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The Effectiveness of Dialectical Behavioral Therapy on Emotional Regulation and Marital Conflicts of Women with Borderline Personality Disorder in Isfahan City

Nasrin Khalili[1], Hasan Khoshakhlagh[2*]

[1] Department of Psychology, Islamic Azad University, Naein Branch, Isfahan, Iran.
[2] Assistant Professor, Department of Psychology, Naein Branch, Islamic Azad University, Naein, Iran.

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Abstract

Background: *This study aimed to investigate the effectiveness of dialectical behavioral therapy on emotional regulation and marital conflicts of women with borderline personality disorder in Isfahan city in Isfahan.*

Methods: *This is a semi-experimental method with pre-test, post-test, and followed with the control group. To conduct the study, 30 women with borderline personality disorder referring to Isfahan family therapy clinics in 2017, who were willing to participate in the study were selected based on criteria of entry and exit and were randomly divided into two experimental groups (15 persons) and control (15 persons) and complete the pretest, Gross & John (2003) and marital conflict questionnaire (MCQ). The experimental group underwent dialectical behavioral therapy at 10 sessions (weekly and 2 hours) and one week after intervention, both experimental and control groups were subjected to post-test. After the completion of the training and post-test, a one-month follow-up period was completed. The repeated measures analysis of variance was performed using SPSS Statistics ver22. The significant level was set at 0.05.*

Results: *The results of repeated measures of variance analysis showed that dialectical behavioral therapy had an effect on emotional regulation and marital conflicts. And leads to improved emotional reactions and reduced marital conflicts in women with borderline personality disorder in Isfahan (p-value<0.001).*

Conclusions: *The effect of this treatment on emotional regulation and marital conflicts of women with borderline personality disorder was stable. As a result, dialectical behavioral therapy as a therapeutic approach is recommended to improve the psychological status of women with borderline personality disorder symptoms.*

Keywords: Dialectical behavioral therapy, Emotional regulation, Marital conflicts, Borderline personality disorder.
***Corresponding to:** H Khoshakhlagh, **Email:** khoshakhlagh_h@yahoo.com

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Introduction

An individual with borderline personality disorder (BPD) displays "a pattern of instability in personal relationships, self-image, and affects" as well as "a pattern of marked impulsivity that becomes apparent early in life".[1] Three out of four patients with BPD are female. BPD patients often experience comorbid depression (95%) and anxiety disorders (90%) in addition to substance abuse and other symptoms in the Axis II spectrum.[2,3] Approximately ten percent of people with BPD commit suicide, and around 70 to 75 percent have committed non-lethal self-injurious acts. A feature of BPD is emotional dysregulation in interpersonal relationships.[4-7]

This mental disorder is defined by a dysfunctional or inefficient ability to process and modulate affective experience. In BPD patients, severe negative emotions often dominate their lives, such as abandonment, loneliness, jealousy, rejection, hatred, envy, anger, shame, and guilt.[8] Dyadic ER is a common occurrence during adulthood, with romantic partners serving as the most important source and target. Dynamic emotional regulation can be symmetrical, where both parties regulate their emotions simultaneously, or asymmetrical, where both parties regulate their emotions simultaneously. Here, we'll discuss asymmetric ER.[9]

The first generation of research showed that BPD patients had a lower probability of being married,[10] the greater number of breakups in marital relationships,[11] shorter friendship ties, and absence of intimate partnership.[12] Stepp et al.[13] found that by using sub-threshold criteria of BPD (at least three criteria met), close to 50% of distressed couples seeking treatment have at least one member with borderline personality traits or the comorbid syndrome associated with BPD. Early studies report a significant decrease in relationship satisfaction for those with axis II diagnoses.[14] A partner with a personality disorder has a much more negative impact on a relationship than a partner with an axis I disorder.[15] According to Chen et al.[11] borderline characteristics have a negative correlation with relationship satisfaction that lasted and even increased over time.

