
EMOTIONAL ANAESTHESIA IN TEENAGERS: A NARRATIVE REVIEW

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Abstract

Teenagers across the world are exposed to high levels of stress due to academics, family, peers, and social media¹. Many of them describe themselves as “blank” or “numb,” which is known as emotional anaesthesia². This condition overlaps with trauma-related numbing, anhedonia, alexithymia, and dissociation³. Although it may reduce stress temporarily, long-term effects include poor mental health, reduced motivation, and weaker relationships⁴.

This narrative review explains emotional anaesthesia in teenagers in a simple but academically structured way. It brings together theories of Freud, Erikson, Piaget, Maslow, Bandura, and Bronfenbrenner⁵. It reviews common causes such as academic stress, social media, peer influence, family expectations, and trauma⁶. It describes clinical signs and diagnostic tools, consequences for health and education, and evidence-based interventions⁷. Finally, it highlights the long-term impact on nations and the world and points out gaps in research⁸.

Introduction

Adolescence is a stage of rapid physical change, intense emotion, and increasing responsibility⁹. Global reports show that one in seven adolescents has a mental health disorder, but most never get treatment¹⁰. In India, up to one in four students report high levels of stress, mostly due to school pressure and family expectations¹¹.

Many teenagers cope with this stress by shutting down emotions instead of expressing them. This is called emotional anaesthesia¹². Unlike relaxation, which calms the mind, anesthesia removes

emotions. Teenagers often say, “I don’t care” or “nothing matters,” which looks like strength but actually harms them¹³. Research shows that emotional anaesthesia reduces empathy, blocks resilience, and raises the risk of depression and anxiety¹⁴. Examples make this clear. A 15-year-old boy preparing for exams studies and games for hours but feels no joy. A 14-year-old girl bullied at school calls herself “cold” and “empty.” These are cases of emotional anaesthesia, showing how widespread but hidden it is¹⁵.

The purpose of this review is to combine knowledge into one paper so that parents, teachers, and health professionals can understand, identify, and address emotional anaesthesia in teenagers¹⁶.

Theoretical Framework

- **Freud’s Psychosexual Theory:** Sigmund Freud said development happens in psychosexual stages, and teenagers are mainly in the genital stage, when identity and intimacy grow¹⁷. If emotional anaesthesia appears here, it blocks drives, delays maturity, and reduces capacity for relationships¹⁸.
- **Erikson’s Psychosocial Theory:** Erik Erikson called adolescence the stage of Identity versus Role Confusion¹⁹. Teenagers must explore “Who am I?” and “What do I value?” Emotional anaesthesia blocks exploration, leaving them confused and dependent on peers²⁰.
- **Piaget’s Cognitive Development Theory:** Jean Piaget described the formal operational stage, where teenagers begin abstract thinking²¹. Emotional anaesthesia reduces motivation for curiosity and weakens higher reasoning²².
- **Maslow’s Hierarchy of Needs:** Abraham Maslow explained that needs range from basic survival to self-actualisation²³. Emotional anaesthesia blocks belonging and esteem needs, stopping growth toward self-actualisation²⁴.
- **Bandura’s Social Learning Theory:** Albert Bandura showed that behaviour is learned by observing others²⁵. Teenagers may copy peers or influencers who present “being unbothered” as cool, making anaesthesia spread²⁶.
- **Bronfenbrenner’s Ecological Systems Theory:** Urie Bronfenbrenner explained that family, school, peers, and community together shape development²⁷. If these systems do not give safe emotional space, emotional anaesthesia spreads²⁸.

