

Effectiveness of Dialectical Behavior Therapy on Received Criticism, Event Minimization and Offender Exoneration in Married Women with Borderline Personality Disorder

Golnaz. Ebrahimi¹, Elahe. Vadoodi^{2*}, Mehryar. Anasseri¹

¹ Department of Psychology, Ash.C., Islamic Azad University, Ashtian, Iran

² Department of Social Sciences, Ash.C., Islamic Azad University, Ashtian, Iran

* Corresponding author email address: elahe.vadoodi@iau.ac.ir

Article Info

Article type:

Original Research

How to cite this article:

Ebrahimi, G., Vadoodi, E., & Anasseri, M. (2025). Effectiveness of Dialectical Behavior Therapy on Received Criticism, Event Minimization and Offender Exoneration in Married Women with Borderline Personality Disorder. *Iranian Journal of Neurodevelopmental Disorders*, 4(3), 1-10.

<https://doi.org/10.61838/kman.jndd.4.3.13>



© 2025 the authors. Published by Iranian Association for Intelligence and Talent Studies, Tehran, Iran. This is an open access article under the terms of the Creative Commons Attribution-NonCommercial 4.0 International (CC BY-NC 4.0) License.

ABSTRACT

Purpose: This study aimed to determine the effectiveness of Dialectical Behavior Therapy (DBT) on received criticism, event minimization, offender exoneration, and marital instability among married women diagnosed with Borderline Personality Disorder (BPD).

Methods and Materials: Using a quasi-experimental design with pre-test and post-test assessments, the study included 20 married women with BPD selected through purposive sampling from a clinical population in Tehran. Participants were randomly assigned to an experimental group (n=10) that underwent ten sessions of DBT and a control group (n=10) that received no intervention. After accounting for dropouts, each group retained nine participants. Standardized tools were used for assessment: the Family Emotional Involvement and Criticism Scale (FEICS), the Acceptance of Domestic Violence Myths Scale, the Marital Instability Index (MIL), and the Borderline Personality Scale. Data were analyzed using Multivariate Analysis of Covariance (MANCOVA) and Univariate ANCOVA.

Findings: Statistical analysis indicated a significant difference in post-test scores between the experimental and control groups. DBT significantly reduced perceived criticism ($F = 12.108, p = .001, \eta^2 = .601$), enhanced event minimization ($F = 9.943, p = .008, \eta^2 = .453$), and increased offender exoneration ($F = 10.664, p = .004, \eta^2 = .513$). Post hoc Tukey tests confirmed the significance of these differences at the 99% confidence level.

Conclusion: Dialectical Behavior Therapy was shown to be effective in improving emotional and cognitive responses associated with interpersonal conflict and psychological distress in married women with BPD. The intervention significantly decreased received criticism, promoted cognitive reappraisal through event minimization, and supported interpersonal forgiveness, thereby enhancing marital stability.

Keywords: Dialectical Behavior Therapy (DBT); Borderline Personality Disorder (BPD); Received Criticism; Event Minimization; Offender Exoneration.

1. Introduction

A Borderline Personality Disorder (BPD) is a severe and enduring psychiatric condition characterized by pervasive instability in emotions, self-image, interpersonal relationships, and behavior. It often manifests as impulsive actions, emotional dysregulation, chronic feelings of emptiness, and a heightened fear of abandonment. These features, particularly emotional instability, can severely impact intimate relationships such as marriage, leading to frequent conflict, emotional misattunement, and relational dissatisfaction (Shields et al., 1992). Given the chronic and debilitating nature of the disorder, there is a pressing need for evidence-based interventions that address both the intrapersonal and interpersonal challenges experienced by individuals with BPD.

One of the most empirically supported treatments for BPD is Dialectical Behavior Therapy (DBT), which was originally developed by Marsha Linehan. DBT blends cognitive-behavioral techniques with mindfulness and acceptance-based strategies, aiming to reduce emotional vulnerability, improve distress tolerance, enhance interpersonal effectiveness, and cultivate mindfulness skills (Hayes & Gifford, 1997). DBT is especially relevant for individuals with BPD due to its dual emphasis on change and acceptance, and its structured, skill-based approach has shown consistent efficacy in reducing symptoms such as emotional dysregulation, self-harm, and impulsive behaviors (Chen et al., 2021).

The interpersonal difficulties faced by individuals with BPD are particularly pronounced in the context of close relationships. A core challenge is heightened sensitivity to criticism and conflict, often resulting in exaggerated emotional reactions and cognitive distortions such as overgeneralization or minimization of events (Shields et al., 1992). These maladaptive patterns frequently erode marital satisfaction and stability, especially when they involve chronic invalidation, perceived betrayal, or inability to forgive a partner (Kazemi et al., 2020). In such contexts, interventions that enhance emotion regulation, increase self-awareness, and promote adaptive social functioning become critical.

