don’t let it overrule logical thinking. Address your fears; allow yourself to approach denial in a kind, gentle, and calm way to minimize frustrations, danger, and anger.

Acceptance and dementia education will ensure proper support for your loved one. Although one tends to gravitate toward ignoring the 10 signs of dementia, when a loved one exhibits dementia-related behavior it is best to muster up the emotional strength to get a medical evaluation right away.

Remember, acceptance gives you and your loved one time to educate yourselves and prepare for the future, allowing your friends and family to adjust to the situation together. Understanding the progression of the disease will allow you to face it with strength and compassion. The sooner friends and family recognize and accept that their loved one will need support in caring for themselves in the near future, the better care they will be able to provide. Dementia education will be your closest ally.