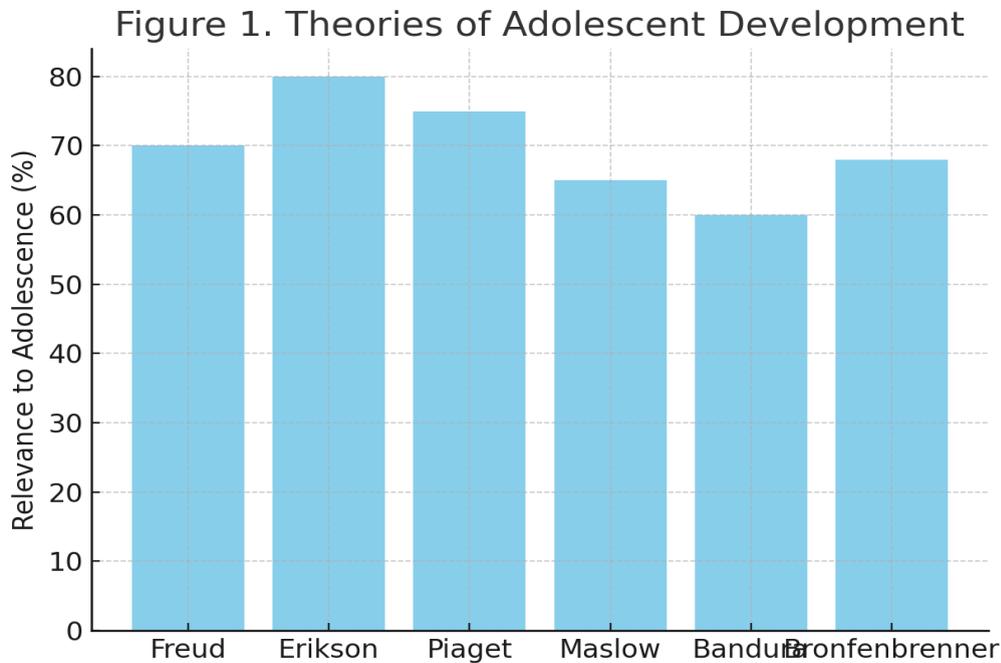


Figure 1. Theories of Adolescent Development

Causes of Emotional Anaesthesia in Teenagers

1. **Academic Pressure:** High stakes examinations, competitive entrance tests, and fear of failure produce extreme stress²¹. Many teenagers suppress emotions to continue functioning.
2. **Social media and Digital Overload:** Constant comparison online increases fear of missing out and reduces satisfaction with real life²². Digital distractions also promote avoidance of feelings.
3. **Family Expectations:** Parents in many cultures demand high performance. Lack of open dialogue makes teenagers hide emotions, leading to emotional shutdown²³.
4. **Peer Influence:** Adolescents copy peer attitudes. In groups where indifference is valued, emotional anaesthesia is normalised²⁴.
5. **Unprocessed Trauma:** Bullying, rejection, abuse, or accidents can cause emotional numbing, a classic response to trauma²⁵.

Figure 2. Pathway from Stress to Emotional Anaesthesia

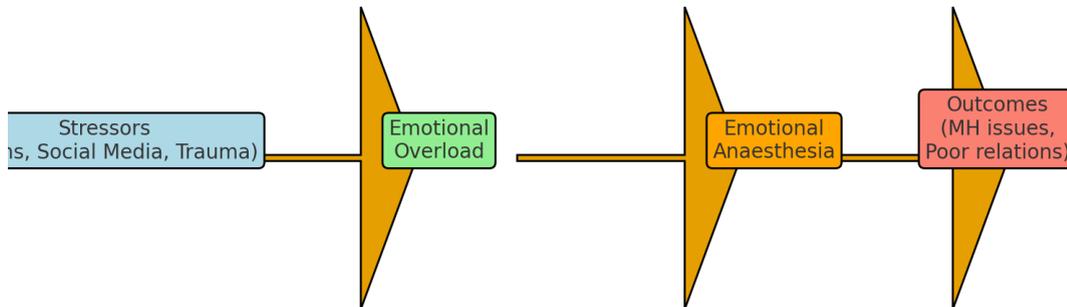


Figure 2. Pathway from Stress to Emotional Anaesthesia

Clinical Presentation and Measurement

Teenagers with emotional anaesthesia may say they feel “empty” or “blank,” avoid activities they once enjoyed, and appear emotionally distant²⁶. Behaviourally, they spend long hours on distractions like gaming or scrolling without joy²⁷. Cognitively, they have difficulty naming emotions, a feature known as alexithymia²⁸.

In diagnostic terms, emotional numbing is part of post-traumatic stress disorder in the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition²⁹. The International Classification of Diseases Eleventh Revision also lists diminished interest and detachment as features of trauma-related disorders³⁰.

