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Comparison of the Effectiveness of Emotion Regulation Training Based on the Gross Model and Dialectical Behavior Therapy on Psychological Capital in Individuals with Visual Impairment

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ABSTRACT

Purpose: The present study aimed to compare the effectiveness of emotion regulation training based on the Gross model and dialectical behavior therapy (DBT) on the psychological capital of individuals with visual impairment.

Methods and Materials: This research employed a quasi-experimental method using a pre-test–post-test design with a control group and a follow-up phase. The statistical population included all individuals aged 17 to 30 years with visual impairments who were members of the Cultural and Welfare Services Association for the Visually Impaired in Tehran during the autumn and winter of 2024. A total of 60 participants were selected through convenience sampling and randomly assigned to two intervention groups—emotion regulation training based on the Gross model and dialectical behavior therapy—and one control group. Data collection was conducted using the Psychological Capital Questionnaire (McGee, 2011), and repeated measures ANOVA was applied for data analysis using SPSS version 25.

Findings: The results indicated that the change in the optimism component during the post-test and follow-up stages was greater in the emotion regulation training group compared to the dialectical behavior therapy group.

Conclusion: These findings suggest that while both therapeutic approaches had a significant impact on improving the psychological status of individuals with visual impairment, emotion regulation training was identified as a more effective intervention with a superior mechanism of action for enhancing psychological coherence.

Keywords: *psychological capital, emotion regulation training based on the Gross model, dialectical behavior therapy, individuals with visual impairment*

1. Introduction

Among the five human senses, vision is considered one of the most critical, accounting for approximately 75% of our learning, thus highlighting the importance of visual perception and environmental and interpersonal interactions (Khasawneh, 2023). Visual impairment refers to dysfunction in the eye or optic nerve that obstructs normal vision (Haegele et al., 2023). One of the most prominent groups among those with sensory disabilities are individuals with visual impairments (Ashouri & Behzadi, 2022). A person with visual impairment experiences abnormal development, illness, or trauma that practically reduces the capacity of the eyes (Manitsa & Doikou, 2022). Vision loss is accompanied by numerous complications and challenges that can affect an individual's physical and psychological well-being, including lack of personal independence, increased dependency on others, decreased performance, low future outlook, the need for assistance in daily living, social isolation, and withdrawal from social participation (Cárdenas & Inga, 2021).

Since, beyond learning activities, emotional and communicative interactions are heavily linked to visual input, and as human connections are vital to social, emotional, and personality development, individuals with visual impairment may face increased life challenges. Human senses—particularly vision—serve as gateways for information intake and environmental interaction; hence, the absence of this capacity undeniably affects an individual's socio-psychological status (Li et al., 2023). Thus, visual impairment can disrupt interpersonal relationships and daily interactions, exposing individuals to increased psychological pressure, feelings of insecurity, and anxiety (Adin, 2024).

One of the psychological constructs that significantly affects individuals with visual impairment is psychological capital. Psychological capital is a core concept in positive psychology that explores the optimistic dimensions of human life (Xue et al., 2024). This construct encompasses mental states that facilitate personal productivity and includes components such as self-perception, self-worth, goal orientation, and resilience against adversity (Song & Song, 2024). Psychological capital is typically categorized into four domains: hope (defined as positive and negative outlooks in everyday discourse), resilience (the capacity to cope with adversity, challenges, risks, insecurity, and conflict), optimism (a positive perspective toward matters), and self-efficacy (belief in one's internal resources and

motivation to effectively execute tasks) (Wang et al., 2023). Psychological capital enables individuals to better manage anxiety-provoking situations, experience less distress, and exhibit higher coping capacities in the face of challenges (Sánchez-Cardona et al., 2021). Individuals with low psychological capital have limited resources to handle stress and therefore experience higher levels of anxiety, leading to greater psychological burnout (Jiang, 2021). Numerous studies support the theory that psychological capital plays a pivotal role in psychological well-being and is positively associated with it (Tang et al., 2023).

