PART TWO

THE NUMB ADAPTATION

Finding What Was Never Lost — Only Buried

Schema mapping, structural dissociation, and what actually creates change in the Numb adaptation

RECAP FROM PART ONE

The Numb adaptation develops when the emotional environment of childhood is persistently too large or too unprocessed for the child's regulatory system to manage without external support. The system responds by reducing the signal. Over time, this reduction becomes structural. In adulthood, the person moves through the world with a significantly reduced range of emotional experience — not through

> *choice, but through a perfectly rational adaptation to overload. What they have lost is access to the full bandwidth of their own inner life, including the parts that make experience vivid, relationships felt, and life genuinely inhabited.*

The Schema Architecture

The schema structure of the Numb adaptation has a particular quality that distinguishes it clinically from the other patterns in this series: the schemas are often weakly activated in everyday life because the inhibitory mechanism suppresses the emotional charge that would normally make them felt. The person may be able to identify the schemas intellectually without accessing the emotional experience they describe — which creates a therapeutic situation in which schema identification is relatively easy and schema-level change is particularly slow.

EMOTIONAL INHIBITION SCHEMA

"Expressing emotions — or feeling them fully — leads to something bad: loss of control, overwhelm, harm to relationships, or experiences I cannot manage. Keeping feelings contained is the safe approach."

This is the most directly descriptive schema for the pattern, and it often presents with a specific quality of resignation: not "I must not feel" but "I do not really feel much." The inhibition has become sufficiently habitual that it is experienced as a constitutional

feature rather than an active suppressive process. The clinical challenge is that schema therapy approaches built on emotional activation require that the person have access to emotional experience in the first place — and for the Numb adaptation, the schema's operation specifically prevents this access.

EMOTIONAL DEPRIVATION SCHEMA

"The emotional attunement and understanding I needed was not available. No one was really there to help me make sense of what was happening."

This schema is almost universally present in the Numb adaptation, because the absence of adequate emotional co-regulation is both the precondition for the pattern's development and the relational loss that the pattern responds to. The person did not simply experience overwhelming emotion; they experienced it without being adequately accompanied. The deprivation is not simply of care in general but of the specific attunement that would have allowed their emotional experience to be metabolised rather than suppressed.

ABANDONMENT / INSTABILITY SCHEMA

"The emotional environment around me was unpredictable and unreliable. I could not depend on things being stable or on people being consistently present."

Where the Numb adaptation developed in an environment of emotional chaos or chronic instability — rather than simply overload — this schema is frequently present. It contributes a specific quality to the inhibition: not only are feelings overwhelming, but the context in which they might be expressed is itself unreliable. The combination of emotional overload and relational instability produces a particularly thorough shutdown, because there is no safe relational harbour in which to bring the affect even if it could be accessed.

Understanding the Dissociative Architecture

Schema therapy, by itself, is frequently insufficient for the Numb adaptation — not because the schema formulation is wrong, but because the approach requires emotional activation that the pattern specifically prevents. Understanding why this is so requires engaging with the structural dissociation model more fully.

The Apparently Normal Personality (ANP) — the part of the person that functions in daily life, presents in the consulting room, and engages with therapy at the cognitive and reflective level — does not hold the emotional material that is most therapeutically relevant. The Emotional Personality (EP) holds it: the raw, unprocessed sensory and affective residue of the overwhelming experiences, carrying the original emotional intensity because it was never processed into the past-tense narrative form of ordinary memory.

Working only with the ANP — which is what standard talk therapy and

most cognitive approaches do — produces the characteristic impasse of therapy with this adaptation: thoughtful, engaged, intelligent work that somehow does not touch the flatness underneath. The EP is not present in the conversation. It is not heard from. And the emotional material it holds continues to be unavailable to the ANP's conscious life, because the dissociation that separated them remains intact.

The therapeutic task, then, is not primarily to identify and challenge schemas but to gradually create the conditions in which the EP can become present in the room — safely, incrementally, in doses that the person's regulatory capacity can manage without re-traumatising — and to process the material it carries in a way that eventually allows it to be integrated with the ANP's daily functioning.

Why Standard Emotional Work Can Backfire

> *One of the most common clinical errors with the Numb adaptation is pushing too directly toward emotional experience too quickly. The logic seems sound: the problem is emotional unavailability, so the treatment is emotional activation. But the inhibitory mechanism is not a wall that can be pushed through. It is a regulatory system that intensifies its response when it detects threat — and emotional activation, for this person, is precisely the signal that threat may be imminent.*

When a therapist presses too quickly toward feeling — asking repeatedly about emotion, using emotionally activating techniques before adequate safety has been established, pursuing the affect that the person clearly cannot reach — the result is typically one of two things. The person either produces a managed performance of emotional engagement that satisfies the therapeutic demand without representing genuine experience. Or the inhibitory system intensifies, producing a paradoxical increase in flatness and distance that looks like resistance but is more accurately a protective response to perceived pressure.