Tools for Measurement:

- Emotion Regulation Questionnaire – Children and Adolescents (ERQ-CA)³¹
- Toronto Alexithymia Scale – Adolescent version³²
- Adolescent Dissociative Experiences Scale (A-DES)³³
- UCLA PTSD Reaction Index for children³⁴

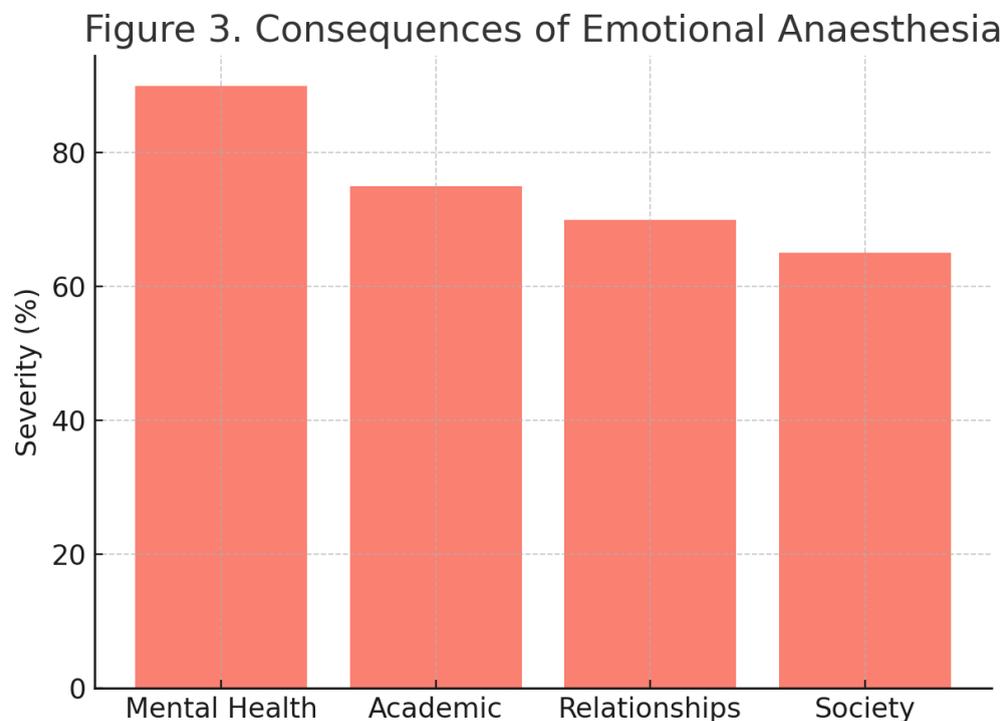
Table 1. Signs and Measurement Tools

Domain	Tools / Indicators
Emotional	Flat affect, “I don’t care” statements
Behavioural	Gaming, scrolling, isolation
Cognitive	Difficulty naming feelings

Consequences of Emotional Anaesthesia

1. **Mental Health:** Higher risk of depression, anxiety, and identity crisis³⁵.
2. **Academic:** Poor motivation, weaker concentration, reduced academic performance³⁶.
3. **Relationships:** Strained family ties, reduced empathy, weak friendships³⁷.
4. **Societal:** Less participation in community and reduced empathy in future citizens³⁸.

Figure 3. Consequence Pathways



Interventions that Help Teenagers

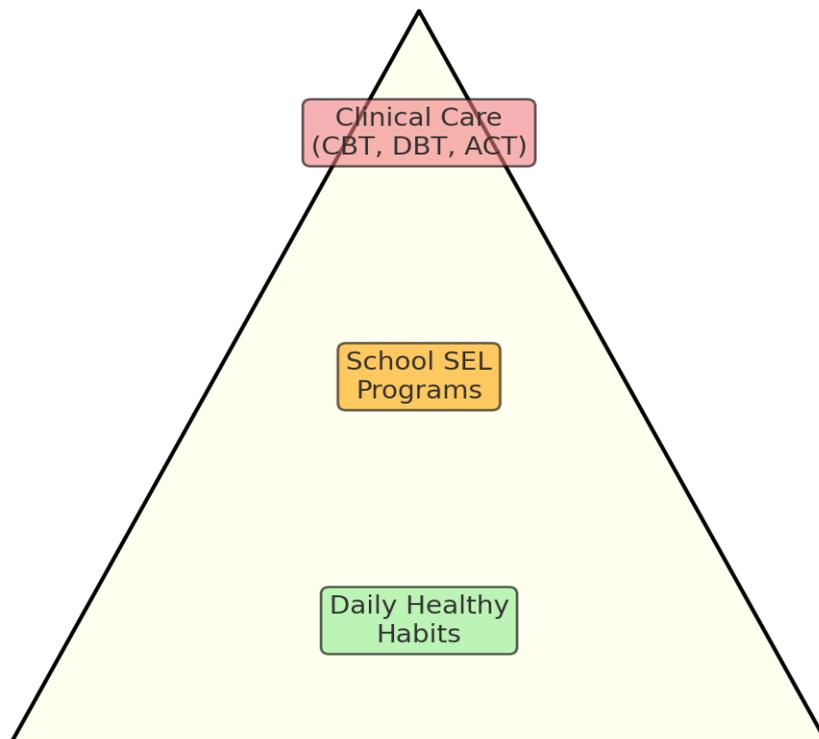
1. Emotional literacy programs in schools improve the ability to name and manage feelings and also improve academic outcomes³⁹.
2. Mindfulness and relaxation activities have mixed results but show benefit when implemented carefully⁴⁰.
3. Trauma Focused Cognitive Behavioural Therapy helps trauma-related numbing through safe exposure, cognitive processing, and involvement of caregivers⁴¹.
4. Dialectical Behaviour Therapy for Adolescents reduces self harm and improves emotion regulation in trials⁴².
5. Acceptance and Commitment Therapy reduces avoidance and builds flexibility for

