

To Numb Emotional Pain

When alcohol, drugs or addictive behaviours become a way to switch feelings off

This is not a story about weakness. Numbing often begins as an understandable attempt to survive feelings that seem too intense, too relentless or too unsafe to face alone. The relief may be real in the short term. The difficulty is that the original pain remains, while the method of escaping it can begin creating pain of its own.

Why numbing can feel necessary

Emotional pain can arrive as grief, shame, loneliness, trauma memories, anxiety, rejection, sensory overload, burnout, anger or a feeling of emptiness. Alcohol, drugs, gambling, gaming, shopping, food, sex, scrolling, exercise or work can change attention, sensation and mood quickly. For a while, they may quiet the mind, soften the body or create distance from what hurts.

The behaviour is therefore doing a job. Asking “*What is this helping me get away from, get through or feel?*” is often more useful than asking “*What is wrong with me?*”

The short-term relief cycle

1. Pain or trigger	2. Urge to escape	3. Substance or behaviour
4. Brief relief	5. After-effects	6. More pain or vulnerability

The loop can tighten when tolerance grows, consequences accumulate, or the person has fewer opportunities to learn other ways of regulating distress. This does not mean change is impossible. It means support needs to address both the addictive pattern **and** the pain underneath it.

A gentle first reflection

The feeling I most often try not to feel is: _____

The relief I am looking for is: _____

What the numbing costs me later is: _____

Recognising when coping is becoming costly

A pattern does not need to “look severe” from the outside to deserve attention. Frequency is only one part of the picture; loss of choice, secrecy, risk and impact matter too.

Changes you may notice

- Needing more, using for longer, or chasing a stronger effect to reach the same sense of relief.
- Thinking about the substance or behaviour for much of the day, or organising life around access to it.
- Using automatically after conflict, criticism, sensory overload, loneliness, memories, work pressure or bedtime.

- Breaking limits you set for yourself, hiding the extent of use, minimising it or feeling defensive when it is mentioned.
- Neglecting food, sleep, medication, hygiene, relationships, work, money or responsibilities.
- Feeling restless, irritable, anxious, low or physically unwell when you cannot use or engage in the behaviour.
- Continuing despite injuries, debt, blackouts, unsafe situations, relationship harm or worsening mental health.
- Repeatedly promising to stop, then feeling shame when the cycle returns.

What may sit underneath

Possible pain	What the numbing may temporarily provide
Anxiety or panic	Slowing, sedation, distraction or a sense of control
Trauma or intrusive memories	Distance from the body, memories or hypervigilance
Grief or loneliness	A pause from absence, emptiness or disconnection
Shame or low self-worth	Escape from self-criticism or a temporary confident identity
Neurodivergent overload	Reduced sensory intensity, mental quiet or predictable repetition
Anger or powerlessness	Release, intensity or a feeling of agency

Important: Understanding the reason is not the same as excusing harm. It gives you a more accurate starting point. Safety, accountability and compassion can exist together.

Try observing before changing

For three days, notice the moment before the urge. Record the situation, body sensations, emotion, thought, urge strength (0-10), what you did, the immediate effect and how you felt later. Curiosity produces more useful information than punishment.

Making space between pain and action

The aim is not to force yourself to feel everything at once. It is to create a small, safer pause in which another choice becomes possible. If dependence is present, this plan should sit alongside professional advice, not replace it.

A 10-minute pause plan

1. Name

“I am having an urge to switch off.” Naming is not agreeing; it is noticing.

2. Lower risk

Move away from access, do not drive, avoid being alone if you feel unsafe, and contact a trusted person.

3. Settle the body

Feet on the floor; longer exhale; cold or warm sensory input; loosen jaw and shoulders; reduce noise and light.

4. Meet one need

Choose water, food, rest, movement, comfort, company, distraction, expression or practical help.

5. Delay and review

Set a 10-minute timer. Rate the urge again. Repeat the pause or contact support.

