

THE NUMB ADAPTATION

# *When Feeling Becomes Too Much*

*A trauma-informed, attachment-based formulation of emotional shutdown, dissociation, and the psychology of the child who learned to survive by dimming their own inner experience*

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*The Numb adaptation describes a pattern in which emotional experience is progressively dampened — not through a conscious choice to suppress, but through the gradual shutdown of a system overwhelmed beyond its capacity to process. It develops in environments of emotional overload: too much distress, too much stimulation, too much that was not made sense of, too much that could not be spoken. The result is a person who moves through the world with a flattened affective range — present, often capable,*

*sometimes acutely intelligent about other people's feelings, but strangely cut off from their own.*

## The Core Truth

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*Numbness is not the absence of feeling. It is what happens when a system that was built to feel meets an environment that contained more than it could process — and does the only sensible thing available, which is to reduce the signal. The person who has gone numb did not become incapable of emotional experience. They became incapable of surviving it at its full intensity, and found a way to turn the volume down. The feelings are still there. They are somewhere underneath — waiting, largely, for a context in which it is safe to surface.*

## How the Adaptation Develops

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The Numb adaptation develops in response to a specific quality of early experience: emotional overload that consistently exceeded the child's capacity for processing, and that was not metabolised by a reliable

external co-regulator — an adult who could hold the distress, make sense of it, and return the child to a manageable state.

This might look like chronic exposure to family trauma — violence, serious illness, the emotional aftermath of loss, the pervasive effects of addiction or mental illness in a primary caregiver. In these environments, what overwhelms the child is not simply the events themselves but the unprocessed quality of the emotional atmosphere: distress that is present everywhere, that cannot be spoken about clearly, that exists as a kind of climate the child must navigate without being given the tools to understand it.

In some cases, the overload is produced not by dramatic events but by chronic emotional intensity — a family system where emotions run very high, where conflict is ongoing and escalating, or where a parent's emotional states are so large and so unpredictable that the child's own emotional experience is simply drowned out by proximity to them. The child who grows up alongside a parent in significant depression, or a parent with a borderline organisation, or in a household where rage is a frequent visitor, learns something specific about what emotions do: they become too large to be near without some form of self-protection.

The discovery the child makes is not quite the same as the Withdrawal child's discovery. The Withdrawal child has been disappointed by specific people. The Numb child has been overwhelmed by experience — by the quality and quantity of emotional reality in their environment. The solution they find is not to move away from people but to reduce the intensity of their own inner response, to create a kind of internal cushioning between themselves and the full force of what they feel.

# What Is Happening Psychologically Underneath

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The Numb adaptation is organised around **emotional inhibition and dissociative shutdown** — the most physiologically fundamental of all the adaptations in this series. Where vigilance is a sustained activation response and control is a cognitive management strategy, numbness is a deactivation response: the system does not fight the overload, and it does not flee it. It shuts down.

In polyvagal terms, this is the dorsal vagal response — the most phylogenetically ancient of the three autonomic circuits — which produces immobilisation, disconnection, and affective dampening as an extreme response to inescapable overwhelm. The freeze response, in its more chronic form, does not produce the obvious stillness of an animal playing dead; it produces a walking, functioning human being who is operating with a significantly reduced bandwidth of emotional experience.

Structural dissociation theory (van der Hart, Nijenhuis, Steele) offers a more granular account. The model proposes that under conditions of overwhelming experience, the personality organises itself into distinct parts: the Apparently Normal Personality (ANP), which functions in daily life and carries the adaptation of reduced emotional responsiveness, and the Emotional Personality (EP), which holds the original, unprocessed emotional and somatic experience. The person who presents as flat, disconnected, or emotionally blunted is operating largely from the ANP. The EP — with its full emotional charge — is present but dissociated, accessible only under certain conditions and often frightening when it surfaces.

This model explains what clinicians consistently observe in work with the Numb adaptation: that the flatness is not uniform. There are moments — in certain relational contexts, or in response to particular triggers — when emotion surfaces with a force that is disproportionate to the immediate situation, because it is not only the present experience that is being felt but the accumulated backlog of what was not processed when it occurred. These moments are frequently frightening to the person, not because the emotion is unusual, but because its intensity seems to confirm their fear that their own feeling is unmanageable.

There is also often significant *alexithymia* — difficulty identifying and articulating emotional states — that develops as a secondary feature of long-term emotional inhibition. The person may know intellectually that something is wrong, or that a situation would typically produce a particular feeling, while having limited direct access to what they themselves are experiencing. Feelings, when asked about, may be reported as sensations or as observations from the outside ("I suppose I should be upset") rather than as immediate experience.

