Abstract and Keywords

While emotion regulation skills are taught in skills training group, the individual therapy modality is an opportunity for therapists to further strengthen these skills. This chapter describes a variety of reasons why therapists might not take up this opportunity. It summarizes the differential features, or “signature” of each emotion, in the domains of temperature, facial expression, body posture, breathing, muscle-tone, voice tone, and actions within the environment. It then describes the coaching of a discernment skill; i.e., how to “check the facts” to see not only whether the emotion is justified, but if so, also if it is being experienced with more (or less) intensity than the situation warrants. Finally, case examples are given to show the down-regulation of a specific emotion. The end of the chapter provides a summary of key points for the clinician to remember in strengthening emotion regulation skills.

Keywords: Emotion regulation, discernment, intensity, down-regulation, individual therapy, up-regulation

Key Points for Clinicians

- Each emotion is designed to elicit a different action.
- Each emotion has a unique signature in a number of domains; temperature, facial expression, breathing, muscle tone, posture, gesture, voice tone, actions in the environment.
- Emotion regulation involves a number of steps that can be coached through behavioural rehearsal:
  - Identify the emotion.
Conceptual and Practical Issues in the Application of Emotion Regulation in Dialectical Behaviour Therapy

- Ascertain what level, if any, would fit the facts.
- Up or down-regulate the emotion by paying attention to the domains of that emotion, until it reaches an appropriate level.
- Remember to do what is appropriate for the amount of the emotion that does actually fit the facts.
- Coaching distress tolerance or de-arousal strategies will not strengthen the client’s emotion regulations skills.
- An over-reliance on distress tolerance at the expense of emotion regulation may result in clients failing to make anticipated progress in therapy.

Conceptual and Practical Issues in the Application of Emotion Regulation in Dialectical Behavioural Therapy

Helping clients to regulate their emotions is a central component of conducting DBT. Linehan (1993) conceptualized that problem behaviours such as self-harm and suicide attempts were either a result of clients’ dysregulated emotion, or a direct attempt to avoid or reduce aversive emotional sensations. Linehan’s biosocial theory suggests that clients with Borderline Personality Disorder (BPD) experience their emotions much more intensely than the average person, have emotions that are triggered more quickly, and take longer to return to a baseline emotional state. An entire module of skills training is devoted to emotion regulation, supported by updated handouts and worksheets in the 2014 version of the skills manual. These materials effectively assist the clinician to teach emotion regulation during the first stage of skills enhancement, called the acquisition phase.

The second and third stages of learning the skill are those of strengthening and generalization, which should be carried out via the individual therapy and phone coaching modalities. Given the importance of emotion regulation skills it is vital that therapists continue to reinforce them outside of skills training class. If this goes well, the end result is usually a reduction in actions that clients previously employed to reduce emotional pain. Where emotion-driven problem behaviours persist, it is often because emotion regulations skills are not being properly strengthened and generalized. This chapter focuses on how to enhance the skill of the primary therapist in understanding the concepts of emotion regulation, and to improve his or her confidence in rehearsing and coaching this skill in all the modalities of therapy.
Dangers of Over-coaching Distress Tolerance

Anecdotal evidence from supervisors suggests that during behavioural chain and solution analysis therapists often over-rely on coaching distress tolerance skills. The same may be true within telephone coaching, although these conversations are less likely to be recorded and played in supervision. It is possible that while the Distress Tolerance module is appropriately named, both therapists and clients wishfully misread the title as either Distress Elimination or Distress Reduction.

Why else do therapists prefer to coach distress tolerance skills? Let’s say a patient, Emma, calls her therapist to say that she is thinking of harming herself. She recounts how at work that day she was viciously bad-mouthing a colleague without knowing that the victim of her rant was close enough to hear her words. Later she heard that the girl had gone home feeling ill, and that her unkind words had been reported to others in the office. Emma noticed that no one sat with her during break and the person who usually gives her a lift home left early without waiting. Her mind is thinking over these events and her distress is high.

This scenario provides an excellent opportunity for the client to practice emotion regulation. From a mounting emotional storm (e.g. shame, guilt, fear, sadness) she can learn to discern which emotion is dominant (e.g. Guilt). With help, Emma can work out whether this emotion fits the facts (e.g. She did do a hurtful thing, so some guilt is justified). The therapist can coach her to weigh up how much guilt is appropriate, (100%? 50%? 30%?) and what she needs to do to problem-solve that warranted part of it (e.g., make a repair to the victim.) For excess guilt, Emma can practice “opposite action” and use her wise mind to judge at what point she must stop down-regulating, i.e., her emotion is at the appropriate level. Throughout this exercise she will be strengthening her ability to remember all the different components to opposite action, some of which are biological and some behavioural. She can marvel at the effect that even simple steps such as changing her body posture and facial expression have on the sensations in her body. Her therapist can guide her to notice if her mind leaves the current scenario to revisit all the other times she has felt guilty, and to be mindful of any judgements of herself and others. She can begin to see first-hand how those associations amplify and prolong the intensity of her emotion. Through this painstaking process of investigation, behavioural rehearsal, and evaluation Emma can learn how to approach a guilt-inducing incident without harming herself.

All these coaching actions depend on the busy mental health professional being willing to pick apart a complex emotional experience, remembering the unique signature of each emotion, its function, action urge, and regulatory systems. However, if the clinician shifts attention away from the emotion itself and focuses on the level of distress it engenders, he or she can bypass all those layers of complexity and prioritize tolerating the distress,
usually by urging the client to distract herself. In this scenario Emma might be advised to turn her mind to another activity such as watching a comedy DVD or having a bath with aromatherapy oils. If she engages mindfully enough in the new activity, the distress will be more bearable.

Is it any wonder that the therapist feels drawn to promote this second option? Faced with a patient who is threatening self-harm and who wants relief from emotional pain, taking the simplest route seems logical and appealing. Unfortunately, this is like trying to fix a broken leg by taking an analgesic. The client learns new ways, albeit less harmful ones, to avoid emotion, but in doing so, fails to gain mastery over experiencing emotions. Furthermore, she is not developing the sense of self that comes from being emotionally literate, nor is she understanding what each emotion has to tell her about her values, dislikes, hopes, and disappointments. Not only does the client fail to progress, but the therapist also loses a chance to assist her, through the process. The in-depth walk-through with the client is vital in increasing the clinician’s confidence in the skill, and in his or her ability to problem-solve obstacles to implementation. These missed opportunities mean that both parties are less likely to turn to emotion regulation in the future.

