

# Validation Skills in Counselling and Psychotherapy

Ezgi Özeke Kocabas, Meltem Üstündag-Budak<sup>2</sup>

<sup>1</sup>METU Northern Cyprus Campus, North Cyprus, <sup>2</sup>Bahcesehir University, Istanbul, Turkey

## ABSTRACT

Person-centered therapies stress that acceptance and growth are essential components in counselling or psychotherapy. Dialectical Behavioural Therapy (DBT), one of the thirdway therapies, focuses on acceptance and change from a dialectical perspective. Validation, which is one of the important constructs of this modality and has some similarities with Rogerian emphatic understanding, allows clients' experiences to be understood and accepted. This paper introduces the validation strategy in DBT and its use as a skill in the therapeutic process. Using behavioural principles in DBT, it argues that teaching effective skills to both clients and therapists is essential within this therapy model. The paper therefore discusses the importance and functions of teaching validation skills to new psychotherapists and counsellors.

**Key words:** Validation, Dialectical behavioral therapy, Counselling

## INTRODUCTION

The therapeutic alliance, the relationship between client and therapist, is one of the important aspects of any therapeutic process (Ackerman & Hilsenroth, 2003). It is fundamentally concerned with trust and establishing a secure base on which therapeutic change can take place. The outcome of any therapeutic intervention is therefore determined by the quality of this relationship. A recent meta-analysis has confirmed that the quality of this alliance is positively related to various outcomes across different psychological therapies (Horvath, Del Re, Flückiger & Symonds, 2011). Bordin identifies three important components within this relationship: tasks, goals and bonds (1979). Goals are what clients want to gain from therapy and are agreed by the therapist while tasks are the steps lead to achieving the therapy goal. Finally, the relationship between therapist and client creates a bond, as in any other relationship between two individuals. Confidence in this relationship (as in any trust-related relationship) enables the client to explore and attempt the tasks that lead to therapeutic change and growth. A trust and bond perspective suggests

a novel attachment relationship in which a new secure base is established that the individual is sufficiently confident into use during stressful times. This new secure place (Bowlby, 1969) actually allows the individual to explore the world and attempt new tasks. Previously, this secure place may have remained inaccessible to the client, for example, due to an adverse childhood history. However, once clients can use this secure relationship, they may be able to engage in challenging therapeutic work to achieve their identified therapeutic goals. According to studies of attachment theory's clinical implications (Obegi, 2008; Farber & Metzger, 2009), this particular bond may facilitate responsiveness to therapy. Obegi (2008), who describes the bond in terms of "caring, acceptance, confidence, mutual understanding, and mutual respect" (pg. 432), claims that, despite their differences, different alliance models agree about the bond's central role in the therapeutic process.

Humanistic psychotherapy also assumes that the therapeutic relationship enables psychological growth (Rogers, 1951) so acceptance and growth are also essential components of this therapy modality. Humanistic and existential therapies are also known as client centered therapies, where the focus is on the individual rather than the symptoms or any classification of pathology. Accordingly, practitioners have long argued that it is through this relationship itself that therapeutic change takes place. This modality therefore considers it essential to understand the client's subjective experiences through techniques such as active listening,

Access this article online



[www.ijss-sn.com](http://www.ijss-sn.com)

**Month of Submission :** 07-2017  
**Month of Peer Review :** 08-2017  
**Month of Acceptance :** 10-2017  
**Month of Publishing :** 11-2017