BPD patients report lower relationship quality than other personality disorder patients.[16] According to Zanarini et al.'s[17] research, BPD is associated with more dysfunctional romantic relationships when compared with other patient groups. The prevalence of avoidant romantic relationships is also evident among BPD patients. Beeney et al.[6] found that both partners of BPD couples reported lower satisfaction levels than community couples. It is essential to treat women who exhibit symptoms of BPD and self-destructive behaviors with dialectical behavior therapy (DBT).[18]

Four standard components of DBT outpatient therapy exist individual therapy, skills groups, telephone coaching, and therapist consultations. Among the most commonly used modalities to treat borderline personality disorder is DBT.[19] DBT is structured around participants learning and developing coping skills during weekly group meetings. This program focuses on teaching patients mindfulness skills, interpersonal

relationships, emotion regulation, and distress tolerance using a structured program based on scientific evidence.[20]

In general, this research is valuable and important from several different perspectives. The findings of the study not only contribute to improving diagnosis and treatment in the field of borderline personality disorder, but they also assist institutions, medical centers, and therapists in improving marital relationships and treating borderline patients. Psychotherapists and counselors can use the results of this study to improve the quality of marital relationships, reduce the symptoms of borderline people, and improve the mental health of couples. The economy affects the government and society. The overall purpose of this study was to evaluate the effectiveness of the dialectical behavior therapy approach on emotional regulation and marital conflicts in women with symptoms of borderline personality disorder in Isfahan.

Materials and Methods

The present study was a quasi-experimental design, two-group design (one experimental group and one control group) with pre-test, post-test, and follow-up. The study population consisted of all women with a borderline personality disorder referring to family therapy clinics in Isfahan in 2017. The present study examined borderline personality disorder in women with a family therapy clinic in Isfahan in 2017, introducing 50 women to various centers and selecting 30 of them based on criteria. Inclusion criteria include obtaining a diagnosis of borderline personality disorder, having an age of 20-50 years, and having literacy. Criteria for exiting include lack of cooperation and failure to perform the tasks presented in the meetings, absence for more than two sessions, having acute or chronic mental disorders (approved by a psychiatrist or clinical psychologist), the use of concomitant psychological therapies, consumption of psychiatric drugs from 3 months ago (through questions from clients), having physical illnesses (which are diagnosed by a doctor and acknowledged by the authorities), having a disability, and having a substance abuse

To carry out the research, after obtaining permission from the university, they referred to family clinics in Isfahan and requested the authorities to introduce women with borderline personality disorders who were referred to these clinics. After interviewing 50 women with borderline personality disorder, they participated in an interview, and 30 people were selected purposefully based on entry and exit criteria. After explaining the study's objectives, 15 individuals in the control group and 15 individuals in the experimental group met each week for ten sessions (two hours each) of dialectical behavior therapy, followed by the intervention the two groups took a test one week later. An evaluation period of one month followed the training and post-test. A summary of the content of dialectical behavior therapy sessions is provided in table 1. It should be noted that dialectical behavior therapy training was conducted in Totia counseling center in Isfahan. Some of the ethical considerations that were observed in the research process are obtaining informed consent from the subjects who were willing to participate in the research, ensuring that information obtained from subjects is kept confidential (privacy and confidentiality), and the researcher morally respecting every person involved in the research process and avoided discrimination. To measure demographic information, a demographic information questionnaire including age, education, duration of the marriage, and the number of children is used. At the descriptive level, means and standard deviations (the indicators of central tendency and dispersion) were used to present the status of independent and dependent variables of the research. At the inferential level, the tests of assumptions (Kolmogorov-Smirnov and Levin test) and analysis of variance with repeated measures were used. All statistical analyzes were performed using the statistical package for social sciences version 22. The Gross and John emotion regulation questionnaire was used to measure emotion regulation, the DASS-42 depression and the marital conflict questionnaire (MCQ) was used to measure marital conflict. The significant level was set at 0.05.