**Knowing the Emotions**

A truly effective emotion-regulation trainer needs to develop an almost obsessive interest in each emotion, its function, and its action urge. He or she needs to embrace a dialectical approach, which means there is no “one size fits all” strategy. The therapist has to help the client “read” the situation, decipher the emotion, and discern the valence required, then up or down regulate as appropriate. The following section describes the main principles of emotion theory.

“E-motions” are designed to **Elicit Motion**, i.e., they are bodily prompts to a particular action. Each emotion evolved to occur in a specific situation, and to prompt the action which more often than not was helpful in those circumstances. Table 1 provides a list of the main “families” of emotions, and it is advisable for therapists to get into the habit of using the term “emotion” instead of “feeling” as the latter word has wider connotations. For example, “I feel betrayed” might denote an **emotion** of anger, sadness or disgust, plus the **thought** “someone has betrayed me”.

<table>
<thead>
<tr>
<th>Name</th>
<th>Situation (when the emotion fits the facts)</th>
<th>Function</th>
<th>Action urge</th>
</tr>
</thead>
</table>

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### Conceptual and Practical Issues in the Application of Emotion Regulation in Dialectical Behaviour Therapy

<table>
<thead>
<tr>
<th>Emotion</th>
<th>Description</th>
<th>Motivation</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anger</strong></td>
<td>When blocked in pursuit of a goal or threatened</td>
<td>To give energy to burst through the obstacle or fight off the threat</td>
<td>To attack</td>
</tr>
<tr>
<td><strong>Sadness</strong></td>
<td>When there is a loss</td>
<td>(2 stages) 1. Conserve resources to prevent further loss. 2. Mobilize help to retrieve what is lost.</td>
<td>1. To withdraw. 2. To seek or pine for the lost item, situation, or person.</td>
</tr>
<tr>
<td><strong>Fear</strong></td>
<td>When life or health is in danger</td>
<td>To preserve life by avoiding danger.</td>
<td>(2 stages) 1. To avoid or run away. 2. If danger gets too close to avoid, then to freeze until it passes.</td>
</tr>
<tr>
<td><strong>Joy</strong></td>
<td>When an activity has potential benefits to health or quality of life.</td>
<td>To maximize gains.</td>
<td>To do more of whatever set off the joy.</td>
</tr>
<tr>
<td><strong>Shame</strong></td>
<td>When an action committed carries a risk of expulsion by the group.</td>
<td>To minimize the likelihood of expulsion.</td>
<td>To hide either one’s person or one’s misdemeanour.</td>
</tr>
<tr>
<td><strong>Guilt</strong></td>
<td>When an action committed transgresses group norms (but is not so great to warrant expulsion).</td>
<td>To maximize the chances of remaining in the group.</td>
<td>To make reparation.</td>
</tr>
<tr>
<td><strong>Envy</strong></td>
<td>When another person has a desired advantage in possessions, relationship, situation, or status</td>
<td>To reduce the discrepancy.</td>
<td>To either acquire or destroy the thing that is coveted.</td>
</tr>
</tbody>
</table>
Jealousy | When there is a perceived risk that another person might wish to take or destroy a possession, relationship, situation, or status | To keep what is precious away from potential rivals. | To jealously guard the precious item, person, status, or situation.

Disgust | When there is a danger of toxic contamination (including social contamination). | To prevent harm from association with toxic substances or morally repugnant behaviours. | To recoil from or repel the potential contaminant.

Interest | When encountering a stimulus with potential to yield further knowledge or benefits. | To expand the potential range of knowledge or benefits. | To attend to, explore, or pursue the interesting stimulus.

Surprise | When encountering a stimulus that is contrary to expectations. | To allow adjustments to accommodate a change in circumstances. | (2 stages) 1. Stop. 2. Reappraise and assimilate the contradictory information.

Table 1 summarizes what Linehan means when she refers to an emotion “fitting the facts”. She points out that sometimes emotions can be understandable, but inappropriate to the circumstances. Thus, if a client previously has had few social contacts, then fear of walking into an evening class for the first time is logical; in reality, however, there is no actual danger.

The Unique Signature of Each Emotion

Each emotion is recognized by its distinct combination of features that affect the body (interested readers are referred to handout 5, p. 213 in Linehan, 2014 model for explaining emotions.) These features might be grouped into “domains” as follows:

- Temperature
- Facial expression
Conceptual and Practical Issues in the Application of Emotion Regulation in Dialectical Behaviour Therapy

- Breathing
- Posture
- Gesture
- Muscle tone
- Voice tone
- Actions (or urges to act) within the environment

The signature of each emotion is unique. For example, shame is a hot emotion, whereas pure fear is cold. Anger is associated with tension in the muscle tone, whereas in sadness the body loses rigidity and muscles become floppy. Disgust has a twisted recoiling body posture, but in anger the body posture is square and forward. There is a two-way maintenance cycle between these domains and the intensity of the emotion. Thus, if the patient is coached to physically act opposite to the emotion-specific signature in each domain, the intensity of that emotion will reduce, e.g., within the domain of temperature, an angry patient cooling down will feel marginally less angry, whereas a sad patient warming up will feel marginally less sad. Each domain addressed in this way will down-regulate the intensity by a couple of degrees. Table 2 summarizes the unique signatures of the most common emotions therapists help clients learn to regulate during therapy.
### Table 2 Signature Features of Emotions