**Corresponding Author:** Ezgi Özeke Kocabas, METU Northern Cyprus Campus, North Cyprus, E-mail: [eozeke@metu.edu.tr](mailto:eozeke@metu.edu.tr)

empathy and unconditional positive regard because it enables the therapist to provide a secure base for the client whereby the client is accepted and understood rather than judged. Another modality, Dialectical Behavioral Therapy (DBT) (Linehan, 1993), also focuses on acceptance and change. This therapy model is among third way therapies of cognitive behavioral therapy. In essence, Linehan integrates a humanistic approach with cognitive behavioural therapies. Although DBT sees the client and therapist as equals, which suggests it is somehow a client centered therapy, it also focuses on the acquisition of effective skills, and cognitive and behavioural strategies. Drawing on a transactional model of stress, DBT relies on a biosocial model to understand individuals within invalidating or inaccessible environments. Validation is a key construct within DBT psychotherapy, which allows clients' experiences to be understood and accepted. Although it is very similar to Rogerian therapy's empathic understanding, it widens its scope and turns it into a process through which individuals can learn and implement DBT skills for themselves. In DBT, this construct and its relevant skills are also considered more in terms of behavioural steps and strategies than is the case in client centered therapies such as Rogerian.

Empathy is about recognizing others' emotions and their effect on the individual. Individuals utilize their own experiences for such processes. Validation extends this understanding to include acceptance in such way that the emotion that the other person is experiencing is meaningful and makes sense to the person who is receiving/perceiving the other person's emotion. For example, even though nearly everybody may agree that a photograph of some flowers is faultless and very beautiful, just one person may see a tiny fault. An invalidating response to this person could be to say: *Come on! Can't you see the beauty of the picture; you always see the negatives* whereas a validating could be to say: *You see every tiny detail which balances whatever you are experiencing. It must be hard to see every little detail as it stops you embracing the whole picture.* It is also possible to combine validation and emotion: *You seem more disappointed with this picture than another people... it appears that every detail is very important for you and this stops you from enjoying the other parts of the picture.*

Through validation, both the other person's emotion and experience are acknowledged by the other party as meaningful. Although this experience may seem unreasonable to the other party, the core aim here is understanding the person within the context that the person is in. Thus, validation is fundamentally based on the biosocial model in that the environment (i.e. parenting) recognizes the person and the meaning of their experience to them rather than dismissing or minimizing the person's feelings and experiences. In DBT, this represents full

acceptance, akin to unconditional positive regard and accepting the uniqueness of the individual in humanistic therapies. As a skill, validation is taught to DBT therapists during their comprehensive training; they then teach their clients validation during DBT skills training. However, such skills training is not limited to the comprehensive DBT protocol for at-risk groups with severe psychopathologies like borderline personality disorders or self-harm behaviours. Rather, DBT skills are also taught in skills only trainings to the non-clinical populations (Rizvi, Steffel, (2014); Pistorello, Fruzzetti, MacLane, Gallop & Iverson, 2014). For example, Fruzzetti (2006) teaches validation skills to high conflict couples.

## DBT AND VALIDATION SKILLS

DBT essentially treats problems of emotion regulation, giving great importance to validation as one of its core strategies. As an acceptance strategy, it clearly signals to the client that the therapist considers their behaviour as understandable in their given context. Validation in DBT involves focusing on the current context of a client's problems, acknowledging that personal thoughts, emotions, behaviours are acceptable in the client's current context, and communicating that understanding to the client (Linehan, 1993).

As already mentioned, DBT uses a biosocial model to explain and understand emotion dysregulation, which assumes that both biological and environmental factors underlie emotion dysregulation. Thus, an individual's difficulties with understanding and controlling their emotions stem from both biological tendencies and growing up in an invalidating environment. A social environment can be invalidating by rejecting and dismissing intense emotions or, reinforcing emotional arousal while a poor parenting style can prevent a child from learning the skills needed to label, express and regulate emotions appropriately. Because it is difficult for such individuals to make valid interpretations of their experiences, and they have high emotional vulnerability (Linehan, 1993; 2015). By providing clients with a validating environment, DBT helps them to learn and accept their feelings, thoughts and behaviours; in short, to validate themselves. Thus, from its dialectical stance of change and acceptance, DBT considers validation as essential to balance therapeutic processes of change and acceptance (Linehan, 1993).