Research has demonstrated the effectiveness of DBT in addressing these emotional and interpersonal deficits. In their meta-analysis, (Chen et al., 2021) confirmed that DBT significantly reduces self-harming behaviors and negative emotions in individuals with BPD. Similarly, (Flynn et al., 2021) emphasized the success of DBT's implementation in

public health systems due to its replicability and modular structure. These findings are further substantiated by (Fitzpatrick et al., 2020), who observed that emotional improvement across DBT was moderated by the presence of co-occurring depression, anxiety, and PTSD—conditions frequently comorbid with BPD.

In marital relationships, DBT appears to serve a dual role: reducing personal psychopathology while concurrently improving relational functioning. This is particularly relevant in women with BPD, whose dysregulated emotional reactions often interfere with marital intimacy and forgiveness-related processes such as event minimization and offender exoneration. DBT has been shown to facilitate cognitive reappraisal of emotionally salient events, enabling individuals to interpret their experiences with more flexibility and less catastrophic thinking (Zalewski et al., 2018). This is essential in relational repair and conflict resolution, where reinterpretation of the partner's actions can mediate forgiveness and relational resilience.

(Barnicot et al., 2022) highlighted that patients undergoing DBT for BPD reported increased insight, reduced distress, and greater confidence in handling interpersonal problems compared to those receiving Mentalization-Based Therapy. Such insights confirm DBT's strength in targeting the exact mechanisms—such as affective dysregulation and interpersonal hypersensitivity—that undermine marital functioning in individuals with BPD. Likewise, (Sabri et al., 2022) found that DBT effectively reduced symptoms of BPD and improved emotion regulation skills, contributing to enhanced relationship quality.

Notably, (Sadeghian-Lemraski et al., 2024) investigated DBT's influence on self-compassion and integrative self-knowledge—two constructs closely tied to the ability to manage interpersonal conflicts constructively. Their findings confirmed that DBT not only reduces symptoms but also fosters the kind of introspective awareness that supports emotional accountability and relational growth. Similarly, (Aghayousefi et al., 2016) found that DBT significantly improved self-differentiation among women with BPD and substance use disorder, enabling better boundary-setting and emotional independence within relationships.

Furthermore, (Damavandian et al., 2021) compared DBT and Compassion-Focused Therapy in juvenile offenders and concluded that DBT was superior in reducing aggression, self-harm, and emotional reactivity. These results suggest DBT's effectiveness extends beyond symptom alleviation to include reductions in high-risk behaviors that often disrupt marital relationships. In related work, (Fnoon et al., 2021)

observed significant improvements in emotion regulation among patients with BPD following DBT, emphasizing the therapy's impact on key relational competencies.

In broader clinical contexts, DBT has demonstrated versatility and robustness. For instance, (Mohamadi et al., 2019) showed that DBT outperformed other psychotherapies in improving quality of life and reducing perceived stress in individuals with irritable bowel syndrome, suggesting it can influence physical and psychological outcomes simultaneously. (Iri et al., 2019) similarly demonstrated the superiority of DBT in enhancing emotion regulation and psychosocial adjustment in divorced women—a population likely to face challenges comparable to married women with BPD.

Of particular relevance to this study is the impact of DBT on maladaptive reactions to interpersonal feedback. (Simon et al., 2022) demonstrated that DBT reduced self-harm ideation among outpatients with suicidal thoughts by improving emotion regulation and decreasing sensitivity to perceived interpersonal threats. This supports the hypothesis that DBT can help individuals with BPD interpret criticism more constructively and reduce their tendency to catastrophize or withdraw in response.

Relational instability in BPD is not limited to self-harm or aggression; it is often sustained by rigid cognitive schemas and emotional avoidance. (Reyes-Ortega et al., 2019) and (Reyes-Ortega et al., 2020) reported that combined interventions incorporating DBT, Acceptance and Commitment Therapy, and Functional Analytic Psychotherapy produced significant improvements in BPD symptomatology, suggesting that DBT provides a solid foundation for addressing complex cognitive-emotional patterns in relational contexts.

The dropout rate from BPD interventions remains a significant barrier to treatment success. (Stratton et al., 2020) identified predictors of dropout in DBT programs, including emotional distress and low perceived treatment relevance, emphasizing the need for targeted, meaningful content—such as the focus on interpersonal forgiveness and cognitive reappraisal adopted in the present study. Additionally, (Pou, 2019) pointed out the structural strengths of DBT in comparison to other BPD-focused therapies, asserting its utility in managing relational fragility and emotion regulation deficits concurrently.

The present aims to investigate the impact of DBT on three specific relational-cognitive outcomes in married women with BPD: received criticism, event minimization, and offender exoneration.