<table>
<thead>
<tr>
<th>Name</th>
<th>Temp</th>
<th>Facial expression</th>
<th>Breathing</th>
<th>Posture</th>
<th>Gesture</th>
<th>Muscles</th>
<th>voice</th>
<th>actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anger</td>
<td>Hot</td>
<td>Scrunched brow, jaw clenched, eyes narrowed, lips pursed, intense staring.</td>
<td>Quick, shallow, “huffing and puffing” (at some extreme levels of rage the breathing may become unnaturally slow in preparation for a preemptive strike).</td>
<td>Rigid, squaring up to someone or taking a “shrugging off” posture; pointedly turning away.</td>
<td>Chin jutting, fist raising, finger jabbing, stomping or finger/foot tapping (if the person is struggling to contain rage, the head may be lowered, and eyes narrowed in preparation)</td>
<td>Tense, clenched.</td>
<td>Raised, accusatory, curt, snappy.</td>
<td>E.g. banging doors, making threats, following the person around.</td>
</tr>
<tr>
<td>Emotion</td>
<td>Cold</td>
<td>Description</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Sadness</td>
<td>Cold</td>
<td>Downcast eyes, mouth turned down, crying or eyes misting over, eyebrows slant from raised in the centre to low outer edge. Long sighs or intermittent sobs. Loose, sagging, lying down or curling up, but without tension in muscles. Slow movements, dragging body rather than purposeful movement. Floppy, lack of muscle tension. Low, slow, breathy, or whiny. Withdrawing, or seeking out reminders of the lost thing/person.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fear</td>
<td>Cold</td>
<td>Eyes wide, eyebrows pulled towards centre mouth open but Holding breath or rapid shallow breaths Defensive; rigid, making self smaller—pulling limbs inwards, shoulders Flinching or shrinking, nail-biting or fingers covering mouth Tense, rigid, trembling Silent or hushed Freezing, becoming inactive, staying indoors, avoiding contacts.</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety stage 1 of fear</td>
<td>Joy</td>
<td>pulled down at the corners</td>
<td>up. Arms and legs folded over body</td>
<td>Arms and legs folded over body</td>
<td>Tense</td>
<td>Intense staccato speech</td>
<td>Approaching, seeking out and remaining by the source of joy, or reminders of it</td>
<td></td>
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</tr>
</tbody>
</table>
### Conceptual and Practical Issues in the Application of Emotion Regulation in Dialectical Behaviour Therapy

<table>
<thead>
<tr>
<th>Guilt</th>
<th>Uncomfortably warm.</th>
<th>Lips together but teeth open behind closed lips, head slightly tilted down but eyes up, brows centre-raised.</th>
<th>Slower and into upper chest cavity.</th>
<th>Very slightly shrugged shoulders.</th>
<th>Shrugging, open-handed supplicatio</th>
<th>Moderate tension.</th>
<th>Restricted, lower in volume, but urgent in tone.</th>
<th>Apologising, appeasing.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shame</td>
<td>Hot</td>
<td>Gaze angled diagonally downwards, no eye contact.</td>
<td>Slower and into upper chest.</td>
<td>Head lowered, hiding behind hair or hands.</td>
<td>Curling up, shrinking, turning away.</td>
<td>Droopy, but tensing up on approach by others.</td>
<td>Absent.</td>
<td>Self-denigration or self-accusing, withdrawin</td>
</tr>
<tr>
<td>Disgust</td>
<td>Cool</td>
<td>Upper lip curled on one side, scrunched nose,</td>
<td>Breath holding or exaggerated exhaling (heart rate)</td>
<td>Twisted body postures, lack of</td>
<td>Recoiling with head or body, tilting head,</td>
<td>Tensed stomach muscles, gag reflex in throat.</td>
<td>Scathing or sneering tone.</td>
<td>Recoiling from or repelling something noxious.</td>
</tr>
</tbody>
</table>
## Conceptual and Practical Issues in the Application of Emotion Regulation in Dialectical Behaviour Therapy

<table>
<thead>
<tr>
<th>Emotion</th>
<th>Type</th>
<th>Description</th>
<th>Key Features</th>
<th>Criticality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Envy</td>
<td>Hot</td>
<td>Lowered brow, eyes narrow. Lips in a fixed line or “fake smiling”.</td>
<td>Even Posture is rigid with inhibition of movement. Few gestures as signs of this emotion are often deliberately inhibited. Muscles are stiff, no fluidity. Speech may sound forced. Fantasizing about damaging what the envied person has, or taking actions to acquire or destroy it.</td>
<td></td>
</tr>
<tr>
<td>Jealousy</td>
<td>Hot</td>
<td>Scrunched brow jaw clenched, eyes narrowed, lips pursed.</td>
<td>Shallow, rapid. Postures enabling scanning of the environment or perceived threat, or standing with hands “Back off” gestures—hand waving, finger pointing, pushing movements. Tense. Slightly raised pitch, sense of urgency in tone. Standing guard over what is precious, warning others off. Checking for signs or proof of threat.</td>
<td></td>
</tr>
</tbody>
</table>
(*) Fear may actually be a 2 phase emotion, while the organism can still flee, the emotion is hot with an urge to run, when danger gets too close the blood runs cold and movement is frozen.
There are three essential points for the individual therapist to remember:

1. **Only one emotion can be regulated at a time.** This is why the identification of the emotion is such an important part of DBT (Linehan, 1993, pg 45) Some therapists encourage clients to clump emotions together, by asking “What else were you feeling? What other emotions did you have?” This is likely to overwhelm the client and delay or prevent down-regulation. Where a client describes two or more emotions together, the therapist may ask what the facial expression was like, which is likely to give clues to the most dominant emotion.

2. **One size does not fit all.** It stands to reason that differentiating between emotions is pointless if the same action is taken to reduce each. For example, in the domain of “posture”, dropping the shoulders and lowering the chin will de-intensify anger, but where the problem emotion is shame the emotion will intensify via the same actions. Some domains are more important to certain emotions, and less important to others. For example, temperature is less important in disgust, but facial expression (the curl of the upper lip) and posture (the recoiling motion of the body) are vital. In guilt, changing voice tone and inhibiting apologetic gestures is more powerful than changing facial expression. It is important not to confuse de-arousal strategies for emotion regulation.

3. **Emotions should be regulated only to the level of intensity that is appropriate to the circumstances.** A common therapist error is to imply that an emotion should be eradicated, when instead it needs only to be de-intensified. Sometimes this discrepancy in valence is referred to as the emotion being “unwarranted by degree”. Here, too much down-regulation may lead the client to assume that the therapist lacks understanding because the warranted part of the emotion has been invalidated. Just as an emotion can be too strong, it can also be too weak for the situation, e.g., finding out a friend has defrauded you out of your life savings, and experiencing “slight disappointment”.

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**Discerning the Appropriate Level for an Emotion**

The emotion regulation skills are aptly named—‘regulation’ being the ability to move the emotion up and down on a scale, much as one might alter the temperature on a central-heating thermostat. To do this the client must be able to work out how much of the emotion is appropriate in each situation. For example, here are some scenarios that may involve varying degrees of guilt:

Forgetting to send a card for a friend’s birthday.