Psychologists have identified emotion regulation as a strategy that can influence the social, academic, and emotional adjustment of individuals with visual impairments. Emotion regulation training refers to the reduction and control of negative emotions and the adaptive utilization of these emotions (Hoffmann et al., 2020). Research (Ashournezhad, 2016; Bayrami et al., 2017; Haji Rahim Khan, 2018; Xiu et al., 2016) indicates that cognitive interventions significantly enhance the understanding of socio-emotional behaviors, reduce social anxiety, and improve psychological coherence. Furthermore, findings suggest that emotion regulation strategies are linked to a reduction in negative emotional experiences and contribute to the enhancement of psychological capital in individuals with visual impairment, fostering better social, emotional, and interpersonal adjustment, increasing prosocial behaviors (Moè & Katz, 2021), improving social problem-solving, and shifting social goals (Garafer et al., 2017), and ultimately enhancing empathetic responsiveness (Frenzel et al., 2024). De Neve et al. (2023) argue that emotion regulation fosters cognitive growth and enhances self-awareness and self-efficacy beliefs (De Neve et al., 2023). Cognitive-behavioral approaches reveal that emotion regulation training involves strategies aimed at reducing, maintaining, or intensifying emotions and encompasses processes that influence current emotional experiences and their expression. This approach helps individuals develop awareness of their emotional responses—especially distressing ones that hinder social functioning—and gain greater control over them (Özer et al., 2023). Williams et al. (2023) found that the ability to regulate and manage emotions empowers individuals to recognize emotions in themselves and others and to successfully control negative emotions, which are typically associated with detrimental effects on physical health, mood, behavior, and overall life experience (Williams et al., 2023). Some studies show that emotional focus can reduce boredom, hopelessness, fatigue, and emotional exhaustion in

individuals with visual impairment, thereby reducing their anxiety (Finlay-Jones, 2017). Emotion regulation training also positively impacts the reduction of negative emotions and the enhancement of psychological capital (Hekmatian Fard et al., 2019).

Dialectical Behavior Therapy (DBT) has also recently attracted significant attention among researchers (Miller et al., 2023). DBT, grounded in behaviorism, dialectical philosophy, and mindfulness traditions, is a cognitive-behavioral approach based on the principle of change, interwoven with Eastern philosophical teachings emphasizing acceptance. It comprises four main components in group therapy: mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness (McKay, 2023). In this model, mindfulness and distress tolerance represent the acceptance dimensions, while emotion regulation and interpersonal effectiveness serve as the change mechanisms in DBT (Day et al., 2022). DBT's effectiveness in treating numerous psychological disorders—particularly anxiety-related disorders—has been well documented (Jawandi, 2023; Jones et al., 2023; Jones, 2023). A recent review found that DBT can positively influence psychological capital and psychological coherence (Chugani et al., 2020). Beanlands et al. (2021) showed that after DBT-based emotion regulation skills training, participants in the experimental group exhibited significantly improved scores in positive cognitive emotion regulation and stress management, along with reduced scores in negative strategies, compared to the control group (Beanlands et al., 2021). Haa et al. (2020) also confirmed DBT's effectiveness in enhancing distress tolerance and emotion regulation (Has et al., 2020).

The rationale for comparing these two interventions in the current study is multifold: both approaches are widely used in the field of mental health and have demonstrated positive impacts on emotional and behavioral difficulties. However, it remains unclear which is more effective for individuals with visual impairments. Emotion regulation training based on the Gross model and DBT follow distinct theoretical frameworks. Comparing them can reveal their respective advantages and limitations. While emotion regulation training emphasizes emotional awareness and management, DBT integrates acceptance with behavioral change. Investigating the effectiveness of these differing approaches can deepen our understanding of the therapeutic needs of this specific population. Given the unique challenges faced by individuals with visual impairment, comparing these interventions may identify the more suitable method. Existing studies confirm that both Gross's emotion

regulation model and DBT can enhance psychological capital and ameliorate a broad range of psychological disorders (Day et al., 2022; De Neve et al., 2023; Jones et al., 2023; Jones, 2023; Moè & Katz, 2021). Individuals with visual impairments often face emotional and behavioral challenges that affect both personal and social domains. The two main therapeutic approaches to address these issues—Gross's emotion regulation training and DBT—differ in theory and technique and may vary in effectiveness in improving the psychological capital of this group. This comparison can contribute to a better understanding of therapeutic strategies tailored for visually impaired individuals and help in selecting the most appropriate approach. However, to date, no comprehensive study has examined the differential effectiveness of these two treatments on the psychological issues of individuals with visual impairment, leaving a research gap. Therefore, considering the role of emotion regulation difficulties in the onset and maintenance of emotional disorders among individuals with visual impairment, this study seeks to assess the independent effects of Gross's process model and DBT on psychological capital in this population. The central research question is: What are the differences in the effectiveness of emotion regulation training based on the Gross model and dialectical behavior therapy on the psychological capital of individuals with visual impairment?

