



Original article

Denial as a psychological process underlying non-compliance with public health recommendations for the prevention of COVID-19



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Summary

During the COVID-19 pandemic, phenomena such as denial, skepticism and conspiracy have occurred with great negative repercussions in the management of the pandemic itself. This work analyzes the presence of the psychic mechanism of denial as a common root underlying many individual and group behaviors, also considered the consequence of the difficulty of many individuals to manage the feelings and emotions caused by the pandemic. Psychoanalytic theory was the first to describe and study defense mechanisms such as denial and it can be useful not only for treating the distress of individuals or groups, but also for understanding the complex dynamics underlying denial social phenomena in order to implement better awareness and prevention strategies.

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Conflict of interest

The Authors declare no conflict of interest.

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In the present work we aim to address the role of denial in relation to some phenomena that occurred during the COVID-19 pandemic, analyzing the implications on the experience of the individual and in the collective, with important repercussions in the management of the pandemic itself. In this historical moment, the problem of denial is becoming very evident in relation to the subjective experience and the overall management of global impact issues such as climate change, poverty, immigration, up to the issue of health. Very often we see skeptical positions, up to the frank contestation of the scientifically reliable and significant evidence that is proposed for discussion, while "alternative facts" are evoked in spite of all the available data. Undesirable feelings related to various problems can trigger the implementation of defense mechanisms at various levels, by the single individual, by the community and sometimes by the institutions. The most frequently engaged defense is denial, a very common and characteristic reaction of human being.

The term "defense mechanism" refers to a mental operation that occurs mostly unconsciously and whose main function is to protect the individual from experiencing excessive anxiety. Any perceived stress can also be faced thanks to the use of psychological defense mechanisms. The concept of defense mechanism is formulated within the definition of psychic functioning as conceived by psychoanalytic theory, as a function of the Ego through which the Ego protects itself from excessive libidinal demands or from too intense instinctual experiences. Psychoanalytic theory defines a defense mechanism as an unconscious psychological process, with or without resulting behavior, which therefore aims to reduce or eliminate anxiety resulting from unacceptable or potentially harmful stimuli. In other words, defense mechanisms protect the mind, Self and/or Ego from perceived negative consequences and provide

protection from a situation that cannot currently be coped with¹.

Freud was the first to theorize the overall function of different defense mechanisms in psychic development, but many subsequent authors, starting with Anna Freud², expanded this theory, thanks to the observation of what were the most common reactions not only in pathological field, but also towards common life situations, considered particularly painful or impossible to face. The defense mechanisms, as unconscious processes, have as their primary purpose to exclude from the conscience an experience perceived as unacceptable or dangerous for one's psychic stability. In most cases, different defense mechanisms can be employed to deal with the event. These are therefore fundamental functions, which cross the psychic life of the individual in a continuum between physiology and pathology, designed to promote a better adaptation of the individual to life. The defense mechanisms, therefore, should not be classified as necessarily pathological, since they are the basis of a normal psychic development. They can present themselves such as rigidity, inflexibility, intensity, inadequacy with respect to the psychic age and irreversibility that overall contribute to a maladaptive or frankly pathological condition.

Denial is one of most common defense mechanisms, defined as the refusal to recognize the existence of a real situation or the feelings associated with it³. If implemented qualitatively and quantitatively, denial can compromise a reality examination, up to the complete scotomization from the consciousness of events perceived as excessively conflictual or intolerable, undergoing a mental process without being aware of it. If on a pathological level there can be a serious impairment of contact with reality, such as in psychosis or serious trauma, even in individuals with a psychic functioning that is not frankly pathological it can produce negative consequences rather than the possibility of solving a problem, while protecting the subject from distress. It is therefore a mechanism that can become severely dysfunctional and maladaptive.

