

Opposite Action: When Emotions Push You the Wrong Way

An explainer and opposite action planner · Created by Simar Gill Lowther, MACP, RP (CRPO)
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At a glance

- Every emotion comes with an urge: fear says avoid, sadness says withdraw, anger says attack.
- Sometimes following the urge helps. Sometimes it makes things worse.
- Opposite action, a DBT skill, means doing the opposite of an unhelpful urge to change the emotion itself.

How emotions and actions are linked

Emotions prepare us to act. That's useful when the emotion fits the situation. But when an emotion doesn't fit the facts, or acting on it won't help, the urge can keep us stuck. For example, avoiding a feared situation keeps fear alive. Withdrawing when sad tends to deepen sadness.

Emotion, urge, and opposite action

Emotion	Typical urge	Opposite action
Fear	Avoid, escape	Approach the situation gradually, again and again
Sadness	Withdraw, isolate, stay in bed	Get active, reach out, do one small thing
Anger	Attack, yell, criticize	Gently step away, or be kind; soften your voice and posture
Shame	Hide, avoid eye contact	Share with someone safe; hold your head up
Guilt (unjustified)	Over-apologize, punish self	Stop apologizing; do what the guilt says not to
Jealousy	Control, check up on others	Let go of controlling; trust; focus on yourself

When to use it: Use opposite action when the emotion doesn't fit the facts or acting on it won't help. If the emotion fits (for example, fear when you're truly in danger), follow it, or use problem-solving instead.

Doing it "all the way"

Opposite action works best when you act opposite with your whole body: your words, tone, posture, and facial expression, and when you repeat it until the emotion shifts.

What the research says

Opposite action is a core emotion regulation skill in Dialectical Behaviour Therapy (Linehan, 2015).

It draws on decades of evidence that approaching rather than avoiding feared situations (exposure) reduces fear over time.

Tool: My Opposite Action Planner

Step	My answer
1. The emotion I'm feeling (and intensity 0–10):	
2. The urge it gives me:	
3. Does the emotion fit the facts? Will acting on it help?	
4. My opposite action (words, body, tone):	
5. What happened when I tried it:	
6. Emotion intensity afterward (0–10):	

Strategies to try

- **Start with low-intensity emotions.** Practise when the stakes are low.
- **Be specific.** Plan exactly what you'll do and say.
- **Repeat.** One opposite action may not change much. Repeated ones do.
- **Be patient with yourself.** Acting opposite to a strong urge is hard. Each attempt counts.

Strategies you may not have heard of

These less common, evidence-informed techniques go beyond the usual advice. Try one at a time and notice what works for you.

- **Try "half-smile and willing hands."** Relax your face into a slight smile and turn your palms upward. This DBT skill uses the body to soften resistance and anger.
- **Check the facts first.** Before acting opposite, ask: "What actually happened? What am I assuming? Does my emotion fit?"

- **Act opposite for just two minutes.** If a full opposite action feels impossible, commit to two minutes. Momentum often follows.
- **Opposite action for shame.** Share the thing you feel ashamed of with one safe person. Shame tends to shrink when it's spoken.

Journal prompts

Take your time with these. Write freely; there are no right answers.

Which emotion's urge do I follow most often, even when it doesn't help me?

When have I acted opposite to an urge in the past? What happened?

What makes opposite action hard for me?

Where could one small opposite action make a difference this week?

When to reach out for support

If emotions often drive actions you regret, or you're stuck in avoidance or withdrawal, DBT-informed therapy can help you build skills to respond rather than react.

Insightful Journey Inc. offers therapy in person in Oshawa and virtually across Ontario, in English, Hindi, Punjabi, and Urdu. Direct billing available.

[Book a free consultation](#) · 647-982-2527 (call, text, or WhatsApp)

In crisis? Call or text 9-8-8, or call 911.

This resource is for education and self-reflection. It is not a diagnostic tool and is not a substitute for professional assessment or care.

References

Linehan, M. M. (2015). DBT skills training manual (2nd ed.). Guilford Press.

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