2. Methods and Materials

2.1. Study Design and Participants

The present study utilized a quasi-experimental method with a pretest-posttest-follow-up design including a control group. The statistical population consisted of all individuals with visual impairments, aged 17 to 30 years, who were members of the Cultural and Welfare Services Association for the Visually Impaired in Tehran in 2024. A sample of 60 individuals was selected using convenience sampling and was randomly assigned to two experimental groups (20 participants in each) and one control group (20 participants). After obtaining the necessary permissions, participants were selected based on inclusion and exclusion criteria. The inclusion criteria were: having a visual impairment (with a registered file in the aforementioned association), consent to participate in the study, absence of severe physical or psychological conditions as reported by a specialist, and no psychiatric medication use within the past year based on expert opinion. The exclusion criteria included: lack of consent to participate, presence of additional sensory

disabilities (e.g., deafness), psychological disorders, and absence from more than two sessions. Throughout the research, participants' informed consent was obtained for cooperation and participation. Confidentiality of all participant data was maintained, and results were reported anonymously and collectively.

2.2. Measures

McGee's (2011) Psychological Capital Questionnaire: To assess psychological capital, a 24-item questionnaire developed by McGee (2011) was used. This instrument includes four subscales: self-efficacy, hope, resilience, and optimism. The response format used in this study was a six-point Likert scale (from 1 = strongly disagree to 6 = strongly agree) (Golparvar et al., 2013). The questionnaire's validity and reliability—alongside its 25- and 12-item forms—have been examined, providing supporting evidence. For instance, McGee (2011) reported significant positive correlations between psychological capital and self-efficacy ($r = .48$ to $.54$), hope ($r = .40$ to $.61$), resilience ($r = .48$ to $.55$), and optimism ($r = .47$ to $.50$), indicating concurrent validity. The questionnaire also demonstrated confirmed face validity (Golparvar et al., 2013). In the study by Golparvar and colleagues (2013), exploratory factor analysis with Varimax rotation confirmed the four-factor structure, and Cronbach's alpha coefficients were reported as .91 for self-efficacy, .89 for hope, .83 for resilience, and .70 for optimism.

2.3. Interventions

Emotion Regulation Training Content Based on Gross's Model: This study utilized Gross's (2002) emotion regulation training protocol, consisting of eight 90-minute sessions. The emotion regulation intervention followed Gross's process model and was delivered over eight 90-minute sessions. The first session involved introducing group members to one another, establishing a therapeutic alliance between the psychologist and participants, clarifying the primary and secondary goals of the group, discussing personal and collective objectives, presenting the rationale and structure of the intervention, and defining group participation rules. The second session focused on emotional education by helping participants identify emotions and emotion-evoking situations, teaching the functional differences among various emotions, and discussing short- and long-term emotional impacts. In the third session, participants evaluated their emotional

vulnerabilities and regulatory skills through discussion on the role of emotions in adaptation, communication, and behavioral motivation, supported by real-life examples. The fourth session aimed to modify triggering situations through strategies like preventing social isolation and avoidance, teaching problem-solving techniques, and improving interpersonal skills such as assertiveness and conflict resolution. The fifth session addressed attentional deployment by interrupting rumination and worry, and training participants to focus their attention on situational cues and emotional responses. The sixth session emphasized cognitive reappraisal by identifying faulty evaluations and their emotional consequences, teaching reframing strategies, and encouraging flexible perspective-taking. In the seventh session, participants worked on response modulation by identifying emotion suppression strategies, confronting emotional triggers, learning emotional expression, modifying behaviors through environmental reinforcement, and practicing emotional release, relaxation, and opposite action techniques. Finally, the eighth session focused on evaluating personal and group goal achievement, encouraging real-world application of learned skills, and identifying and overcoming barriers to homework completion.