Table 1. Summary of the content of dialectical behavior therapy sessions[9]

Meetings	Content
First session	This session includes establishing an appropriate therapeutic relationship and a general understanding of the client about eating problems and preparing the client for the application of DBT treatment logic (introduction of the emotional regulation model in DBT) to reduce the rate of submission to mental occupations.
Second session	In the following sessions, teach mindfulness and suffering tolerance skills to be taught will be detailed and explained after an introduction to the general framework of the treatment.
Third session	This session included discussions focused on mindfulness skills (what skills and how skills) through teaching observation, observation, and participation skills.
Fourth Session	In this session, participants learned about the different levels of mind, rational mind, emotional mind, and common sense, and how to develop non-judgment, mindfulness of a subject in a moment, and increase effectiveness.
Fifth meeting	This session includes teaching emotion regulation skills and introducing emotion theory.
Sixth Session	In this session, emotion regulation skills are taught.
Seventh session	The session included an introduction and explanation of suffering or skills that help a person critically deal with their emotions.
Eighth Session	This session includes the introduction and explanation of each of the strategies for overcoming the crisis, distraction, self-relief, momentary improvement, that is, replacing positive events with negative ones, and emphasizing the pros and cons.
Ninth session	This session includes the introduction and explanation of each of the strategies for overcoming the crisis, distraction, self-relief, momentary improvement, that is, replacing positive events with negative ones, and emphasizing the pros and cons.
Tenth session	This session includes a review of mindfulness skills, emotion management and suffering tolerance, planning for the future and continuous application of learned skills, and feedback from the training course.

Gross and John emotion regulation questionnaire: This questionnaire was designed by Gross and John[21] and measures emotion regulation strategies. The initial form had 16 questions, and Cronbach's alpha for the whole questionnaire was 0.86. Its short, revised form has ten items that examine individual differences in cognitive reassessment and instrumental reassessment. The options follow a seven-point Likert scale and range from 16 to 112. Internal consistency and retest reliability and high convergent and discriminant validity have been reported for this instrument. On this scale, the answers are in the range of 7 options (1=strongly disagree to 7=strongly agree). Cognitive reassessment (6 items) and subduction (4 items) consist of two parts. The reliability of the two ERQ-P subscales was satisfactory as indicated by the level of internal consistency (.81 to .91).[22] Cronbach's alpha of the questionnaire in this study was 0.75.

Marital conflict questionnaire (MCQ:(This questionnaire was developed by Sanaei[23] and is a 42-item tool designed to measure marital conflict. The instrument measures seven aspects or seven dimensions of marital conflict, including 1. Reducing cooperation (questions 3, 9, 19, 21, 27), 2. Reducing sexual intercourse (questions 4, 10, 15, 28, 33), 3. Increased emotional reactions (questions 5, 11, 16, 22, 29, 34, 39, 41), 4. Increasing child support (questions 7, 18, 24, 31, 36), 5. Increasing personal relationship with relatives (questions 6, 12, 17, 23, 30, 35), 6. Reducing family relationships with spouse relatives and friends (questions 1, 19, 25, 37, 40, 42), and 7. Separating finances from each other (questions 2, 8, 13, 20, 26, 32, 38). Each question has five possible answers, each of which is assigned points in proportion to its number. The maximum total score of the questionnaire is 210, and the minimum is 42. The highest score of each subscale is equal to the number of questions in that subscale multiplied by 5. Higher scores indicate more conflict, while lower scores signify a better relationship. This questionnaire has good content validity. In the stage of analyzing the test materials, after the preliminary implementation and calculating the correlation of each question with the whole questionnaire and its range, thirteen questions from the initial 55 questions were omitted.[23] The marital conflict questionnaire has good content validity. As a result of analyzing the test materials after the preliminary implementation and comparing each question with the whole questionnaire and its scales, 13 of the initial 55 questions were removed.[23] In this study, the questionnaire had a Cronbach's alpha of 0.86.

As part of the repeated measures analysis of variance, the Kolmogorov-Smirnov test was applied to evaluate the normality of pre-test distributions. Levin statistical test was conducted for homogeneity of variances. Due to the significance of Machley sphericity, the same assumption of covariance was confirmed (Pvalue<0.05).

Results

In this study, the mean age of the experimental group was 35.27±4.383, the mean age of the control group was 38.27±5.663, and the mean age of all members was 36.77±5.20. Among the sample members in the experimental and control groups, 46.7% had a diploma, 26.7% had a postgraduate degree, and 26.7% had a bachelor's degree. In addition, the mean marriage duration (month) in the experimental group was 73.27±46.76, the mean marriage duration (month) in the control group was 87.67±37.61, and the average marriage duration of the entire group was 80.47±42.33. Among the sample members, 56.7% have one child, 36.7% have two children, and 6.7% have three children.