2. Methods and Materials

2.1. Study Design and Participants

This study was an applied, semi-experimental design using a pretest-posttest control group framework. The statistical population consisted of all women in Tehran who had experienced forced marriage and referred to Kimia Ravan Marriage Counseling and Family Consolidation Center in 2024. Based on the inclusion criteria, 22 individuals were purposively selected using non-random targeted sampling. Then, through random assignment, 11 participants were allocated to the experimental group and 11 to the control group. The experimental group participated in eight 120-minute sessions of Emotion-Focused Therapy (EFT), and after attrition, 10 participants successfully completed the intervention. The control group received no intervention. To maintain group equivalence, the same number of participants who dropped out of the experimental group were randomly removed from the control group.

The inclusion criteria were: informed consent, at least basic literacy (reading and writing skills), experience of forced marriage, and absence of ongoing pharmacological treatment. Exclusion criteria included unwillingness to continue participation, anticipated psychological harm to participants, and more than three absences during therapy sessions.

After determining the statistical population and sample size, and obtaining ethical approval from the university research committee, participants completed the relevant questionnaires during the pre-test phase. The experimental group then received the emotion-focused intervention. Following completion, all participants again completed the questionnaires in the post-test phase.

2.2. Measures

Interpersonal Needs Questionnaire (INQ): The INQ assesses unmet interpersonal needs and was developed by Joiner et al. (2009) in a 12-item format (original version: 15 items). It measures two key constructs: thwarted belongingness and perceived burdensomeness, both of which are associated with suicidal ideation. The questionnaire uses a 7-point Likert scale, where higher scores indicate greater levels of unmet interpersonal needs. Responses range from 1 (not at all true for me) to 7 (very true for me), with items 7–12 reverse scored. Total scores range from 15 to 105. Joiner et al. (2009), Van Orden et al. (2012), and Hawkins et al. (2014) reported strong internal

consistency (Cronbach's $\alpha \approx 0.90$). Convergent and discriminant validity has been supported through associations with constructs such as loneliness, social support, and suicidal ideation. In a 2021 Iranian validation study by Alizadeh Birjandi et al., Cronbach's alphas were 0.91 and 0.84 for the two subscales, and 0.89 for the total scale. Kiani et al. (2020) also confirmed acceptable reliability with alpha coefficients above 0.60 (Valinezhad et al., 2021).

Self-Criticism Questionnaire: The 5-item Self-Criticism Scale developed by Watson et al. (2007), translated by Mohammadi and Sobhani (2020), evaluates levels of self-critical and self-deprecating tendencies. Confirmatory factor analysis supported its unidimensional structure, and Cronbach's α ranged between 0.75 and 0.85, indicating good internal consistency. The questionnaire is scored on a 5-point Likert scale, with total scores ranging from 5 to 25. Higher scores reflect greater levels of self-criticism (Ahmadabadi et al., 2024).

Worry and Intolerance of Uncertainty Questionnaire: This 47-item questionnaire was developed by Freeston et al. (1991) to measure worry and uncertainty tolerance. Construct validity has been confirmed via confirmatory factor analysis. Reliability (Cronbach's α) was reported at 0.85. The final 27 items (21–47) are used to compute the intolerance of uncertainty score. Test-retest reliability is supported by high temporal correlations, and internal consistency is typically reported between 0.80 and 0.90 (Abdolpour et al., 2018).

2.3. Intervention

The intervention consisted of eight 2-hour sessions, structured as follows:

- **Session 1:** Introduction of the therapist and participants. After initial familiarization, the therapist outlines the goals of the intervention and conducts an assessment. The session includes an explanation of types of emotions.
- **Session 2:** This session focuses on anger, depression, and other emotional regulation skills, along with problem-solving techniques.
- **Session 3:** Through practical exercises, clients learn about the consequences of anger and bullying.
- **Session 4:** The therapist enhances participants' awareness of the emotional consequences of delaying the forgiveness process.
- **Session 5:** As a continuation of mindfulness work, participants identify their core values and are guided to align their actions accordingly.
- **Session 6:** With the therapist's support, the participant expresses regret for past bullying and learns healthier methods for meeting their emotional needs.
- **Session 7:** Participants practice replacing negative emotions with positive ones and reflect on their progress toward therapeutic goals.
- **Session 8:** In the final session, participants assess their improvements and are encouraged to continue their personal growth, especially by integrating forgiveness into their lives.

2.4. Data Analysis

Given that this research aimed to evaluate the effectiveness of emotion-focused therapy on thwarted belongingness, self-criticism, and worry/uncertainty among women with forced marriage experiences, the analysis employed both descriptive statistics (mean, variance, standard deviation) and parametric inferential tests, including Multivariate Analysis of Covariance (MANCOVA) and Univariate ANCOVA, aligned with the study's design.

