Emotional Dysregulation and Validation
by Dana Lasek, Ph.D., HSPP

The term “emotional dysregulation” was coined by Dr. Marsha Linehan, a psychologist who developed a type of therapy called Dialectical Behavior Therapy (DBT). Dr. Linehan developed DBT while working with suicidal and self-injurious patients. She found that traditional cognitive-behavioral therapy did not work with these highly emotionally sensitive patients. They reported feeling judged and corrected when the traditional cognitive-behavioral techniques were utilized. During her work with these patients, Dr. Linehan noted that they did not improve. In fact, her patients continued to experience weekly crises. She stepped back and started developing a more effective type of treatment for these patients and, thus, DBT was born.

At the core of DBT is the understanding of emotional dysregulation. Emotional dysregulation is defined by Dr. Linehan as “…pervasive dysfunction in the emotional regulation system” (Miller, Rathus, & Linehan, 2007). This dysregulation affects both positive and negative emotions and is often produced by the presence of emotional vulnerability. Emotional vulnerability is a combination of high sensitivity to emotional stimuli, intense emotional responses, and a slow return to baseline (Miller, Rathus & Linehan, 2007). Emotional dysregulation causes emotional reactivity and can lead to depression, anxiety, irritability, difficulty managing anger and interpersonal difficulties. While the vulnerability to dysregulation is not entirely clear, the cause may be biological such as genetic or prenatal factors or environmental such as early trauma. While emotional dysregulation is more common among females, males can exhibit these characteristics as well. Emotional dysregulation occurs among patients of all ages and with a wide variety of psychiatric disorders but is most commonly seen in patients diagnosed with Borderline Personality Disorder.

Due to the high emotional sensitivity of these patients, communicating with them in an effective manner is critical. Often these patients report feeling invalidated by therapists, friends and even family. Invalidation can take the form of judging, blaming and even matching the emotional intensity of the individual. Invalidation often occurs as a result of frustration and the lack of tools necessary to effectively communicate with these individuals.

The research in this area suggests that individuals who have difficulty regulating their emotions respond well to what we call “validation.” This was a key insight from Dr. Linehan’s pioneering work. Validation is a form of communication by which the thoughts, feelings and actions of the individual are heard and valued. The individual feels listened to and respected. Those who communicate well with individuals struggling with emotional regulation actively listen and stay focused on the conversation. The person’s feelings are reflected back as a way to convey understanding. Tolerance of beliefs are demonstrated when validation is used. Validation also leads to improved relationships as well as a decrease in the need for intense emotional responses because the individual feels heard and valued.

Validation is NOT the same as agreement, nor does it imply satisfaction or liking. For example, a parent may say, “I hear you and understand that you want to go out with Joe Friday night. However, after staying out past curfew last weekend I do not think
going out this weekend is a good idea.” In doing so, we use coaching techniques of honoring how the person is feeling while also respecting their goals. Validation is the opposite of cheerleading, which would entail dismissing the person’s intensely emotional reaction by telling her (or him) that the situation is not so dire and there is room for optimism. The teen may not like the end result but, when validation occurs, he or she is more likely to feel heard, understood and respected. The school counselor can validate a student by helping him feel that, while his emotional outburst during class was consistent with how he was feeling at the time, there are more effective ways of getting your needs met.

As we have explored, individuals who experience emotional dysregulation are highly sensitive to emotional stimuli. They react to events quickly and with a great deal of emotion. Consider a parent or friend who does not understand this type of reaction; knowing what to say or do in a moment of crisis will be very difficult. We all tend to act in ways that may not be productive when we are frustrated or fearful. Empathy is a wonderful tool when communicating with or trying to help someone who experiences emotional dysregulation. If you can put yourself in your daughter’s shoes, for example, you may feel more calm and able to validate more easily. Educate yourself about Dialectical Behavior Therapy and emotional dysregulation in order to provide a more validating environment.