According to table 2 in the pre-test stage, there is not much difference between the experimental and control groups; However, in the post-test phase, compared to the pre-test phase, emotion regulation increased and marital conflicts decreased.

According to table 3 and the significance of the factors within the groups, the existence of a significant difference between the three pre-test, post-test, and follow-up measurements for emotion regulation and marital conflict variables was confirmed at the level of Pvalue<0.001.

Also, with the significance of the group source among the groups, it can be said that there is a significant difference between the experimental and control groups for the variables of emotion regulation and marital conflicts at the level of Pvalue<0.001. In other words, the dialectical behavior therapy approach has an effect on regulating the emotions and marital conflicts of women with symptoms of borderline personality disorder in Isfahan.

According to table 4, pre-test scores are significantly different from post-test and follow-up scale of emotion regulation and marital conflict. These results indicate that the dialectical behavior therapy approach has an effect on the regulation of emotions and marital conflicts in women with borderline personality disorder symptoms in Isfahan and has improved the regulation of marital emotions and conflicts. In addition, in reducing the effectiveness of this treatment, the time from post-test to follow-up had no effect. According to the obtained results, the dialectical behavior therapy approach on regulating emotions and marital conflicts of women with symptoms of borderline personality disorder in Isfahan was approved.

Table 2. Descriptive findings of the studied variables by experimental and control groups

Variables	Groups	Experimental	`
		Mean±SD	Mean±SD
Emotional regulation	Pre-test	21.60±3.50	19.53±3.09
	Post-test	35.20±5.19	18.90±2.69
	Follow up	34.26±3.86	18.13±2.94
Marital conflict	Pre-test	148.66±12.09	145.33±13.04
	Post-test	68.60±8.35	146.66±12.38
	Follow up	67.20±7.14	147.43±11.46

Table 3. Analysis of variance of emotion regulation and marital conflict

Variables	Source of change	Sum of square	Degree of freedom	Mean Square	F	Pvalue
Emotional regulation	Pre-test	733.356	2	361.678	47.317	0.001
	Group	1023.267	2	511.633	66.936	0.001
	Error	428.044	56	7.644		
Marital conflict	Pre-test	38019.267	2	19009.633	224.067	0.001
	Group	26017.756	2	1300.878	153.336	0.001
	Error	4750.978	56	84.839		

Table 4. Bonferroni post hoc test to compare the scales of emotion regulation and marital conflict in pairs in time series

Variables	Step A	Step B	Mean difference (A-B)	Standard level error	Pvalue
Emotional regulation	Pre-test	Post-test	-6.33	0.862	0.001
		Follow up	-5.633	0.720	0.001
	Post-test	Follow up	0.700	0.517	0.560
Marital conflict	Pre-test	Post-test	43.567	0.903	0.001
		Follow up	43.633	0.824	0.001
	Post-test	Follow up	0.067	0.750	0.921

Discussion

Based on the results, the dialectical behavioral approach has been effective in regulating the emotions in Isfahan; the dialectical behavioral approach has led to an increase in the regulation of emotions of women with symptoms of borderline personality disorder in the city of Isfahan. In addition to this study, there have been several other studies demonstrating the effectiveness of DBT for BPDD.[25-28] DBT training consists of four main components of mindfulness, emotion regulation, interpersonal effectiveness, and distress tolerance. Using mindfulness in daily life is encouraged for patients. Adapted DBT includes skills training in impulse control, interpersonal relationships, and self-esteem to address patients' difficulties regulating emotions.[25] In Linehan's[25] description of DBT, mindfulness training is the most significant core component and occurs first. It helps prepare the student to learn other DBT skills. The goal of mindfulness training is to help individuals change their maladaptive behaviors, emotions, thinking strategies, and relationships that negatively influence the quality of their lives. Suicide is one-way patients have tried to deal with these severe problems. When patients utilize DBT skills, they can break these dysfunctional patterns and live meaningful lives.[26]