It is also important to note that biosocial transactions take into account the temperament of the individual, mostly defined by their genetic make-up and early care experiences. This reflects a lifespan perspective (Berk, 1998; 2014) regarding human development, in which a combination of

social psychological and genetic factors influences human development in a multifaceted way. Given this, an individual needs validation skills to understand and re-establish their relationship with themselves and their environments. This accords with the view of self and others (internal working models) in Attachment Theory (Bowlby, 1969; 2005).

### **Types and Levels of Validation Atrategies**

DBT describes four types of validation strategies: emotional, behavioural and cognitive validation, which are similar to each other, and “Cheerleading”, which differs from these in its use and function (Linehan, 1993).

Generally, validation of clients has three main steps: active observing, reflection and direct validation, of which the last is essential to DBT (Linehan, 1993). Linehan (2005) defines six increasingly complex levels of validation, each of which are linked to previous levels. Behaviours can be validated at different levels (Linehan, 1997; 2005), as outlined in Table 1.

According to Linehan (1997), although empathy and validation are quite similar, they differ in some respects. Validation involves empathetic understanding and communication, and requires knowing the other person well. Empathy naturally creates an environment for both of these aspects of validation. Validation involves more communication than empathy regarding what was heard and seen in a client's responses and behaviours, searching for what is valid in their experiences, thoughts and feelings, and assessing the validity of their responses. In short, while empathy is fundamental, validation has to draw conclusions

from each individual's personal reflections and experiences during therapy (Linehan, 1997).

## **SUMMARY**

DBT offers a perspective rooted in the biosocial modality. From this perspective it focuses on acceptance as part of the change process in therapy. One of the strategies used in DBT to foster acceptance is validation. Although validation in DBT mainly focuses on individuals with emotion dysregulation and is used more with clinical populations, its various levels can also be applied to non-clinical individuals and taught to counsellors and therapists, even if DBT is not these practitioners' main modality.

As a strategy, validation in DBT creates an environment in which clients feel understood, accepted and not judged, which strengthens the therapeutic bond (Linehan, 1993). While humanistic psychotherapies also stress the power of the relationship itself and its effects on therapeutic growth, DBT's validation skills, based on its validating stance, offer a perspective for therapists and counsellors that goes beyond the empathetic relationship. By developing therapists' empathetic understanding and combining therapeutic goals with an empathetic attitude linked to validation skills, DBT helps to create a validating environment for clients, which in turn helps them develop mood-modifying abilities and learn self-validation skills. Teaching this behaviourally defined skill set to counsellors and therapists may therefore help them more fully understand their clients, develop a working alliance with them and foster greater therapeutic

**Table 1: Levels of validation (Linehan, 1997; 2005)**

**Level 1. Listening and observing**

This level includes actively listening to clients, paying attention to what they are saying or doing in the here and now and showing interest in clients' verbal and nonverbal cues. This level also includes unconditional listening and observing to explore both clients' frames of reference and the facts of their experiences in a reciprocal way.

**Level 2. Accurate reflection**

At this level, therapists share an understanding of clients' behaviors, thoughts, feelings and assumptions. This entails reflecting back to a client what was heard from the client's sharings and checking the accuracy of these understandings by asking: "Is that right?" Reflection should be accurate and nonjudgmental.

**Level 3. Articulation of unverbalized**

This level includes communicating unspoken emotions, thoughts or behaviors that clients may be experiencing. By discovering and verbalizing unexpressed meanings and emotions, therapists can help clients explain their responses to past events. The therapist must "mind-read" possible causes of the behavior and predict what clients may be feeling or thinking. This level is crucial for therapeutic growth and clinical progress because being understood and seeing that their behavior is considered acceptable allows clients to validate themselves, which in turn fosters therapeutic change.

**Level 4. Validating Behaviour in terms of its causes**

This level communicates that behaviors can be understood from their causes. It takes into account both the biological and experiential causes of events in a client's history and shows them the relevant causes of behavior in their current experiential context.