Forgetting her birthday having previously agreed to arrange a party for her.
Deliberately “forgetting” to arrange the party in order to save work.

Having sex with her partner.

Regulating the emotion relies on being able to discern two levels of the emotion. Firstly, how much guilt is currently being experienced? Secondly, how much of that guilt is valid? When helping clients with personality disorder, it is more helpful to validate at level 5—normative validation. So, while it is understandable (level 4 validation) that arranging a party is quite an ordeal for someone with mental health issues, it is normal (V5) to feel guilty if the promise to do it is forgotten, and to feel even more guilty if the “forgetting” was intentional. However, a person who deliberately ‘forgets’ to organize a friend’s birthday may be experiencing too little guilt, and to reach culturally acceptable norms the therapist may need to help to up-regulate the emotion. Meanwhile, other slights pale into insignificance if the person is sleeping with her friend’s partner.

In the following example, anger has cropped up as a link in the chain of a self-harming behaviour. Miriam’s ex-partner Kevin promised to repay a loan so that she can put a deposit on her new rental apartment. When Kevin turned up protesting that he does not have the cash, Miriam noted that he was wearing brand new boots. The therapist is going to help Miriam work out what level of anger might be appropriate, and in the second extract will show how to regulate to that level.

**Therapist:** So, is that when your urge to cut yourself was highest?

**Miriam:** It was after he had gone and I was just thinking about it. He just makes me so mad, he has money for boots—MY money, but now I might lose the apartment because he hasn’t paid me back.

**Therapist:** So, did you correctly identify at the time that the emotion was anger?

**Miriam:** Yes, I knew it was anger, and that I just wanted to get rid of that horrible feeling somehow.

**Therapist:** So, if you had been able to regulate your anger on that day, do you think your urge to cut would have gone up or down?

**Miriam:** Definitely down

**Therapist:** Ok, let’s see if we can get it down by rehearsing now. First, we have to decide whether the anger fits the facts. Were you blocked in pursuit of a goal or threatened?

**Miriam:** Yes, the threat is losing the flat, and I am blocked from paying the deposit.

**Therapist:** Excellent. Next, we have to decide how much anger on a 0 to 100 scale you think is appropriate for this incident.
Miriam: 100%, because my problem was ALL his fault.

**Therapist:** Ok, so are you saying this is the most anger-provoking thing Kevin has ever done, and is likely to ever do?

Miriam: No way! He is always doing stuff like this.

**Therapist.** Then where does it sit in the list of things he has done or might do? Top? Bottom? Middle? Higher? Lower?

Miriam: Hmm...he’s pretty infuriating. Maybe half way?

**Therapist:** So, would you want to be about half as angry as you are capable of being. Check in with your wise mind, how angry would a wise person have been about this?

Miriam: I’m not sure, maybe not at all?

**Therapist:** Well, that wouldn’t be very wise—if you never have any anger when people let you down, they might end up taking advantage of you, but it sounds like you think a wise person might be less angry than 50%.

Miriam: Well yes, I suppose so. He winds me up all the time, so I don’t want to waste my time on thinking about him.

**Therapist:** But we want to keep some anger, right? Because this is how we allow our emotion to guide us.

Miriam: Yes... I dunno...About 30% then?

**Therapist:** OK, but remember I’m not here to tell you the level. You have to keep working it out until it feels wise to you. Consult your wise mind, say to yourself, “what’s the most appropriate level of anger to have here, that would not be over the top, but not just giving in?” Your anger is trying to help you, we don’t want to ignore it—after all he has let you down. But too much anger means when something even worse happens we don’t have an increased level of anger to show. It’s like if you always shout at your kids no matter what they do, then they might as well be naughty—they will get the same level of anger from you regardless.

Miriam: (Pondering) Er... Well I think 40% is actually about right—it is a big deal if I lose the apartment.

**Therapist:** Great—and how much anger did you have on the day?

Miriam: 90%!
Conceptual and Practical Issues in the Application of Emotion Regulation in Dialectical Behaviour Therapy

Therapist: So now I am going to help you to practise getting it down, but when we get to the “40% angry” level we have to stop and work out how to represent that level to Kevin in a firm, but wise, way.

Miriam: Ok, that sounds good, because I don’t see why he should just get off the hook.

Therapist: Neither do I. So, let’s practise some down-regulating or YOU will be the one taking all the blame for angry behaviour, when some of your crossness with Kevin was perfectly legitimate.

Identifying Justified Emotional Intensity: Strategies to Shape Clients’ Skills

In teaching clients strategies to shape their skills in how to identify justified emotional intensity, it is important for the therapist to interact with the client in an open and understanding way. The following list shows three ways in which a therapist can provide support to a client who is learning to shape his or her emotion regulation skills.

1. The therapist acknowledges a degree of the client’s emotion is justified, which is validating for the client. This type of validation fosters willingness as the client can see that the therapist is not simply dismissing the emotional response.
2. The therapist encourages the client to work out the appropriate level of the emotion without telling the client what it should be. Evoking “wise mind” is important for the treatment of “identity disturbance” in BPD. It also allows for personal differences in emotional expression while still attempting to put some parameters around what is considered acceptable.
3. Coaching the skill of discernment is time-consuming, and the therapist must appreciate that this is time well spent. When the client begins to self-regulate emotional responses to situations, it makes a huge difference to her behaviour when the client physically experiences an emotional surge.

Acting Opposite in Each Domain

Again, using the example of Miriam, the therapist demonstrates the art of regulation—moving the emotion down to the appropriate level using Opposite Action, and problem-solving the valid part of the emotion.

Therapist: So, after Kevin left you had the urge to cut yourself, and you correctly identified that you were angry at 90%, where 40% would have been more the level
that your wise mind tells you is appropriate. So, we want to get the unwarranted anger down. Do you remember the domains we talked about—the ways in which the anger plays out in your body?

**Miriam:** (Unsure) Er...maybe...

**Therapist:** Here is a prompt card with them all written on. (Gives card with this list on it: Temperature, Facial expression, Breathing, Posture, Gesture, Muscle tone, Voice tone, Actions within the environment). Now, the first one is temperature. So, what was your temperature that day?

**Miriam:** I was really hot.

**Therapist:** And so...?

**Miriam:** Er... I should cool myself down. I could have opened the window and let in some fresh air. Or had a cold drink from the fridge.