3. Findings and Results

As shown in Table 1, the pre-test mean scores for all variables across the experimental and control groups were relatively similar, indicating baseline homogeneity. In the received criticism variable, the experimental group showed a decrease in mean score from 28.33 (SD = 4.09) to 23.44 (SD = 2.56), while the control group showed a slight decrease from 28.67 (SD = 3.81) to 28.00 (SD = 4.42). Regarding event minimization, the experimental group exhibited an increase from a pre-test mean of 12.67 (SD = 1.80) to a post-test mean of 14.56 (SD = 0.41), whereas the control group showed only a marginal increase. Similarly, for offender exoneration, the mean score in the experimental group increased from 12.56 (SD = 1.59) to 14.50 (SD = 0.58), while the control group showed a more modest rise from 12.22 (SD = 1.72) to 12.89 (SD = 1.62). These descriptive results suggest that Dialectical Behavior Therapy had a meaningful impact on the experimental group, especially in reducing perceived criticism and enhancing cognitive-emotional responses such as minimization and exoneration.

Table 1

Means and Standard Deviations of Research Variables in Experimental and Control Groups (Pre-test and Post-test)

Variable	Group	Test Phase	N	Mean	SD	Min	Max
Received Criticism	Control Group	Pre-test	9	28.67	3.81	24	35
		Post-test	9	28.00	4.42	22	35
	Experimental	Pre-test	9	28.33	4.09	23	35
		Post-test	9	23.44	2.56	20	28
Event Minimization	Control Group	Pre-test	9	12.33	1.80	10	15
		Post-test	9	12.89	1.76	10	15
	Experimental	Pre-test	9	12.67	1.80	10	15
		Post-test	9	14.56	0.41	14	15
Offender Exoneration	Control Group	Pre-test	9	12.22	1.72	10	15
		Post-test	9	12.89	1.62	10	15
	Experimental	Pre-test	9	12.56	1.59	10	15
		Post-test	9	14.50	0.58	14	16

Before conducting inferential statistical analyses, the assumptions of normality and homogeneity of variances and covariances were evaluated to ensure the validity of ANCOVA and MANCOVA procedures. The Kolmogorov-Smirnov test results for all three dependent variables—received criticism, event minimization, and offender exoneration—indicated that the distribution of scores did not significantly deviate from normality in either the control or experimental groups, with significance levels exceeding 0.05. This confirmed that the assumption of normality was

met. Furthermore, Box's M test was used to assess the homogeneity of covariance matrices across groups. The test yielded a Box's M value of 7.221 with a significance level of $p = .103$, indicating no significant difference in covariance matrices between the groups. Thus, the assumption of homogeneity of variances and covariances was also satisfied. These results validated the application of MANCOVA and ANCOVA for analyzing the effectiveness of the intervention.

Table 2

Results of Univariate ANCOVA for the Scales of Received Criticism, Event Minimization, and Perpetrator Exoneration

Source of Variance	Variable	Sum of Squares	df	Mean Square	F	p	Eta ²
DBT (Control vs. Experimental)	Received Criticism	83.902	1	83.902	12.108	.001	.601
	Event Minimization	9.585	1	9.585	9.943	.008	.453
	Perpetrator Exoneration	7.899	1	7.899	10.664	.004	.513

As shown in Table 2, statistically significant differences were found between the experimental and control groups in all three variables. For received criticism, the F-value was 12.108 ($p = .001$) with a large effect size ($\eta^2 = .601$), indicating that DBT significantly reduced perceived criticism. For event minimization, the F-value was 9.943 ($p = .008$) with a moderate-to-large effect size ($\eta^2 = .453$),

showing an improvement in participants' cognitive reappraisal of adverse events. Similarly, perpetrator exoneration showed significant improvement in the experimental group ($F = 10.664$, $p = .004$, $\eta^2 = .513$), confirming the efficacy of DBT in facilitating forgiveness-oriented emotional regulation.

Table 3

Tukey Post Hoc Test Results for Mean Differences Between Control and Experimental Groups

Variable	Treatment Comparison	Mean (i)	Mean Difference (i-j)	Std. Error	p- value	Confidence Level	Result
Received Criticism	DBT Control vs. DBT Experimental	27.913	4.382	1.030	.001	99%	Significant difference
Event Minimization	DBT Control vs. DBT Experimental	12.982	-1.481	0.470	.008	99%	Significant difference
Perpetrator Exoneration	DBT Control vs. DBT Experimental	13.022	-1.344	0.378	.004	99%	Significant difference

As demonstrated in Table 3, Tukey's post hoc test revealed statistically significant differences in post-test scores between the experimental and control groups across all measured dimensions. The received criticism score was significantly lower in the DBT group by 4.382 points ($p = .001$). Conversely, participants in the experimental group showed significantly higher event minimization scores, with a mean difference of 1.481 ($p = .008$), and greater offender exoneration, with a mean difference of 1.344 ($p = .004$). All results were significant at the 99% confidence level, confirming the consistent and robust effect of DBT on improving interpersonal and emotional regulation outcomes in married women with Borderline Personality Disorder.