Dialectical Behavior Therapy Session Content: For skills training based on dialectical behavior therapy, group-based DBT skills training was conducted following the adaptation of the original Linehan manual (1993b) as modified by Nacso et al. (2013). The intervention consisted of eight 90-minute weekly sessions. The DBT skills training intervention consisted of an orientation session followed by eight 90-minute weekly group sessions adapted from Linehan's DBT manual. The orientation session familiarized participants with group rules, fostered rapport, explained session schedules, shared session goals, and administered pretests. In the first session, participants learned to recognize and understand emotions, practiced verbal emotional expression, identified barriers to experiencing healthy emotions, and distinguished between primary and secondary emotions. The second session focused on cognitive-behavioral strategies such as reinforcement and behavioral repetition, taught skills to reduce physical vulnerability to distressing emotions, and included identification of self-harming behaviors. The third session emphasized observing oneself without judgment, reducing cognitive vulnerability, practicing thought-emotion defusion, and recognizing emotions that trigger risky behaviors. The fourth session taught emotion labeling, balancing thoughts and feelings,

understanding how emotions function in daily life, collecting evidence for cognitive flexibility, planning pleasurable experiences, and recording enjoyable activities. The fifth session introduced mindfulness toward emotions without judgment, focusing on present and past emotional experiences, bodily sensations, and emotion naming. The sixth session included imagery techniques, emotional observation, self-talk, identifying evaluative judgments, mindful breathing, and emotion confrontation, along with emotion tracking exercises. The seventh session involved practicing exposure to emotions, acting opposite to strong emotional urges, and planning opposite-action responses. The eighth and final session taught problem-solving skills, used a weekly emotional regulation tracker to reduce

vulnerability, emphasized observation and acceptance of emotions, and concluded with posttest administration.

2.4. Data Analysis

The collected questionnaire data were analyzed using SPSS version 25 in two stages: descriptive and inferential statistics, with repeated measures analysis of variance (ANOVA) applied.

3. Findings and Results

In this section, descriptive statistics for the research variables are presented first, followed by an examination of potential differences between groups across different assessment phases.

Table 1

Mean and Standard Deviation of Psychological Capital Components by Assessment Phase in the Groups

Group	Variable	Index	Pretest	Posttest	Follow-up
Emotion Regulation Training	Self-efficacy	Mean	17.20	22.85	22.60
		SD	2.26	2.48	2.09
		Skewness	1.61	0.72	-0.29
		Kurtosis	1.00	0.53	-0.73
Dialectical Behavior Therapy	Self-efficacy	Mean	17.05	23.45	22.60
		SD	1.76	2.80	2.68
		Skewness	1.52	0.54	-0.43
		Kurtosis	1.64	-0.28	-1.67
Control	Self-efficacy	Mean	17.20	16.70	17.10
		SD	2.51	2.72	2.99
		Skewness	0.69	0.46	-0.03
		Kurtosis	-0.25	-0.02	-0.83
Emotion Regulation Training	Hope	Mean	16.90	22.70	22.45
		SD	2.40	2.74	2.24
		Skewness	0.06	0.21	-0.26
		Kurtosis	-0.27	-1.85	-1.04
Dialectical Behavior Therapy	Hope	Mean	17.05	23.60	22.30
		SD	2.96	3.02	2.56
		Skewness	0.28	0.25	-0.20
		Kurtosis	-0.77	-1.00	-1.62
Control	Hope	Mean	16.45	16.05	16.20
		SD	2.44	2.40	2.29
		Skewness	-0.30	0.63	0.64
		Kurtosis	-1.40	0.67	1.06
Emotion Regulation Training	Resilience	Mean	16.40	19.70	20.60
		SD	3.41	2.62	2.16
		Skewness	1.78	-0.16	-0.39
		Kurtosis	1.19	-0.86	-0.47
Dialectical Behavior Therapy	Resilience	Mean	17.70	20.40	20.70
		SD	3.45	2.48	1.87
		Skewness	0.74	-0.05	-0.81
		Kurtosis	0.60	-1.33	0.87
Control	Resilience	Mean	16.40	15.20	16.30
		SD	3.02	4.02	3.63
		Skewness	1.57	0.79	0.63
		Kurtosis	1.78	0.87	0.49

Emotion Regulation Training	Optimism	Mean	15.45	21.40	21.60
		SD	2.06	2.11	2.48
		Skewness	0.48	-0.37	-1.54
		Kurtosis	1.72	-0.30	1.52
Dialectical Behavior Therapy	Optimism	Mean	16.10	18.75	18.90
		SD	2.71	2.27	2.13
		Skewness	1.71	-0.11	0.00
		Kurtosis	1.73	-0.45	-0.70
Control	Optimism	Mean	15.65	14.70	15.65
		SD	2.06	2.36	2.82
		Skewness	-0.04	0.19	-0.59
		Kurtosis	0.67	-1.31	-0.78

As shown, the means in the emotion regulation training and dialectical behavior therapy groups change from pretest to posttest. Based on the data in the table, it can be described

that both interventions contributed to the improvement of psychological capital components in individuals with visual impairments.