Either way, the pattern has been confirmed rather than addressed: the relational context has proved threatening to emotional experience, the system has closed further, and the person has learned that therapy is another environment where being emotionally present leads to difficulty. The error is not in the direction of the work but in its pacing. The window of tolerance for emotional experience is the target — expanding it gradually, from within whatever range is currently available, rather than treating its current limits as an obstacle to overcome.

What Actually Helps

STABILISATION AND WINDOW OF TOLERANCE WORK FIRST

Before any significant trauma processing or deep schema work, the Numb adaptation requires a sustained period of stabilisation: building the person's regulatory capacity, developing their awareness of physiological state, and expanding their window of

tolerance for emotional experience from within its current limits. This is not preliminary work before the real therapy begins; it is foundational work that makes deeper processing possible.

Stabilisation includes developing the person's interoceptive awareness — their ability to notice and name body sensations, which are often the first accessible signal of emotional experience in this adaptation — as well as resourcing: building internal experiences of safety, settledness, and connection that can be returned to when activation becomes too high. The therapeutic relationship is the primary resourcing experience, and its steady, non-pressuring quality is itself a form of stabilisation.

EMDR — THE OPTIMAL TREATMENT FOR THIS PATTERN

EMDR is, for the Numb adaptation, the most structurally appropriate processing approach available. Its capacity to work with body memory and implicit emotional material — to access the EP's holdings without requiring the ANP to generate the material through conscious recall — makes it uniquely suited to a pattern where conscious emotional access is precisely what is limited.

The EMDR protocol for complex trauma and structural dissociation involves careful attention to the working alliance between ANP and EP parts, gradual and titrated access to traumatic material, and specific work with the phobia of the EP that characterises the ANP's relationship to its own emotional self. The bilateral stimulation element appears to facilitate dual

awareness — the simultaneous holding of past experience and present safety — that allows the EP's material to be metabolised without re-traumatisation.

Phase 2 stabilisation work in EMDR (resource installation, safe place development, parts work) is particularly important for this adaptation and should not be rushed in favour of early trauma processing. The regulatory capacity built in Phase 2 determines whether Phase 3-8 processing produces integration or overwhelm.

SOMATIC APPROACHES — STARTING WHERE THE BODY IS

Because the Numb adaptation involves a physiological deactivation response, somatic approaches that work with the body's regulatory system — rather than attempting to bypass it through cognitive or narrative means — are often the most effective starting point. Somatic Experiencing's concept of titration (working with tiny amounts of activation at the edge of the window of tolerance) and pendulation (moving between activation and settledness) provides a method for gradually expanding the emotional bandwidth without triggering the shutdown response.

Practically, this might involve attending to minor body sensations — a slight warmth in the chest, a barely perceptible heaviness — and staying with them very briefly before returning to a neutral state. This is not working with the full emotional experience; it is working with the edge of it, incrementally, in a way the system can process without escalating its defences. Over time, these small

expansions accumulate into a meaningfully wider range of available experience.

SCHEMA THERAPY — MODIFIED FOR LIMITED EMOTIONAL ACCESS

Schema therapy for the Numb adaptation requires significant modification of the standard protocol. Imagery rescripting work — which depends on emotional activation — should be introduced very gradually, using whatever level of affect is currently accessible rather than pushing toward full activation. The goal is not deep emotional engagement in early sessions but the gradual, tolerated experience of emotional contact that does not produce shutdown.

Mode work is particularly useful because it provides a language for the parts structure without requiring the person to feel them fully. Helping the person recognise the Detached Protector mode — the part of them that manages emotional experience by keeping it at a distance — as a mode rather than as their entire self is often the first significant clinical movement: the beginning of a distinction between the part that is defended and the self that is defended.

THE DIRECTION OF CHANGE

What changes for someone with the Numb adaptation is the return, gradual and sometimes startling, of the emotional range that was reduced in the interests of survival. This does not arrive

as a flood — when the work is done carefully, it arrives as a slow reawakening: moments of being genuinely moved by something, flickers of pleasure that feel different from the managed satisfaction that preceded them, grief that is unmistakably real rather than observed from a distance.

The person often describes this process with a mixture of relief and strangeness: the feelings are familiar, but their aliveness is not. They are meeting a part of themselves that has been absent for so long that its return requires getting used to. What they discover, most importantly, is that the feared overwhelm does not materialise in the way the system predicted. The feelings are larger than the managed version — and they are survivable. This discovery, made in the body rather than in thought, is the foundation on which a more fully inhabited life is built.