**Therapist:** Or both. You can also keep a cold flannel in the fridge and put it on your neck or wrists.

**Miriam:** I suppose so.

**Therapist:** Write yourself a note to do that when you get home... (hands her pen and paper). What’s the next domain?

**Miriam:** Facial expression (laughs). Yes, if you’d seen my face you’d have known immediately how I was feeling.

**Therapist:** Well it turns out there is a two-way message going from your body to your face and your face back to your body. If you change your face to relax the muscles and let your jaw hang loose a bit, you will actually feel less angry. So, scrunch up your face like you did that day, and try to get a bit angry here with me now—think about those boots! Then we will practice smoothing out the lines on your forehead with your fingertips, wiggling your eyebrows, allowing your jaw to relax. While we’re at it, let’s work on your body posture too, as that is another domain—lean back in your chair a bit more, and let your shoulders drop, yes, that’s right, now do those face things that we just talked about.

**Miriam:** (Follows the instructions.)

**Therapist:** What do you notice?

**Miriam:** Well, I’m definitely not as angry—but isn’t that just the passage of time that makes it go down?
Therapist: Ok, let’s see—sit up and tense all your muscles, frown really hard and clamp your teeth and lips together. Clench your fists while you remember what Kevin did, and let’s notice what happens to the anger.

Miriam (Follows instructions) yes. I can feel it go up when I purse my lips, and hold myself tensely. And again when I frown. I can just picture those new boots in my mind’s eye.

Therapist: This is so important, Miriam, I want you to have absolute confidence that if you need to get anger down you can do it. Now here’s a big domain for anger—your breathing. How was it on the day? Show me.

Miriam: (starts to breathe heavily and rapidly.)

Therapist: Ok, now you are building up your breath inside like an explosion is on its way, I want you to lengthen your outbreath as though you are blowing up a balloon, long, deep breaths. And lay back in your seat again, shoulders down. Face smoothed out, just like before.

Miriam: (Follows instructions) That does feel better.

Therapist: Are we down to 40% angry yet? Remember we are not going to take this all the way to zero. You have to listen to your emotions or they come back stronger. We just want to get to a level of crossness, rather than complete fury.

Miriam: Yes, it is definitely lower (Miriam looks at the “domains” card that the therapist has given to her). What does it mean when it says “actions in the environment” on the card?

Therapist: That’s things you do that might make it worse, like if you chased him down the street, shouting, or if you were stomping around your kitchen banging cupboard doors.

Miriam: I did do a bit of that.

Therapist: Then the anger would stay around longer or get bigger. So, what would Opposite Action look like?

Miriam: Walking more slowly, I guess, and moving things gently. But it would be so hard!

Therapist: I agree. So, tell me what you are thinking because whatever it is it will make perfect sense, and I might be able to help you with it.

Miriam: That he is getting away with it while I am here without the cash.
Therapist: Are you thinking that if you cut yourself or remain furious then he will suffer in some way, maybe by feeling guilty? Or that you would keep it up till you see him again?

Miriam: When you say it like that…no, he won’t suffer at all.

Therapist: OK, let’s carry on getting it down then. What about “voice tone”, which is another domain and includes the “tone” you use in your head.

Miriam: What…? Do you mean saying to myself, “he is SUCH a LOSER”.

Therapist: (laughs) Yes that would do it. That would pump the anger up a notch.

Miriam: (wails) But I CAN’T just be nice about him!

Therapist: Of course not! We have to keep our 40% anger. So, try making a mindful statement to yourself that sums up the situation as accurately as possible. I call this “touching your truth”. Keep the judgements out of it and just state the facts. The best statements are dialectical, so they say, “on the one hand this, and on the other hand that”. Speaking it either in your head or out loud can really help reduce emotion.

Miriam: This is hard. OK. “On the one hand I am so mad at him for buying new boots when he owes me money. On the other hand, at least he came around and I could see he felt bad about it”.

Therapist: Does that work for you?

Miriam: Not really, it feels like I’m just making allowances. I don’t think it was that big of him to come around. He might have just felt bad because he knew I wouldn’t be lending him any more money.

Therapist: Then change the statement. Try using the word angry instead of “mad”. It might have a better down-regulating effect.

Miriam: “On one hand I am angry with him for buying boots when he owes me money. On the other hand, I’d rather it was boots than drugs, and he is not as aggressive these days”.

Therapist: Well? How was that?

Miriam: I guess I was less angry. But am I just letting him off the hook?

Therapist: If we don’t work out a way for you to tell him how cross you are about this, then yes. But when you were alone that evening, after he’d gone, did it affect him at all whether you were FURIOUS or a bit cross?

Miriam: No, he wouldn’t even know either way.
Therapist: Exactly, so we need to put you back in control of your emotion levels, so that you can decide on an appropriate course of action, and not end up harming yourself. Have another go at the statement, and this time you can include your intention to take this up with him again.

Miriam: “On one hand I am angry with him for buying boots and not paying what he owes, and I will phone him again on Tuesday when he gets paid. On the other hand, at least it was boots not drugs, and he is less aggressive these days.

Therapist: How was that?

Miriam: That felt so much better. I can’t believe that just talking it out loud like that has such an effect.

Therapist: It’s because you are acting opposite in the other domains, too. One of the action urges in anger is to attack people, so when you add in your dialectical statement you are also acting a little bit kind—the opposite of attack. Remember that you need to keep checking whether your emotion regulation efforts are working or not by trying them out, and if it isn’t working you have to change something and try again. If you do this you will get more confident in your ability to reduce emotion without resorting to hurting yourself.

Problem-solving in Emotion Regulation

For the justified part of the emotion the client must devise a plan of action and follow it through. In the example above, Miriam must work out how to get her money for the deposit on the apartment. She may need help to come up with creative solutions. The following list shows some examples that Miriam can use to devise a plan of action:

- Use her DEAR MAN and FAST skills to negotiate a repayment plan with Kevin.
- Plan to reissue her request to Kevin on payday, before he has spent the money.
- Sell some of Kevin’s motorcycle accessories that he left with her.
- Accept that Kevin is unlikely to come up with the money and attempt to borrow or earn the money elsewhere.
- Find a cheaper alternative to the new apartment.