O'Toole et al.[27] discovered that women with BPD who received DBT showed positive changes in their emotions and less frequent use of health care services because of improved mindfulness skills. There is evidence that the dialectical behavior therapy approach can help women suffering from borderline personality disorder symptoms regulate their emotions. The findings are interpreted based on the theory that those with borderline personality disorder cannot recognize their emotional experiences and cannot tolerate rejection and failure. The inability of people with borderline personality disorder to integrate negative and positive life outcomes such as emotional experiences and interpersonal relationships causes people with a borderline personality disorder to experience unbalanced emotions. The inability to control emotions, which can result from the unwillingness to recognize them, causes impulsive behaviors, mood swings, a strong need for control, and other symptoms of borderline personality disorder.[29]

Therefore, teaching emotion regulation skills, which is the most valuable technique of dialectical behavior therapy approach, aims to increase the ability and strength of enduring failure, increasing behavioral skills and self-awareness, and emotion regulation in women with a borderline personality disorder. Based on the theoretical foundations in explaining the effect of dialectical behavior therapy approach on marital conflicts of women with borderline personality disorder symptoms, it can be said that teaching the components of dialectical behavior therapy approach, especially mindfulness and emotional regulation skills for women participating in the training program. Considering the emotional needs of himself and his wife in the present. This therapeutic approach enables them to become aware of the thoughts, emotions, physical feelings, and actions of the moment without having to judge or criticize them or their experiences and to be able to make decisions based on their wise minds.[7-9]

Based on the results, the dialectical behavioral approach has been effective on marital conflicts of women with symptoms of borderline personality disorder in Isfahan; the dialectical behavioral approach has led to a decrease in marriage conflicts of women with symptoms of borderline personality disorder in the city of Isfahan. The findings of Beeney et al.[6]; Miano et al.[7] and Navarro-Gómez et al.[14] are in line with our study.

To explain the impact of dialectical behavior therapy on marital conflicts experienced by women with borderline personality disorders symptoms, it may be explained that by practicing the techniques and skills of tolerating disorder and interpersonal relationships, they will be able to consider any possible self-harm coping strategies. Apply self-talk and self-relaxation techniques to manage disturbing emotions and adapt to interpersonal communication in a tense environment. Eventually, women with borderline personality disorder symptoms will cope better with their problems and achieve the goal of increasing quality of life and marital adjustment and

reducing marital conflict through behavioral reconstruction6. Regarding the durability of the effects of treatment, it should be noted that the effectiveness of treatment, in the long run, depends on the ability of participants to implement and practice behavioral skills, which is the product of an appropriate and sufficient course of psychological treatment.[7]

Several factors may contribute to patients' improved emotional regulation, such as improved coping skills or mindfulness skills which aid patients with managing their emotions during stressful situations. Treatment outcomes seem to be equally affected by a strong therapeutic relationship in which the therapist uses appropriate levels of validation. Increasing hope in patients and encouraging them to think positively are proven to improve their long-term outcomes.[28]

Among the limitations of the present study, we can mention the homosexuality of the sample group. There has been a recommendation that gender differences need incorporating into account in future studies. In addition, the research community in this study was limited to Isfahan, so the results cannot be generalized to other cities. To provide a basis for comparison, a study in this field should be conducted in other cities. The effect of pre-test performance on post-test scores is another limitation of this study. Longer-term studies with long-term and multi-stage follow-up are necessary to evaluate the continuity of effectiveness and the degree of stability of the changes resulting from this model on women with symptoms of borderline personality disorder.

Based on the results of this study, dialectical behavior therapy has been effective in treating women with symptoms of borderline personality disorder by enhancing emotion regulation and decreasing marital conflict. Therefore, it can be considered an appropriate dialectical behavior therapy approach for helping women with borderline personality disorder improve their psychological and family wellbeing.

Acknowledgement

The study population of this study included borderline personality disorder women, Isfahan, Iran. The protocol of the study was approved by the Ethics Committee of Esfahan university of medical sciences (IR.MUI.REC.0343).

Conflict of Interest

The authors declare that they have no conflict of interest.

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