If the first and original formulation belongs to Freudian psychoanalytic theorization, there are a variety of other terms that are used in part as synonyms of denial. These are conceived within different theoretical frameworks, which however highlight above all the perceptual aspect that is, the inability to grasp the most disturbing element of a field of observation, in addition to banishing an uncomfortable thought from our awareness. In the 1960's it was theorized the so-called "spectator effect". The literature on this subject was stoked in part by the case of Kitty Genovese, a woman murdered in 1964 in New York, in which it was found that a substantial number of bystanders who had heard or seen "something" apparently "chose" not to intervene or report the event, thinking that the others would take care of it, or they came to the conclusion that no action was necessary, since not even the neighbors had reacted to it. Another concept formulated in those

years was about a "psychic numbness", coined by Robert Jay Lifton to describe people traumatized by the atomic bombing of Hiroshima⁴.

The reference to their way of being able to "turn off" emotions almost undergo a "paralysis of the mind", actually takes on the characteristics of the defense mechanism called Dissociation. However more subtle forms of psychic numbness can operate even in less catastrophic environments, as a means of shielding oneself from the "stimuli bombing" of everyday life. This is interesting for the purpose of this paper and highlights the complexity and heterogeneity of the psychic reactions that an individual can implement in the face of distressing situations. Another term often used in the literature is "disavowal", conceived as a disavowal of a responsibility or knowledge of something. Freud himself used the verb *verleugnen* to refer to the mental act of rejecting a perception as inconceivable and his translator James Strachey translated it just as "to disavow". In this concept, as can be deduced from Freud's work on Fetishism⁵, it is highlighted that disavowal does not cancel the idea or perception in question, but rather its meaning and can therefore allow a sort of suspension of the function of judgment. This term has also been more widely and loosely used to indicate a refusal to think, a propensity to simply put aside what cannot be integrated, thus ignoring painful evidence⁶.

The innovative contributions to psychoanalytic theory by post Freudian authors have helped to formulate a broader function of defense mechanisms. For example by highlighting how they are structured in the child's relationship with caregivers from the earliest stages of life, as argued by Melanie Klein⁷⁻¹⁰, then undergoing an evolution in the course of psychic development, with gradual re-dimensioning of the most primitive mechanisms, which nevertheless never disappear and can return to have a greater influence even in situations of adult life that put the individual back in contact with ancient anguish.

A particularly important and innovative contribution to psychoanalytic theory must be acknowledged to Wilfred Bion, mainly for his discoveries deriving from the study of group dynamics, very central for the purposes of the present work. Among the various notations, Bion observes how a group can silently and collectively "accept" not to notice, as it were an elephant in the room or an emperor without clothes¹¹. He differentiates "work groups" which are able to function more thoughtfully and creatively from "groups in basic assumptions" which are dominated by schizoid and paranoid mechanisms. Groups can work to share the radical distortion of reality and also its "scotomization", or the creation of a mental blind spot. A group, as postulated by Bion, can oscillate between such states, just as an individual can. Bion's work can be particularly useful in considering how institutions can also be constituted and maintained thanks to an operation based above all on "not seeing and not knowing"¹¹. Throughout history, there have been numerous collective events that can be interpreted thanks to the knowledge of social groups functioning, from

the Holocaust to the most recent revelations on the sexual abuse of children by Catholic priests around the world.

Theodor Adorno also deserves special attention in light of his attempts to understand the psychology of the masses during fascism and to explore its combined state of knowing and not knowing. For example, while examining the catastrophe of interwar German history, Adorno imagined political subjects who did not truly believe what they claimed to believe, having to obey the idea that Jews were the enemy and that the “final solution” was therefore necessary. However, they knew it was false, so their performance was particularly frantic: “If they stop thinking for a second,” Adorno wrote, “the whole performance would fall apart and they would panic”¹². They behaved like actors in a play, psychologically unable to afford to do otherwise.