4. Discussion and Conclusion

The results of this study demonstrate that Dialectical Behavior Therapy (DBT) has a statistically significant and clinically meaningful effect on reducing perceived criticism, enhancing event minimization, and increasing perpetrator exoneration in married women with Borderline Personality Disorder (BPD). These findings underscore the potential of DBT as an effective intervention not only for symptom management but also for promoting cognitive-emotional shifts that are essential for maintaining stable interpersonal relationships, particularly in the context of marriage.

The analysis of covariance (ANCOVA) revealed that participants in the DBT group reported significantly lower levels of received criticism in the post-test phase compared to the control group. This reduction suggests that DBT equips individuals with the emotional and cognitive tools necessary to regulate reactivity to perceived negative evaluations, a well-documented vulnerability in those with BPD. The findings align with the work of (Sabri et al., 2022), who demonstrated that DBT significantly reduces

maladaptive emotional schema and improves emotion regulation capacity in individuals diagnosed with BPD. This improvement in emotional regulation likely plays a critical role in how criticism is perceived and processed. Furthermore, (Simon et al., 2022) found that DBT decreased self-harm ideation and enhanced resilience in outpatients with suicidal tendencies, which supports the notion that DBT mitigates hypersensitivity to perceived interpersonal threats, including criticism.

The second key outcome—enhancement of event minimization—also showed significant improvement in the experimental group. Event minimization refers to the cognitive downscaling of emotionally charged experiences, which helps reduce the intensity of the emotional response and facilitates forgiveness. Participants in the DBT group were more likely to reframe negative events with less emotional charge, potentially avoiding the escalation of interpersonal conflicts. These results are consistent with the findings of (Zalewski et al., 2018), who emphasized the relevance of DBT in improving emotion regulation in parenting and relational contexts, where emotional reactivity often leads to conflict and distancing. The structured modules of DBT, especially mindfulness and distress tolerance, help individuals reinterpret experiences from a less reactive standpoint. As (Fitzpatrick et al., 2020) noted, DBT participants show significant emotional changes over time, moderated by initial emotional vulnerability, suggesting that cognitive reappraisal is a core mechanism of DBT's efficacy.

The improvement in perpetrator exoneration observed in the DBT group further reflects the therapeutic utility of DBT in enhancing forgiveness-oriented cognitive processes. Individuals with BPD often struggle with rigid, black-and-white thinking that makes forgiveness and reconciliation difficult. The ability to exonerate a perceived offender

indicates a shift from judgment to understanding—an essential transformation for maintaining long-term intimate relationships. This finding is strongly supported by (Sadeghian-Lemraski et al., 2024), who found that DBT significantly increased self-compassion and integrative self-knowledge, both of which are crucial for forgiving others and reducing interpersonal hostility. In a related context, (Aghayousefi et al., 2016) reported that DBT promoted self-differentiation in women with BPD, suggesting that those who develop a stronger sense of self are more likely to adopt flexible interpretations of interpersonal behavior, including exoneration.

The combined improvement across the three measured constructs—criticism, minimization, and exoneration—reflects DBT's holistic impact on emotional and cognitive functioning. It supports the assertion by (Chen et al., 2021) that DBT effectively reduces a wide range of BPD symptoms through its integrated approach. This is further reinforced by (Flynn et al., 2021), who discussed DBT's scalability and success in public health systems, emphasizing that its standardized modules make it adaptable across different populations and relational contexts. In this study, married women with BPD—who face unique challenges related to spousal expectations, emotional dependency, and relational instability—benefited from DBT in ways that transcend basic symptom reduction.

The findings also resonate with research conducted by (Reyes-Ortega et al., 2019) and (Reyes-Ortega et al., 2020), who showed that combining DBT with Acceptance and Commitment Therapy and Functional Analytic Psychotherapy enhanced emotional processing and interpersonal functioning in BPD patients. Their results suggest that DBT is a suitable core component in multi-modal interventions targeting relational cognition and affective tolerance. The ability to view the offender with compassion and contextual understanding may be seen as a higher-order benefit of DBT's mindfulness and interpersonal effectiveness training.