*Loss of vitality* is another distinctive feature of this adaptation. The dampening of painful emotional experience does not leave other emotional capacities — pleasure, joy, curiosity, desire — intact. The inhibitory mechanism is not selective; it reduces the amplitude of experience generally. People with a strong Numb adaptation often describe a persistent flat quality to their daily life, a difficulty feeling moved by things that they know should be moving, an absence of the spontaneous emotional colour that makes experience feel fully inhabited.

## Why It Becomes Compulsive and Rigid

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The Numb adaptation is among the most difficult to change because, unlike the other adaptations in this series, it is not primarily maintained by conscious coping strategies or cognitive beliefs. It is maintained by a physiological process — a trained deactivation response — that operates below the level of deliberate control. The person does not choose to be numb; they are numb, and the unfreezing of this state requires something more than the decision to feel.

There is also a significant secondary function served by the adaptation that contributes to its rigidity. The numbing genuinely protects against the full experience of what has not been processed. When the defences soften — in therapy, in a very close relationship, sometimes in response to a significant life event — what surfaces is often not a manageable trickle of affect but something that feels more like a flood. The person's conviction that their feeling is too much to handle is, in these moments, confirmed by the experience, and the shutdown re-establishes itself as the rational response.

## Hidden Adult Consequences

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The most commonly reported consequence of the Numb adaptation is a pervasive sense of unreality or detachment — a feeling of watching one's own life from a slight distance, of being present without quite being fully there. This is the lived experience of the ANP functioning without access to the fuller, more immediate emotional self.

Relationships suffer in characteristic ways. The person may be capable of genuine warmth and care, but close partners often describe a quality of emotional unavailability — as if there is a final layer that cannot be reached, a depth that is not accessible. Intimacy, for the person with this adaptation, often produces a subtle anxiety or withdrawal that they may not be able to explain, because the experience of being emotionally close to another person is precisely the condition that destabilises the protective distance between the ANP and the EP.

Enjoyment, pleasure, and the sense of life as worth living are often compromised. This is commonly described as depression, and it has depressive features — low motivation, flat affect, difficulty initiating — but it is clinically distinct from an endogenous or even reactive depression. It is the flatness of a system that has reduced its range in the interests of protection, and treating it as straightforward depression typically produces limited results.

There is often a significant disconnection from the body — physical sensations, including pain, pleasure, hunger, and fatigue, may be experienced as dulled or distant. The same inhibitory process that reduces emotional experience also reduces proprioceptive and interoceptive access.

#### A CLEAN FORMULATION

The Numb adaptation develops when the emotional environment of childhood is persistently too large, too intense, or too unprocessed for the child's regulatory system to manage — and when no reliable external co-regulator is available to

metabolise the overload. The system responds by doing what any sensible mechanism does when overloaded: it reduces the signal. Over time, this reduction becomes structural. The person arrives at adulthood with a significantly reduced range of emotional experience — not through choice or damage, but through a perfectly rational adaptation to the specific challenge their history presented. What they have lost in the process is access to the full bandwidth of their own inner life, including the parts that make experience vivid, relationships felt, and life genuinely inhabited.

#### THEORETICAL LENSES: NUMB ADAPTATION

**Structural dissociation (van der Hart, Nijenhuis, Steele):** The ANP/EP model is the most precise theoretical account of the Numb adaptation's phenomenology. The functional splitting between the daily-life personality and the emotional-self personality explains both the flatness and the occasional overwhelming eruptions of affect that disturb the person.

**Polyvagal theory (Porges):** The dorsal vagal shutdown response — immobilisation, dissociation, affective dampening — is the physiological foundation of the adaptation. Unlike the Vigilance adaptation, which involves sympathetic activation, the Numb adaptation reflects chronic dorsal vagal tone.

**Alexithymia research (Sifneos, Taylor):** The difficulty identifying and articulating emotional states that characterises this adaptation

has a substantial research base and is associated with specific deficits in interoceptive processing rather than simply emotional avoidance.

**Schema therapy (Young):** Emotional Inhibition schema is central. Disconnection and Rejection domain schemas are often present alongside it. The Numb adaptation is one of the patterns where the standard schema therapy approach requires significant modification, because the person's limited emotional access makes schema activation and imagery rescripting more technically demanding.

**Somatic and body-based approaches (Levine, Ogden):** Because this adaptation is organised at the physiological level, approaches that work through the body — Somatic Experiencing, Sensorimotor Psychotherapy — are often more effective than purely cognitive or narrative-based work, at least in the early stages of treatment.

## COMING IN PART TWO

Part Two will explore the particular clinical challenge of working with the Numb adaptation — specifically, how to help someone access emotional experience when the problem is not avoidance but genuine limited access. We will look at the role of body-based and somatic approaches, and why working at the physiological level is often a necessary precondition for any deeper emotional processing.

We will also examine the structural dissociation model in more detail, what it means therapeutically that the emotional self is

not gone but dissociated, and how EMDR — with its specific capacity to work with body memory and implicit emotional material — is particularly well suited to this pattern.

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