Build a menu, not a single replacement

One alternative rarely works for every feeling. Choose options that match the need:

When I need...	I could try...
Quiet	Headphones, dimmer light, shower, paced breathing, sitting in the car safely, a weighted blanket
Release	Fast walk, shaking out tension, tearing scrap paper, loud music, writing uncensored words then storing or destroying them safely
Connection	Texting one honest sentence, calling a helpline, sitting beside someone without explaining everything
Distance	A familiar programme, simple game, craft, puzzle, audio story or a timed task that does not create further harm
Comfort	Warm drink, safe food, soft clothing, heat pack, predictable routine, calming scent if tolerated
Meaning	Prayer, nature, music, caring for an animal, a values-based action, remembering who or what matters

My earliest warning sign: _____
One person I can contact: _____
One place with less access or risk: _____
One thing that helps my body settle: _____

Support that looks beneath the behaviour

Change is not only about removing a substance or behaviour. If it has been holding back trauma, grief, fear or overwhelm, taking it away without adding support can leave someone exposed. A thoughtful plan builds safety and regulation as well as reducing harm.

What professional support may include

- A GP or local drug and alcohol service assessment, including physical health, medicines, mental health, safeguarding and withdrawal risk.
- A collaborative care plan based on your goals. Depending on need, treatment may include talking therapies, keyworker support, medication, detoxification, rehabilitation, mutual-aid or peer support.
- Trauma-informed therapy that does not push disclosure before enough safety and stability are in place.
- Support for anxiety, depression, grief, ADHD, autism, sleep, pain, relationships, housing, debt or work - the pressures that can keep the cycle going.
- Practical barriers that reduce access: blocking software, spending limits, self-exclusion, removing supplies, changing routes, or asking someone trusted to help manage money or medication.
- A relapse or lapse plan that treats a return to the behaviour as important information, not proof of failure.

Do not suddenly stop alcohol or certain drugs if you may be physically dependent. Withdrawal can be dangerous. Seek urgent medical advice from a GP, NHS 111 or a specialist alcohol/drug service. If someone is unconscious, having a seizure, struggling to breathe, severely confused, or in immediate danger after alcohol or drug use, call 999.

A conversation starter

You do not have to explain everything perfectly. You could say:

"I have been using _____ to switch off difficult feelings. I am finding it harder to control, and I am worried about what happens if I stop. I need help with both the behaviour and what is underneath it."

Plan for a difficult evening

The time or situation I am most vulnerable: _____

What I will make less available: _____

Who will know I am struggling: _____

What I will do for the first 20 minutes: _____

If risk rises, I will contact: _____

If emotional pain is becoming unbearable: call 999 or go to A&E; if there is immediate danger. In the UK and ROI, Samaritans can be reached free on 116 123. You can also contact NHS 111 for urgent help.

A message from me

If you have been using alcohol, drugs or a behaviour to numb emotional pain, I want you to know that I am not looking at you through a lens of blame. I am interested in what happened, what became too much, and what this way of coping has been trying to do for you.

Sometimes switching off is the only relief a person knows. That does not make you broken. It tells us that your mind and body have been trying to protect you with the tools available to them. We can respect that survival response while also being honest about the harm, fear or loss that may now be growing around it.

You do not need to uncover every painful memory today. Recovery can begin with one truthful sentence, one safer evening, one appointment, or allowing another person to sit beside you while the urge passes. Small steps count. A lapse does not erase the learning that came before it.

You deserve support that sees the whole of you - not just the substance, the behaviour or the consequences.

Maggie Learoyd

Space to Breathe Therapy

Useful UK support

Support	How it can help
NHS / GP	Assessment, treatment routes and local addiction support. Search "NHS addiction support".
FRANK	Confidential drug information and local services: 0300 123 6600; talktofrank.com.
GamCare	Gambling support and National Gambling Helpline: 0808 8020 133; gamcare.org.uk.
Samaritans	Emotional support at any time: 116 123; samaritans.org.
Emergency	Call 999 for immediate medical danger or serious risk to life.

Clinical notes and sources

NHS, "Addiction: what is it?" and "Drug addiction: getting help"; NICE CG115, "Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence"; NICE CG100, "Alcohol-use disorders: diagnosis and management of physical complications"; FRANK, "What is drug and alcohol treatment like?" and emergency guidance; GamCare, gambling harm and support information. Accessed 16 September 2026.

This guide is educational and does not diagnose addiction or replace personalised medical advice. Service details can change; check the provider's website for current information.