Several mechanisms can explain these observed outcomes. First, the emotional regulation module likely helped participants reduce the emotional charge associated with being criticized, allowing them to remain calm and reflective in marital disputes. Second, the distress tolerance module may have enhanced their capacity to stay present with uncomfortable feelings without immediately acting out through anger or withdrawal. Third, mindfulness training provided the foundation for awareness and acceptance of internal experiences without judgment, a critical prerequisite

for cognitive reframing and forgiveness. This theoretical foundation is supported by (Mitchell et al., 2019), who observed that DBT participants showed increased mindfulness across several facets over time. Enhanced mindfulness was directly associated with improved interpersonal outcomes.

Moreover, (Damavandian et al., 2021) demonstrated that DBT was more effective than Compassion-Focused Therapy in reducing aggression and emotional reactivity among juvenile offenders. Such findings highlight DBT's strength in regulating destructive impulses—impulses that, if unchecked, could manifest as marital discord or retaliatory behaviors in response to perceived criticism. These capabilities are particularly essential for married women with BPD, whose relationships are often marked by high levels of emotional intensity and unresolved interpersonal injuries.

These results also highlight DBT's role in transforming relational narratives. As (Barnicot et al., 2022) explained, patients in DBT often develop more nuanced interpretations of interpersonal events, attributing less malevolence to others and gaining increased insight into their own role in conflict dynamics. This psychological shift facilitates event minimization and offender exoneration, both of which were observed in this study. Similarly, (Fnoon et al., 2021) confirmed that DBT significantly improves emotion regulation in Egyptian patients with BPD, adding cross-cultural support to the present findings.

It is worth noting that even in populations without clinical pathology, DBT has shown promise. For example, (Kazemi et al., 2020) reported that emotion regulation training based on DBT principles effectively reduced anxiety and anger in university students. Likewise, (Mohamadi et al., 2019) found that DBT improved quality of life in patients with somatic complaints. These studies suggest that DBT's effectiveness is not confined to psychopathology, but extends to enhancing everyday emotional functioning and social relationships.

The ability to reduce perceived criticism and promote forgiveness-related attitudes such as event minimization and exoneration contributes to stronger relational bonds and marital satisfaction. This aligns with the conceptual framework proposed by (Zalewski et al., 2018), who argued for the importance of emotion regulation in sustaining long-term relationships. In this study, participants who underwent DBT not only reported improved intrapersonal functioning but also displayed a more adaptive outlook toward their

marital partners, highlighting the bidirectional relationship between emotion regulation and interpersonal success.

Furthermore, DBT's structured nature may have played a role in minimizing dropout and maintaining treatment adherence. (Stratton et al., 2020) identified therapeutic structure and clarity as predictors of lower dropout rates in DBT-based skills groups. This suggests that the predictability and goal-oriented nature of DBT may contribute to its effectiveness in real-world clinical settings, such as marital therapy for BPD.

This study, while informative, is not without limitations. First, the sample size was relatively small (N=18 after attrition), which may reduce the statistical power and generalizability of the findings. Second, the participants were drawn from a single counseling center in Tehran, potentially limiting cultural and demographic diversity. Third, self-report measures may have been influenced by social desirability bias, especially in the context of marital themes. Additionally, follow-up data were not collected, so the long-term sustainability of treatment effects remains unknown. Finally, the study focused exclusively on women with BPD, so the findings may not be transferable to male populations or those with other personality disorders.

Future research should consider larger and more diverse samples, including participants from various socio-economic backgrounds, ethnicities, and regions. Longitudinal designs with follow-up assessments would be valuable to determine the persistence of treatment gains over time. It would also be beneficial to compare DBT with other therapeutic modalities such as Emotion-Focused Therapy or Cognitive Behavioral Couple Therapy in similar populations. Investigating the role of mediating variables—such as mindfulness, self-compassion, or attachment style—could help clarify the mechanisms by which DBT exerts its effects. Finally, incorporating partner reports or observational measures could provide a more comprehensive understanding of relational changes resulting from the intervention.

Clinicians working with married women diagnosed with BPD may consider integrating DBT into individual or couple-based treatment plans to enhance emotion regulation and reduce relational conflicts. Emphasizing modules such as mindfulness, distress tolerance, and interpersonal effectiveness can directly target the cognitive and emotional patterns that undermine marital stability. Practitioners should be trained in culturally sensitive applications of DBT, especially when working in non-Western contexts. Given DBT's structured format, it may also be suitable for delivery

in group therapy settings, potentially increasing access and reducing costs. Overall, DBT presents as a promising framework for not only managing BPD symptoms but also restoring and preserving intimate relationships affected by emotional dysregulation.

Authors' Contributions

All authors significantly contributed to this study.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

Acknowledgments

We hereby thank all individuals for participating and cooperating us in this study.

Declaration of Interest

The authors report no conflict of interest.