**Level 5. Validating in terms of present context or normative functioning**

This level communicates to clients that their behavior is understandable; in terms of the current situation, their responses are meaningful. Therapists normalize the client's response to the situation by finding facts linking to that behavior from the current context.

**Level 6. Radical genuiness**

This last level requires therapists to believe in clients' strengths and capacities, recognize their experiences and emotions as valid with empathetic understanding and recognition of equal status, and show respect for clients' abilities to change and work towards their life goals.

change. Learning to create a validating environment in therapy and learning validation skills may contribute not only to therapeutic growth but also to clients' acceptance, learning and practicing of new skills for change.

There are similarities between Rogerian emphatic understanding and validation in DBT. As DBT is rooted in behavioural principles, it is considered essential to teach effective skills to both clients and therapists. New psychotherapists and counsellors may find validation skills easier to learn as they are presented in a structured skills set. This learning enables therapists to engage with more advanced empathic understanding skills, leading to therapeutic growth. In therapy, focusing on change without presenting sufficient validation to clients can be problematic since it could reflect therapists' difficulty in tolerating distress (Linehan, 1993). Thus, it is very useful to use this set of behaviourally defined validation skills in training and education for counsellors and psychotherapists to help them to understand their clients' emotions and experiences fully. This shared understanding will also benefit the working alliance by providing a new secure place within which individuals can heal themselves and reestablish their relationships with the world.

## REFERENCES

1. Ackerman, S. and Hilsenroth, M (2003) A review of therapist characteristics and techniques positively impacting the therapeutic alliance. *Clinical Psychology Review*, 23, 1-33.
2. Bender, D.S. (2005) *Therapeutic alliance*, in *The American Psychiatric Publishing Textbook of Personality Disorders*(eds J. Oldham, A.E. Skodol, and D.S. Bender). American Psychiatric Publishing, Inc., Washington, DC pp. 405-420.
3. Berk, L. (2010). *Development through the life span*. International edition.
4. Bowlby J. (1969). *Attachment. Attachment and loss: Vol. 1. Loss*. New York: Basic Books.
5. Bowlby, J. (2005). *A secure base: Clinical applications of attachment theory* (Vol. 393). Taylor & Francis.
6. Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, research & practice*, 16(3), 252.
7. Farber, B. A., & Metzger, J. A. (2009). The therapist as secure base. *Attachment theory and research in clinical work with adults*, 46-70.
8. Fruzzetti, A. E. (2006). *The high conflict couple: A dialectical behavior therapy guide to finding peace, intimacy, and validation*. Oakland, CA: New Harbinger Press.
9. Horvath, Adam O., A. C. Del Re, Christoph Flückiger, and Dianne Symonds. "Alliance in individual psychotherapy." (2011): 9.
10. Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York, NY: Guilford Press.
11. Linehan, M. M. (1997). Validation and psychotherapy. *Empathy reconsidered: New directions in psychotherapy*, 353-392.
12. Linehan, M. M. (2015). *DBT skills training manual*. New York, NY: The Guilford Press.
13. Obegi, J. H. (2008). The development of the client-therapist bond through the lens of attachment theory. *Psychotherapy: Theory, Research, Practice, Training*, 45(4), 431.
14. Pistorelo, J., Fruzzetti, A. E., MacLane, C., Gallop, R., & Iverson, K. M. (2012). Dialectical behavior therapy applied to college students: A randomized clinical trial. *Journal of Consulting and Clinical Psychology*, 80(6), 982–994.
15. Rizvi, S. L. & Steffel, L. M. (2014). A pilot study of 2 brief forms of Dialectical Behavior Therapy skills training for emotion dysregulation in college students. *Journal of American College Health*, 62 (6), 434-439.
16. Rogers, C. (1951). *Client-centered therapy: Its current practice, implications and theory*. London: Constable.

**How to cite this article:** Kocabas EO, Üstündağ-Budak M. Validation Skills in Counselling and Psychotherapy. Int J Sci Stud 2017;5(8):319-322.

**Source of Support:** Nil, **Conflict of Interest:** None declared.