In this sense, the vocabulary suggested by the psychoanalyst John Steiner, who explores the psychological dynamics of “turning a blind eye”, is useful. Steiner begins by reminding us of the many ways we can distort and misrepresent reality and uses the Oedipus myth to examine a situation where there is access to reality, but it is ignored for reasons which may then be susceptible to analytic work. “I refer to this mechanism as turning a blind eye,” he writes, “because I think this conveys the right degree of ambiguity about how conscious or unconscious the knowledge is.” He is interested in the theme of disavowal through the study of those ambiguous situations in which we can have a vague awareness of the choice not to look at the facts, but we proceed anyway to evade this awareness. These evasions can lead to a series of maneuvers “that deny or hide what happened by creating a cover”. Steiner draws attention to the social and political implications of turning a blind eye and the dangers it could bring¹³.

Also interesting is the well-known reading that Jacques Lacan gives of Edgar Allan Poe’s short story *The Purloined Letter*. He focuses on an object, the epistle in question, placed in plain sight on a mantel where no one (except the detective) can see it¹⁴. Randomly leaving a secret object in an easily accessible place can be, in general, a great hiding place. Similarly, for historians, archives may be technically open, but no one bothered to look for them for reasons that could include, among other things, an unacknowledged discomfort to the consciousness related to what it might contain.

Returning to focus on denial, the contemporary meaning of the term, starting from the psychoanalytic conceptualization, also contains within itself what was already expressed in 1755 by Johnson, who in his dictionary had concentrated on the multifaceted meaning of the term, defining the denial “refusal” or even “abjuration”, conceived as the opposite of a recognition of membership. Johnson also included an entry for the term “denier”, which means contradictor, opponent, who holds the negation of a proposition, “one who does not possess or recognizes”, or even “one who rejects”¹⁵. The word denial itself, therefore, can mean that something is not happening, does not exist, is not true or is not known.

Denial is therefore an unconscious constitutive mechanism of the individual and within certain limits it is functional to his adaptation to the relational environment, becoming part of the functioning of groups, institutions or even states¹⁶. We can therefore think that the mechanism of denial significantly intervenes in all situations when something is believed to be false. It can also mean disbelief in the existence or reality of a thing, disbelief about a natural, social or economic phenomenon (“climate deniers” or, to quote another phrase that became a common part of British political discourse in the 2010s, “deficit deniers”). According to a theoretical point of view aimed not so much at identifying deep psychic processes, as at the study of the operational strategies that an individual implements in relationships under stressful conditions, the concept of Coping appears to be important.

Lazarus (1966) hypothesizes that in a stressful situation an individual uses the strategy he perceives has the best chance of countering the threat and the one he feels most able to use. In other words, we use the coping strategy perceived as most vital in a specific situation¹⁸. According to the most recent guidelines, there are two distinct types of coping that the individual can employ: *problem-focused coping*, which actively or behaviorally alters the external person-environment relationship, and *emotion-focused coping*, which modifies the personal, internal or relational significance underlying the stressful event¹⁷. To these two broad categories, another defined *avoidance-focused* has been added, a proactive strategy, aimed at escaping from the stressful situation and which is therefore implemented before the event takes place. According to Aspinwall and Taylor¹⁹, this latter strategy would have advantageous adaptive consequences as it minimizes the impact of stress, however it could lead to a long-term not very adaptive strategy, as the stressful event may not never be confronted.

Therefore, to better understand some of the phenomena that occurred during the COVID-19 pandemic, it is essential to focus the attention on the main stressor, and then subsequently analyze individual and collective responses. In fact, the current pandemic has worked as a multifactorial stressor, characterized by chronic anxiety and lack of control over the succession of unpredictable environmental events, which include not only the spread of the infection but also the psychological impact of quarantine measures. In January 2020, the Coronavirus had caused the deaths of over 2,221,949 people, with a total of 102,673,378 global cases, of which 2,541,783 in Italy²⁰. In addition, necessary government countermeasures such as curfews and border closures have negatively impacted the economy, bringing personal restrictions and uncertainty into daily life. The context of the pandemic can then be seen as a breeding ground for amplified distress and anxiety²¹.