The emotion is there to alert Miriam to being blocked in pursuit of her goal. However, both clients and therapists can sometimes mistakenly assume that getting rid of the emotional sensation is the primary goal, and that once it becomes bearable the job is done. If the justified part of the emotion is ignored, the client never learns to appreciate its message about something important about themselves or their situation. A strong desire to down-regulate painful emotional states is what subtly pushes clients and
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therapists towards the distress tolerance skills. However, over-relying on these techniques—and, in particular, distraction—will result in the client presenting in a characteristic way, which may include:

1. Reporting frequently that “skills don’t work”.
2. Showing no change in their circumstances, no movement towards a “life worth living”.
3. Complaining that his or her level of distress is actually increasing, rather than reducing.
4. Seeking more “solutions” that numb the body—e.g., an increase in prescription drugs, alcohol, food-restriction, over-the-counter medication, street drugs, or excessive sleeping.

If these signs persist well into treatment, the therapist should strongly suspect that the client is failing to solve problems that should legitimately be addressed, e.g. accommodation, employment, relationships (particularly loneliness), finance, legal issues, or unresolved physical health problems, and that the client is not recognizing that the emotions accompanying these problems are justified. Landes (this volume) and Heard et al. (2015) outline the principles behind finding and rehearsing appropriate solutions.

Solutions that Require Simultaneous Tracking

One reason that therapists sometimes neglect solutions to ongoing or longer-term problems is because it appears to conflict with the moment-by-moment nature of a chain and solution analysis. Thus, solutions that the client can implement at the time of the target behaviour take priority. For example, if a patient has self-harmed because she is lonely on a Friday evening, the primary solutions will revolve around how to manage the sadness of not being with anyone that day, how to gainfully occupy the evening, perhaps seeking company, how to be mindful of harmful thoughts (“nobody cares about me”), and how to avoid contact with any harmful implements. Opposite action will help diminish the intensity of the sadness.

The therapist must then create a “simultaneous track” for the client to follow over a period of days or weeks to solve the bigger problem of ongoing loneliness. This will involve “friend-recruiting” activities, e.g., checking for social groups or classes in the local area, finding out how to join, getting herself to go along, introducing herself by name to other participants. The tasks are broken down into what needs to be done each day or couple of days, over perhaps two or three weeks. The therapists can do the tracking on the current diary card or create a new diary card to keep a record of progress towards the desired level of friendship. This “solution tracking” goes on alongside the tracking of dysfunctional behaviour on the regular diary card.
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This is an inherently dialectical approach; the client needs better interpersonal skills in order to recruit and retain friends, and yet needs friends to practice her fledgling interpersonal skills. Progress will not be linear, but rather takes a corkscrew trajectory, where the client circles towards and away from the goal, encountering and solving fresh obstacles with the help of the therapist. At the end of the individual session each week the client and therapist should monitor the simultaneous track, and if the client has any intense problems on this journey, they are likely to surface in the target hierarchy. The main point is that the question “should we focus on solving the micro problems or the bigger problems?”, should be answered with “both, simultaneously.”

Summary of Strategies for Regulating Unjustified Emotions or Emotions Unwarranted by Intensity

1. The therapist teaches the client to retain the level of emotion that fits the facts.
2. The therapist assumes that, despite learning the skill in skills class, the client will not know how to put the skill into practice. It is only when the client can demonstrate the skill in front of the therapist that it will be evident that the skill can be used in daily life.
3. A prompt card is used to remind the client of the domains they have to alter to down-regulate the unjustified part of the emotion.
4. The therapists helps brainstorm practical solutions for the part of the emotion that is warranted.
5. The client is encouraged to follow a shaping protocol (utilized across all the skills, not just emotional regulation) when regulating the emotion:
   - Employ the skill
   - Evaluate
   - Adjust
   - Re-employ (re-evaluate, re-adjust)
   - Start again.
   - Continue until you get as close as you can to the desired result.
6. The client may need to create a simultaneous track to address problems that will take time and effort to solve.

Regulating Appropriate Sadness
Many therapists struggle to help with regulating sadness because it is often highly appropriate. Problems arise when the clinician tries to reduce the emotion without attending to its valid content. In the following scenario, Lyndsey is an adolescent who has been prevented by her foster-mother from accepting a party invitation from her new friend Holly; the argument is that Holly is a stranger who might lead Lyndsey astray. Lyndsey had urges to harm herself, and her therapist is conducting a chain and solution analysis.

**Therapist:** Well done that you did not actually cut yourself, but it sounds as though when you had that urge, it was because you wanted to change something—what was cutting yourself going to improve for you?

**Alison:** It would have made me feel better—I just felt awful.

**Therapist:** Can we work out what that emotion was?

**Alison:** Well, I was so mad at them for not letting me go out, just because they’ve never met Holly—they have no idea what it’s like to be at a new school. She might never ask me again, just because of them.

**Therapist:** So, we’re trying to work out the emotion. Were you clenching your jaw and frowning, with your muscles all tense?

**Alison:** No, I was curled up on the bed, sobbing.

**T:** Ah, OK. Well, I could be wrong, but it sounds like you were maybe feeling sad?

**Alison:** Yes, because I really, really wanted to go to the party.

**Therapist:** That makes complete sense to me—you had just met Holly and were really pleased to get the invitation, and then you were not able to go. So, do you remember how we down-regulate sadness?

**Alison:** Is it to try and cheer yourself up, like play a comedy DVD or something?

**Therapist:** No, not to start off with, because emotions are messages to us, and we have to read the message and work out what it is telling us. So, what do we know about sadness? When does it fit the facts? When there is a …?

**Alison:** Loss.

**Therapist:** Yes! So, what had you lost in that moment?

**Alison:** I wasn’t able to go to the party.

**Therapist:** Absolutely right. So, at that level the sadness did “fit the facts”. You did have a loss in that very moment—you were not at the party. So, what’s the first thing that sadness programmes us to do when we have lost something?
Alison: (Shrugs).

Therapist: It helps us to not make any further losses, so it gets us to hole up and make sure we conserve our resources. So, question one in sadness is how can I be sure my losses don’t get any bigger? Was there anything you could have done to prevent more losses, and I’m thinking particularly with Holly.

Alison: I did text and say, “sorry I can’t come”.

Therapist: Did that help you to feel connected to Holly? Your sadness is telling you she’s an important person in that moment. You need to satisfy the emotion that all is not lost with Holly. What else could you have said?

Alison: (Grumpily) That I would sneak out and come anyway.