Funding

According to the authors, this article has no financial support.

Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the interview and participated in the research with informed consent (Ethics Code: IR.IAU.ARAK.REC.1403.071).

References

- Abdolpour, G., Hashemi, T., Shairi, M. R., & Alizadeh, F. (2018). The relationship of the Intolerance of uncertainty and worry and metacognitive beliefs in people with depressive symptoms [Research]. *Shenakht Journal of Psychology and Psychiatry*, 5(2), 15-26. <https://doi.org/10.29252/shenakht.5.2.15>
- Aghayousefi, A., Oraki, M., Ghorbani, T., & Mahdih, M. (2016). The Effect of Dialectic Behavior Therapy to Increase the Self-Differentiation in Women with Borderline Personality Disorder and Substance Use. *Clinical Psychology Studies*, 6(23), 61-80. <https://doi.org/10.22054/jcps.2016.4558>

- Ahmadabadi, M. S., Mohsen, Z., Khodarahmi, A., & Ahmadabadi, A. B. (2024). The Mediating Role of Self-Criticism in the Relationship Between Fear of Negative Evaluation and Social Anxiety in Medical Science Students. *The Journal of Tolooebehdasht*. <https://doi.org/10.18502/tbj.v23i4.17046>
- Barnicot, K., Redknap, C., Coath, F., Hommel, J., Couldrey, L., & Crawford, M. (2022). Patient experiences of therapy for borderline personality disorder: Commonalities and differences between dialectical behaviour therapy and mentalization-based therapy and relation to outcomes. *Psychology and Psychotherapy: Theory, Research and Practice*, 95(1), 212-233. <https://doi.org/10.1111/papt.12362>
- Chen, S. Y., Cheng, Y., Zhao, W. W., & Zhang, Y. H. (2021). Effects of dialectical behaviour therapy on reducing self-harming behaviours and negative emotions in patients with borderline personality disorder: A meta-analysis. *Journal of Psychiatric and Mental Health Nursing*, 28(6), 1128-1139. <https://doi.org/10.1111/jpm.12797>
- Damavandian, A., Golshani, F., Saffarinia, M., & Baghdasarians, A. (2021). Comparing the effectiveness of Compassion-Focused Therapy (CFT) (and Dialectic Behavior Therapy (DBT) (on aggression, self-harm behaviors and emotional self-regulation in Juvenile offenders of Tehran Juvenile Correction and Rehabilitation Center. *Social Psychology Research*, 11(41), 31-58. <https://doi.org/10.22034/spr.2021.253334.1579>
- Fitzpatrick, S., Bailey, K., & Rizvi, S. L. (2020). Changes in Emotions Over the Course of Dialectical Behavior Therapy and the Moderating Role of Depression, Anxiety, and Posttraumatic Stress Disorder. *Behavior therapy*, 51(6), 946-957. <https://doi.org/10.1016/j.beth.2019.12.009>
- Flynn, D., Kells, M., & Joyce, M. (2021). Dialectical behaviour therapy: Implementation of an evidence-based intervention for borderline personality disorder in public health systems. *Current opinion in psychology*, 37, 152-157. <https://doi.org/10.1016/j.copsyc.2021.01.002>
- Fnoon, N. F. M., Eissa, M., Ramadan, E. E., El-Sawy, H. E., & Ahmed, M. A. A. E.-K. (2021). Dialectical Behavior Therapy and Emotion Regulation Changes in Patients With Borderline Personality Disorder in Delta Region of Egypt. *Journal of Advances in Medicine and Medical Research*, 96-104. <https://doi.org/10.9734/jammr/2021/v33i530850>
- Hayes, S., & Gifford, E. (1997). Experiential avoidance rules, and the nature of verbal events. *American Psychological Society*, 8(3), 170-173. <https://doi.org/10.1111/j.1467-9280.1997.tb00405.x>
- Iri, H., Makvandi, B., Bakhtiarpour, S., & Hafezi, F. (2019). Comparison of the effectiveness of Acceptance and Commitment Therapy and Dialectical Behavioral Therapy on health anxiety, psychosocial adjustment and cognitive emotion regulation of divorced women. *medical journal of mashhad university of medical sciences*, 61(supplement1), 79-88. <https://doi.org/10.22038/mjms.2019.13786>
- Kazemi, A., Peyman, A., Kazemie Rezaei, S. V., & Salehi, A. (2020). Emotion Regulation Training Based on Dialectical Behavior Therapy Effectiveness on Reducing Students' Anxiety and Anger. *yums-armaghan*, 25(4), 451-465. <https://doi.org/10.52547/armaghanj.25.4.451>