United Nations Secretary António Guterres has called COVID-19 disease as the greatest threat since World War II²². In response to this we have observed a succession of very different reactions: initially the irrational hoarding

of assets, an increase in identification and support for one's national ingroup, resentment against outgroups (in particular those associated with COVID, such as non-EU citizens), attitudes of defense and justification of the political *status quo*, but also denial and phenomena such as increased belief in conspiracies linked to the virus and the outbreak of the pandemic. Despite the diversity of defense reactions presented, they all had in common the fact that they did not have the ability to reduce or diminish the threat posed by COVID-19, nor did they provide a remedy for it²³. In fact, the denial process in the COVID-19 epidemic seems to have had a negative impact on the mental health of the individual, as well as implications for the community. A study conducted in Poland in the first week of the pandemic assessed the mental health of citizens by administering specific psychometric tests. The results shown that subjects with significant reduction in mental well-being used non-adaptive strategies, including denial²⁴. Another study conducted in Japan during the second wave of the pandemic showed that 18.35% of the subjects analyzed were depressed and in particular the attention was paid to how subjects who implemented denial-based coping strategies had an increased vulnerability of developing depressive symptoms²⁵.

In the context of the COVID-19 pandemic, there has been a negative effect on the mental health of the entire world population and in particular health workers have had a considerable increase in the levels of psychological distress. In a recently published Case Series, we have the opportunity to observe the mechanism of reaction to the stressogenic stimulus by the individual, due to denial. It is described the case of a psychiatrist who, when the frequency of news about the virus increased, found it particularly difficult to accept this reality. In fact, it was too threatening and a moderate amount of anxiety aroused in him; it was therefore easier from a cognitive point of view to deny the existence of the virus, since this represented a real threat. This caused the psychiatrist to speak to colleagues about his lack of precautions, resulting in frustration and annoyance among other team members who could not understand why their colleague did not take this threat seriously²⁶.

On a collective level, of course, the psychic dynamics are much more complex and, as previously postulated, take into account the unconscious interaction between the individuals in the group. What is observable on a collective level can be characterized by a homologation of emotional and behavioral responses, which lead the group to function as a single subject. On the level of emotional expression we can observe a "Mutual induction" which, as Slavson notes^{27,28}, occurs above all in groups in which there is a certain cohesion and in which people can interstimulate each other, causing each to exacerbate the emotional intensity in the other subjects. This phenomenon is described as "Emotional contagion", a condition in which the emotional excesses of some stimulate similar

emotional reactions in the other members of the group, by mutual identification.

The "Emotional contagion", defined by Hoffman as "global empathic distress", is that phenomenon attributable to various forms of immediate and instinctive emotional sharing, which occurs before a cognitive awareness can be achieved, therefore an automatic human reaction to an emotional stimulus expressed by a similar person, a direct and not vicarious emotional sharing²⁹. To use a more popular terminology, in this phenomenon the emotions of others, positive or negative, become "viral" in a group of individuals, being able to influence their thoughts or actions. From a psychopathological point of view, emotional contagion is one of the possible phenomenal derivatives of unconscious group dynamics, but what is of absolute importance is its value in being able to determine group behavioral modifications in particular social contexts.

Even emotional contagion, like the psychic dynamics underlying it, represents a fundamental function for the human being, for its phylogenetic and ontogenetic development²⁹, an absolutely frequent and common phenomenon, which each of us experiments in his own life, easily identified in contexts such as the couple relationship, in the family, in peer groups where we know each other and live common and sharing experiences. However, it can oscillate towards frankly pathological polarities especially when the social group expands, going to include unknown people, to whom one is not linked by bonds of friendship or kinship. In this case the emotional contagion can become maladaptive and dangerous for both the group and the individual. The growing emotional current can favor more primordial or impulsive behaviors in the community, unreasonable and unmated and of which, by definition, we are little or not at all aware³⁰. In the pandemic context, feelings such as anxiety and fear that we all know as negative feelings, can spread via social media as negative emotional sources capable of emotionally infecting people, immersed in an unfavorable climate and amplified by messages conveying adverse feelings³¹. It follows that when the level of anxiety rises excessively in people and groups, just as unconsciously one can be led to use defense mechanisms such as denial or minimization, with resulting maladaptive behaviors, such as even failing to take adequate protection measures³², since the stressful object once denied no longer represents a danger.