Therapist: (Laughs) Well, you’re in the right ball-park! Maybe something like, “I’m grounded, and I even thought of sneaking out, but I’d get caught”. How would you react to that if you were in Holly’s shoes?

Alison: I’d be disappointed, but at least it doesn’t sound like a brush-off.

Therapist: The thing is, if you weren’t sad about it, then after you had texted “can’t come” to Holly, you would just have got on with your evening, but the sadness is saying, “Hey, this matters”, so it is actually trying to help you. If you listen to it, then it is prompting you to minimize that loss if you can. The trick is to say something that keeps the relationship friendly, using your GIVE skills. Perhaps add in that you would see her on Monday. If you had sent that kind of text would your sadness have gone up, or down?

Alison: If I had said I would see her on Monday, then yeah, it would go down. But then I think, but she might never give me another invitation ...

Therapist: Here’s where you need to watch out, because this is an “unmindful thought”. If you are not mindful, then your brain starts to predict all the possible losses you might have to face in your entire relationship with Holly, or even with other people. If we get on that track then before we know where we are, our sadness is huge and unmanageable. So, remember to keep it to the loss of that moment. You can say to yourself, “I am sad that I am not at the party tonight”, and if your mind wanders to other sad things, gently guide it back to this moment. Learning to be sad mindfully is a great skill. Try saying that mindfully.

Alison: “I’m sad because I am not at the party tonight”.

Therapist: Now the next phase of sadness is about getting support for yourself. As a species, humans are designed to rally round when something is lost, to pool our resources, and help recover whatever we can. There are a number of ways to
draw in this help. One way is to “send out a distress flare” by crying big ploppy tears! Tears catch the light and tell people—I need help. You were crying on your bed, but we need to forge some kind of alliance when we’re sad. Who could you speak to or call?

**Alison:** Nobody, they were all at the party! And I would just look like a loser if I rang then, while they were there.

**Therapist:** It could be true that at 8:00pm on a Friday, there weren’t many people you could call. So, either you can work down a list of people and find someone NOT at the party—like your aunt Meg, for instance (Alison makes a scornful face). Ok, here’s the thing. If there really isn’t anyone you can connect with when you are sad, you can do something I sometimes do if I am working away from home and something upsets me. I think of one of my friends or family members, and imagine how I am going to tell them about this incident the next time I see them. I imagine what I will say to them, and what they will say to me. It’s kind of getting some comfort from them, but in my imagination—and it works really well if you can predict what that person is most likely to say. Do you have a friend who you think would have been sympathetic?

**Alison:** Amy. She had already texted to say “I can’t believe you’re not coming”.

**Therapist:** So, you’re in your room lying on your bed and you think, “next time I see Amy I am just gonna tell her what a horrid time I had while they were all at the party”. You can really ham it up if you like, tell her the worst bits—like, ‘and it was really freezing in my room, so I was just sitting there in my duvet drinking cocoa like an old lady and thinking of you all having a great time... .” Can you picture her face?

**Alison:** Yes, she’d laugh if I said that, but in a good way, I guess. She’d say, “Ali, you saddo, the party was lame”. Even if it was really good she’d say that ‘cos she calls everything lame.

**Therapist:** If you can picture any response then you are doing a good job of conjuring her up in your mind. This is the skill of staying connected to people even if they’re not there. But it also means you have to follow up—you have to seek out Amy when you go back to school and tell her that thing. So, if you had made plans to tell Amy your woes while you were on your bed, do you think you would have felt more sad or less sad?

**Alison:** A bit less.

**Therapist:** Now we have to make sure that in the presence of some comfort, even if it is the imaginary kind, you don’t go overboard in being sad. We want the right amount of sadness for missing this party, this evening; we don’t want to trip into
TRAGIC sadness. How much sadness would be appropriate? Is it the saddest thing that could possibly happen?

**Alison:** No. I never said it was.

**Therapist:** So, we want to get just the right amount of crying. Do you think on that day your sadness was too big or not big enough for missing the party that evening?

**Alison:** Probably too big. I was thinking about a lot of other sad things too.

**Therapist:** That’s normal, but really unhelpful, so remember to be mindful. So, I’d advise on any sadness to try and acknowledge the loss and cry some willing tears, and not block them or hold your breath or distract yourself, for at least seven minutes. Really accept that you are sad about this one loss in this moment. Proper wet tears if you can get them, and comfort yourself while you cry, because it is a sad thing. If you really let yourself relax into those tears, and don’t add in any other sadness you will probably be done long before the seven minutes are up.

**Alison:** I can cry for hours.

**Therapist:** But probably you block and fight the tears, and then escalate to include all the other things you might be sad about.

**Alison:** Yes. I did that.

**Therapist:** Now, when you want to stop crying, and this only works when you have allowed yourself to be appropriately sad, then you can act opposite to sadness. Sadness is cold, so warm yourself up. It’s a still emotion, so get yourself moving, and it prompts withdrawing so seek out other people. You lose your appetite, so get some food to eat, and your breathing is in big sighs, so shorten them. Your muscles go floppy so tense them up, and your posture is all curled up so get yourself upright and take up as much space as you can. It’s hard to be sad if you are punching the air! Now only do this when you have done all the other stuff, or your sadness will come back stronger. So, let’s have a practice at those things and I will coach you in what to do, and then you can see how well they work.

**Summary: Strategies for Therapists for Treating Appropriate Sadness**

1. Before trying to down-regulate sadness, the therapist explores the ways in which it is valid.
2. The therapist explains the function of sadness before attempting to regulate it.
3. The therapist helps the client to conceptualize the sadness mindfully—what is lost in THIS moment.
4. At no point does the therapist suggest distraction or suggest that the main aim is to reduce distress. Instead, the client is encouraged to problem-solve the loss of the moment.

5. The client is only taught how to down-regulate an inappropriate level of sadness when she has understood how to acknowledge and problem-solve the warranted part of it.

6. The client is encouraged to check out how the strategies might have affected her level of sadness during the critical period.

**Up-regulating Emotions**

Most of the problems that clients experience with emotion regulation can be attributed to an excess of emotion. Occasionally there is a need for the therapist to coach the client how to up-regulate an emotion when it does not appear at an appropriate time. Some clients have become so detached from their emotional experiencing that they do not register any characteristics of what would be a perfectly normal response. The following dialogue shows an example of the therapist coaching the up-regulation of justified anger.