- Mitchell, R., Roberts, R., Bartsch, D., & Sullivan, T. (2019). Changes in Mindfulness Facets in a Dialectical Behaviour Therapy Skills Training Group Program for Borderline Personality Disorder. *Journal of Clinical Psychology*, 75(6), 958-969. <https://doi.org/10.1002/jclp.22744>
- Mohamadi, J., Ghazanfari, F., & Drikvand, F. M. (2019). Comparison of the Effect of Dialectical Behavior Therapy, Mindfulness Based Cognitive Therapy and Positive Psychotherapy on Perceived Stress and Quality of Life in Patients with Irritable Bowel Syndrome: a Pilot Randomized Controlled Trial. *Psychiatric Quarterly*, 90(3), 565-578. <https://doi.org/10.1007/s11126-019-09643-2>
- Pou, J. S. (2019). *Dialectical Behavior Therapy and Mentalization Based Treatment for Borderline Personality Disorder: Similarities, Differences, and Clinical Implications*. Biola University. <https://search.proquest.com/openview/5fb66f7e830dd234c48c7fbdc755041b/1?pq-origsite=gscholar&cbl=18750&diss=y>
- Reyes-Ortega, M. A., Miranda, E. M., Fresán, A., Vargas, A. N., Barragán, S. C., Robles García, R., & Arango, I. (2020). Clinical efficacy of a combined acceptance and commitment therapy, dialectical behavioural therapy, and functional analytic psychotherapy intervention in patients with borderline personality disorder. *Psychology and Psychotherapy: Theory, Research and Practice*, 93(3), 474-489. <https://doi.org/10.1111/papt.12240>
- Reyes-Ortega, M. A., Miranda, E., Fresán, A., Vargas, A. N., Barragán, S. C., Robles, R., & Arango, I. (2019). Clinical Efficacy of a Combined Acceptance and Commitment Therapy, Dialectical Behavioural Therapy, and Functional Analytic Psychotherapy Intervention in Patients With Borderline Personality Disorder. *Psychology and Psychotherapy Theory Research and Practice*, 93(3), 474-489. <https://doi.org/10.1111/papt.12240>
- Sabri, V., Yaghubi, H., Hasani, J., & Mahmodalilo, M. (2022). The effectiveness of dialectical behavior therapy and emotional schema therapy on reducing the symptoms of borderline personality disorder. *Clinical Psychology and Personality*, 19(2), 1-16. https://cpap.shahed.ac.ir/article_3304.html?lang=en
- Sadeghian-Lemraski, S., Akbari, H., & Mirani, A. (2024). The Effectiveness of Dialectical Behavior Therapy on Self-Compassion and Integrative Self-Knowledge in People with Borderline Personality Disorder : The effectiveness of DBT in people with BPD. *International Journal of Body, Mind and Culture*, 11(5), 660-668. <https://doi.org/10.22122/ijbmc.v11i5.660>
- Shields, C. G., Franks, P., Harp, J. J., McDaniel, S. H., & Campbell, T. L. (1992). Development of the Family Emotional Involvement and Criticism Scale (FEICS): A self-report scale to measure expressed emotion. *Journal of marital and family therapy*, 18(4), 395-407. <https://doi.org/10.1111/j.1752-0606.1992.tb00953.x>
- Simon, G. E., Shortreed, S. M., Rossom, R. C., Beck, A., Clarke, G. N., Whiteside, U., Richards, J. E., Penfold, R. B., Boggs, J. M., & Smith, J. (2022). Effect of Offering Care Management or Online Dialectical Behavior Therapy Skills Training vs Usual Care on Self-harm Among Adult Outpatients With Suicidal Ideation: A Randomized Clinical Trial. *JAMA*, 327(7), 630-638. <https://doi.org/10.1001/jama.2022.0423>
- Stratton, N., Mendoza Alvarez, M., Labrish, C., Barnhart, R., & McMain, S. (2020). Predictors of dropout from a 20-week dialectical behavior therapy skills group for suicidal behaviors and borderline personality disorder. *Journal of personality disorders*, 34(2), 216-230. https://doi.org/10.1521/pedi_2018_32_391
- Valinezhad, A., Nemattavousi, M., Rezaabakhsh, H., Kraskian Mujemari, A., & Hovassi Soomer, N. (2021). The Mediating Role of Interpersonal needs, Parent- Adolescent Conflict in the Relationship Between Parenting Styles, Basic Needs with Non-Suicidal Self-Injury, Suicidal Ideation. *Applied Psychology*, 15(3), 564-537. <https://doi.org/10.52547/apsy.2021.222881.1093>



- Zalewski, M., Lewis, J. K., & Martin, C. G. (2018). Identifying novel applications of dialectical behavior therapy: considering emotion regulation and parenting. *Current opinion in psychology*, 21, 122-126.
<https://doi.org/10.1016/j.copsyc.2018.02.013>