Skepticism is also a phenomenon that is worth analyzing in this light, as it can be conceptualized as a derivative of the denial of disease severity, with the perception that the pandemic is exaggerated or invented. It is easy to see how such dynamics, once triggered, can pose a threat to public health, as people who do not perceive COVID-19 as a threat to their own health and the health of others can hinder efforts to reduce transmission of the disease, adopting high-risk behaviors and becoming a disease vector. Those who are unable to feel at risk of contracting a disease and denying it at various levels, in its existence

or in its consequences, to defend themselves from anguish cannot consider it as a serious threat to themselves and to others.

A recent study investigated, through a survey administered during the lockdown period, whether or not people skeptical of COVID-19 engaged in preventative behaviors, such as wearing a mask and reducing contact. The correlations between COVID-19 skepticism and political ideology, social norms on distancing, perceived risk, information-seeking behaviors and conspiracy theories was also assessed. At the time of data collection, conducted through a survey administered between May 5 and May 14, 2020³³, COVID-19 cases in the United States totaled more than 1 million. Younger, healthier, and politically more conservative individuals were more likely to support claims of skepticism regarding COVID-19; People who reported greater skepticism found it hard to believe that those close to them could die from COVID-19 and therefore engaged less in preventative behaviors, including spending time in their home and wearing a face mask outside. Those who were more skeptical were also more likely to believe the conspiracy theory that China government had intentionally spread the virus.

Some researchers have studied in particular the phenomenon of conspiracy, analyzing some motivational drives³⁴, such as the socio-psychological satisfaction of individuals, epistemic motivations (understanding one's environment), existential (feeling safe and having the control) and social (maintaining positive images of oneself and one's group). In relation to the COVID-19 pandemic, it is also described how conspiracy theories manage to overcome people's existential problems by helping them to feel safe in their environment³⁵. A conspiracy theory can be described as "a subset of false beliefs in which the ultimate cause of an event is believed to be due to a plot of multiple actors working together with a clear goal in mind, often illegally and secretly"³⁶. Among the psychological factors positively associated with belief and adherence to conspiracy theories we find the perception of individual risk, anxiety, negative emotions with external blame attribution; among the negatively associated factors we find instead a greater perception of control and analytical thinking.

In light of this, it is clear that individuals are more likely to believe conspiracy theories when they feel anxious, helpless, or unable to control their emotions. Likewise, people who perceive the world as dangerous and uncontrollable can benefit by alleviating their anxiety through conspiracy theories; in fact the perceived risk is positively correlated to the beliefs in conspiracy theories. From a psychological perspective, believing in a conspiracy theory is one of the unconscious ways to reduce the level of anxiety and stress, particularly intense and unsustainable if caused by an important and collectively perceived external event, and COVID-19 is a perfect example of this. Conspiracy theories functionally provide very simple causal explanations for distressing events; in other words,

they help to control the acute stress level and thus to instill order, a sense of control and predictability³⁷.

With regard to these phenomena it is obviously right to consider the type of society in which an individual finds himself, in order to better understand the collective dynamics: in this sense it is important to analyze, for example, the cultural factors that regulate relations with others. Western civilization, for example, tends to enhance individualism and the perception of a person's uniqueness and independence from others; conversely, in oriental cultures, such as China and Japan, the connection between individuals is instead greatly emphasized, giving great value to conformity and interdependence³⁰. In this sense, a close collective cohesion can prove to be very useful in overcoming adversity: allying oneself around a "common cause" and accepting restrictions spontaneously or even under government induction can prove to be a healthy coping strategy, mitigating part of the anxiety experienced and achieve beneficial outcomes for the mental health of all³⁸.