**Therapist:** So you went in to your neighbour Carrie’s flat, and walking past the bedroom door you saw your jacket on the bed, the one you thought you must have left somewhere?

**Elsa:** Yes, it’s quite an unusual design and my eye was drawn to it.

**Therapist:** And you confronted her?

**Elsa:** I just said, “is that my jacket, the one you knew I’ve been looking for”? She just shrugged.

**Therapist:** And at that moment what was the emotion?

**Elsa:** I don’t remember feeling anything really. These things happen, I guess.

**Therapist:** I could imagine feeling pretty angry if it turned out one of my friends had been taking my things without permission, or very sad at the thought they would do that.

**Elsa:** (Jokily) Perhaps you should see a therapist and they could help you with that!

**Therapist:** (Seriously) I know you are taking a light-hearted approach to this, but I’m worried that the urges you had to self-harm later might be as a result of not really having any emotion about this event. If you HAD experienced some emotion
right then, which do you think would have been most justified—it’s a very personal thing—Anger? Sadness? Disgust?

**Elsa:** What’s the point? It doesn’t get you anywhere.

**Therapist:** Too much emotion can be a problem, it’s true, but none at all is just as problematic. It makes it look as though what Carrie did is ok with you. Emotions communicate to others about us, and actually help in the relationship. So, which emotion do you think you might have felt more strongly?

**Elsa:** I think what she did was really out of order, so if I’d felt anything, it would probably have been anger.

**Therapist:** Just think right now of the moment you made that discovery—picture yourself back there. Say to yourself, “She is SO out of order”. Now is there any sensation in your body?

**Elsa:** (Looks uncomfortable) Not really, look—I absolutely don’t want to lose my rag. My dad used to get really violent when he was angry. I hate violence. It made us all nervous wrecks.

**Therapist:** It makes perfect sense that you would be reluctant to feel that anger, given your history, and nobody likes feeling angry with a friend. But some anger was appropriate here, and blocking or ignoring it could result in that tense feeling later, that you sought to relieve by cutting your arm. So, let’s look at your fear of being angry and apply the same emotion regulation protocol: does it fit the facts? Is your dad here now? Or is there a real likelihood that you might physically attack Carrie?

**Elsa:** No. Dad’s long gone, and I have never been violent.

**Therapist:** So, your fear doesn’t fit the facts, and we should act opposite to that fear and allow a little anger about this situation. If there is a danger of the anger going too high then we will down-regulate it—do you remember how to do that?

**Elsa:** I remember learning this in group—relaxing all your muscles and smoothing out your forehead, and leaning back in the chair? There are some breathing things, too, right? This doesn’t apply to me though. I’m good at not getting angry. I don’t do anger.

**Therapist:** It’s possible that when you say to yourself “these things happen” and distract yourself, as you did by going home and playing your computer game, you kind of disconnect the angry feeling from what set it off. Then, later on, you have this tension that you don’t recognize as being related to Carrie taking the jacket. When you allow yourself to feel angry, you might start thinking, “this is out of control”. We want to allow some sensations of anger without them going too high,
so those physical strategies you mentioned will help. Now here with me replay that moment that you challenged her about the jacket and she shrugged it off.

**Elsa:** “That was so out of order...”

**Therapist:** Say it like you really mean it and furrow your brow a little so you feel more cross. Sit up, get a bit more tension in your body. Think about what you would want to say to her, right there and then.

**Elsa:** (Raises her voice a little) “This is SO out of order, I can’t believe you have got my jacket and have absolutely nothing to say for yourself” (Starts to cry).

**Therapist:** Well done. Now, when you made the statement did you feel some anger in your body?

**Elsa:** Yes, I think it was justified to say that to Carrie.

**Therapist:** And then when you started to cry, did you feel sad? Or were they angry tears?

**Elsa:** I was really sad, because she betrayed my trust.

**Therapist:** And when you felt sad, did the anger go down?

**Elsa:** Yes, the tension went.

**Therapist:** It’s OK if that happens. It’s quite common, and we don’t need to worry about that, providing you vent that crossness first. If you had gone straight to being sad without letting Carrie know there was anger in there, too, then that would have been an issue, but getting angry and then crying is a much more healthy way to dissipate tension than cutting yourself. Even those few moments of accurate expression of the emotion is helpful. Over time, we will look to stretch out the amount of anger you can tolerate without dissolving into tears. But for a first attempt, well done! You got angry, you expressed it appropriately, then you got sad and cried, and nobody got harmed. We will look out for other practice opportunities until anger is no longer something to fear.

**Summary: Strategies for Up-regulating Emotional Responses**

1. The therapist identifies a situation in which an appropriate emotional response failed to appear.
2. The therapist instructs the client to display some of the features of the emotion.
3. Any fears the client has are addressed using the same protocol—does it fit the facts?
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4. The client is asked to replay the scenario, including the emotional response that was previously missed out.
5. The therapist validates any legitimate responses.
6. The learning points (e.g., that the emotion was experienced and no bad things happened) are highlighted at the end of the behavioural rehearsal.

Conclusion

Clients who experience their emotions much more painfully than the average person will naturally seek solutions that reduce the unpleasant bodily sensations, and sometimes even attempt to harm or destroy the body, wherein lies the seat of their pain. Once clients have gone down the route of suicidality and self-harming behaviour (or other body-numbing strategies), they lose both the ability to decipher the function of the emotion as well as how to address the issue it is bringing to their attention.

As if this loss of problem-solving ability were not enough, the emotion itself will not—as the client wishes—simply disappear, but it will instead return with greater urgency in an attempt to get the message through. The repeated blocking of incoming emotional signals eventually renders the client a victim of relentless overwhelming sensations. At this point it appears to the client as though the emotions meld into each other, and the entire experience simply becomes distressing.

In some cases, the therapist is tempted to respond not to the discrete emotion the client is having, but to the distress it produces, and seeks to adopt the quickest method to reduce it: distraction. This merely perpetuates the cycle. Instead, the therapist should help the client to meticulously unpick each emotion, work out its function, and alter the intensity of it (up or down) until it is within the appropriate range. With practice, the client becomes truly mindful of each emotion as it occurs, harnesses the problem-solving features of it, and naturally dissipates the remainder. They are then able to describe themselves as having the skill of emotion regulation.

References


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