teenagers⁴³.

6. Daily habits such as physical exercise, sleep hygiene, and reduced late-night screen time support emotional health⁴⁴.

Figure 4. Pyramid of Interventions

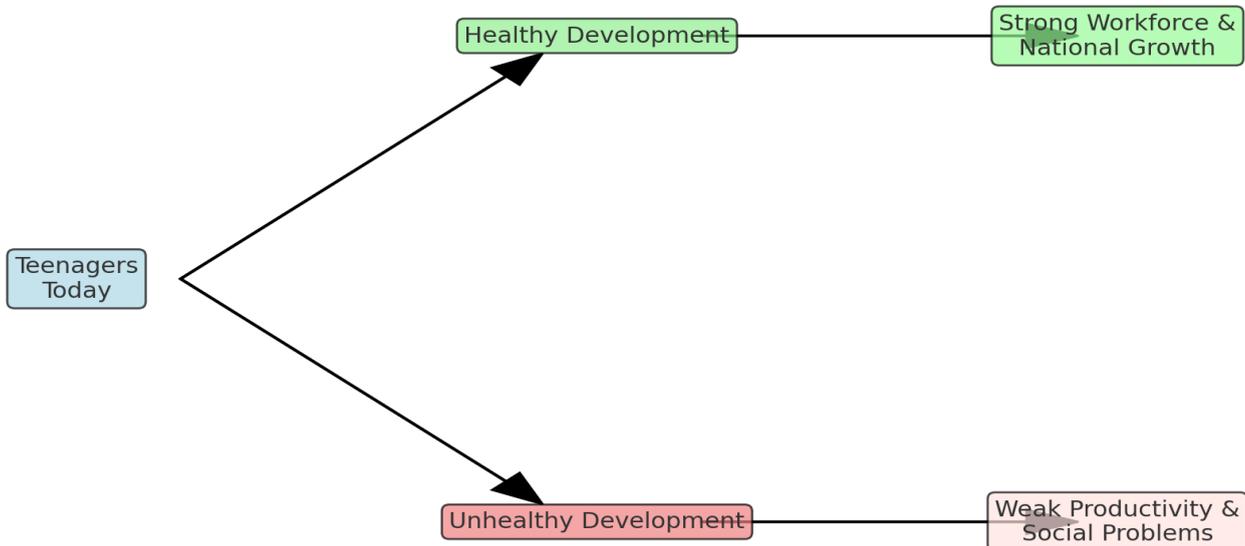
Figure 4. Pyramid of Interventions



Futuristic Impact on Country and World

1. Teenagers are the future workforce, innovators, and leaders. If emotional anaesthesia continues, societies may face reduced productivity, lower creativity, and weaker social unity⁴⁵.
2. Economically, mental health burdens increase costs and reduce growth. Globally, untreated adolescent mental health threatens achievement of Sustainable Development Goals⁴⁶.

Figure 5. Teenagers as Future Pillars of Society



Discussion and Research Gaps

Research on adolescent emotional anaesthesia is still limited. Most studies are from Western countries⁴⁷. In India and Asia, data are scarce, and cultural differences shape how teenagers show or hide emotions. More research is needed on digital impacts, school programs, and culturally adapted therapies⁴⁸.

Conclusion

Emotional anaesthesia is a hidden but widespread coping style in teenagers. While it reduces stress in the short term, it blocks emotional growth, weakens relationships, and damages long-term well-being⁴⁹. Schools, families, and health professionals must collaborate to create safe spaces and interventions. With support, teenagers can learn to face emotions, build resilience, and grow into caring and capable adults⁵⁰.

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