The public health response of the United States, on the other hand, can in some ways be considered an example of how individualistic and disruptive behaviors, even connected to higher levels of personal denial, have not helped to overcome the COVID-19 problem. Numerous no mask, no vax movements and various conspiracy theories on the origins of the virus have flourished. Less than half of people in the United States initially heeded health recommendations to wear a face mask when out in public. The psychological dynamics that have triggered skepticism towards COVID-19 can be considered an important causal part of the reduction in the commitment to preventive behaviors³³. The unscientific rhetoric based on denial and skepticism has dramatic consequences: while only 4% of the world's population resides in the United States, in September 2020 the United States accounted for 20% of COVID-19-related deaths worldwide, thus achieving less positive compared to many other wealthy nations³⁹.

A similar behavioral reaction, equally attributable to attitudes based on denial, occurred in Brazil, where the rapid spread of COVID-19 and the consequent dramatic health emergency had as its political scenery the denialist behaviors and choices of President Bolsonaro, as well as the uncoordinated actions between federal and local governments, which functioned as independent and opposing groups. The interruption, on 6 June 2020, of the explicit official communication of registered cases and deaths⁴⁰ also seems to have played a fundamental role in non-prudent behaviors, in a further impetus of denial of reality data.

Brazil, the United States and the United Kingdom initially showed a political model based on distraction and denial, with consequent negative effects on the management of the pandemic⁴¹. In fact, the distrust of scientific evidence and guidelines issued by the government is related to political affiliation, just as there is evidence of the fundamental role played by scientific denial on institutional

behaviors assumed in relation to a series of issues of collective interest, including climate change, hesitation about vaccines, hurricanes and, more recently, the risks related to COVID-19⁴².

“The USA’s failure to contain COVID-19 has been spectacular from every angle. Looked at as a case of mass non-adherence to medical advice, however, it’s unique in modern history. Never before have so many citizens had so much access to information and simultaneously protested public health recommendations with such full-throated denial of the medical facts”, Austin Ratner and Nisarg Gandhi affirm in a paper published in the journal *Lancet*. Failure to contain this serious infection can therefore be seen as a case of mass failure to adhere to medical recommendations, a direct consequence of a psychological process of denying the medical evidence itself. The authors of the work published in the important scientific journal highlighted the need for a strong intervention in the field of public health that cannot fail to consider the unconscious psychological factors underlying the effectiveness or otherwise of the choices relating to the pandemic. The invitation is to exploit the insights provided by psychoanalytic theory to better understand the internal dynamics that regulate the adaptive responses implemented at the individual and societal level.

Psychoanalysis was the first to describe defense mechanisms as denial and thanks to its individual and group mental functioning model, which takes into account what is unconscious, but extremely powerful, can be set in motion in relation to deep anxieties, therefore represents a valid ally in attempting to solve the various problems that pile up the current pandemic scenario. This turns out to be of fundamental importance at a time when psychological denial has unfortunately been in the spotlight multiple times, marking a dramatic moment of public health crisis. Denial currently surrounds us ignoring the existence of such dynamics in these circumstances could be interpreted as another example of denial. In order to acquire greater containment and greater awareness, it is necessary to educate people to acknowledge their psychological structure and the resulting defenses, which work to remove danger and anxiety from consciousness and which can be difficult to contemplate. It follows that, although psychoanalysts cannot treat all cases of denial individually, they can educate health care professionals and government bodies about denial and work with them on an effective model of communication. Finally, active participation in care teams dealing with the public health crisis and global issues so strongly affected by dysfunctional defense mechanisms would be important⁴³.

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