Table 2

One-Way Repeated Measures ANOVA for Psychological Capital Components (Greenhouse-Geisser Correction)

Variable	Source	SS	df	MS	F	Sig.	Effect Size
Self-efficacy	Time	887.72	1.81	489.57	129.84	0.001	0.77
Hope	Time	905.22	1.22	740.03	106.96	0.001	0.74
Resilience	Time	297.60	1.26	235.80	28.33	0.001	0.43
Optimism	Time	513.95	1.40	366.19	58.89	0.001	0.61

Table 2 indicates that the calculated F values for the within-subject factor (assessment phase: pretest, posttest, follow-up) were significant at the 0.05 level for all components of psychological capital ($p < 0.05$). Therefore, significant differences exist in the mean scores of psychological capital components across the three time points. A Bonferroni post hoc test was conducted to explore these differences. The results showed that the differences between the pretest and posttest, and between the pretest and follow-up phases, were statistically significant for both experimental groups ($p < 0.05$). However, no significant difference was found between the posttest and follow-up phases, indicating that the improvements in psychological capital components remained stable over time ($p > 0.05$).

4. Discussion and Conclusion

The present study aimed to compare the effectiveness of emotion regulation training based on Gross's model and Dialectical Behavior Therapy (DBT) on the psychological capital of individuals with visual impairment. The results revealed that the level of change in the optimism component at the post-test and follow-up stages was greater in the emotion regulation training group than in the DBT group. These findings are consistent with the prior results (Ashournezhad, 2016; Bayrami et al., 2017; Haji Rahim

Khan, 2018; Xiu et al., 2016). There were significant differences between the effects of Gross's emotion regulation training and DBT on the psychological capital of individuals with visual impairment. Specifically, the emotion regulation group showed greater improvement in optimism during both the post-test and follow-up assessments. This could be attributed to several key factors that uniquely enhance optimism and psychological capital in this population.

Emotion regulation, as a behavioral and cognitive capacity, aligns mental, biological, and motivational processes to stabilize an individual's connection with their environment and prepares them to generate effective responses in challenging situations. This, in turn, enhances self-efficacy—one of the core components of psychological capital. Emotion regulation increases one's sense of control over their learning, reinforces belief in their capacity to influence situations, and elevates feelings of effectiveness (Moè & Katz, 2021). Moreover, emotion regulation training helps individuals manage negative emotions and focus on positive ones. This focus on positive emotional experiences boosts positive affect and psychological states, which in turn increases personal capability and motivation, ultimately enhancing hope—another key component of psychological capital.

Additionally, emotion regulation contributes to reducing negative emotions and managing emotional responses, thereby strengthening one's ability to navigate difficult circumstances, express emotions appropriately, regulate emotional responses, and manage emotions in high-risk or adverse situations. This function acts as a protective mechanism and promotes resilience—another fundamental aspect of psychological capital. Emotion regulation facilitates problem-solving and effective decision-making under pressure by promoting the constructive use of emotions. Efficient emotion regulation enables good emotional management, which fosters self-control, a known contributor to resilience (De Neve et al., 2023). Emotion regulation, therefore, acts as a tool through which individuals can organize their attention and behavior strategically to overcome obstacles and resolve problems. Any deficiencies in emotional regulation may render individuals vulnerable to emotional difficulties. Emotional control is a personality trait that varies across individuals, meaning people respond differently depending on how well they can manage both positive and negative emotions.

In emotion regulation training, the emphasis is on practical exercises and skills that foster emotional acceptance, develop healthier lifestyle patterns, and promote opposite-action behavior toward negative emotions, ultimately facilitating psychological change. The use of adaptive strategies in emotional regulation leads to positive outcomes. For individuals with visual impairment, such training fosters greater emotional awareness and acceptance, enabling them to reduce negative affect in various life situations. Consequently, their interpersonal relationships also improve. Overall, emotion regulation programs enrich protective factors and reduce risk factors associated with emotional and behavioral problems in individuals with visual impairments.

In contrast, although DBT positively affects emotional management and social relationships, it may not be as effective as emotion regulation training in enhancing optimism. DBT primarily focuses on balancing conflicting emotions and teaching coping skills but may not directly target cognitive reframing or increasing positive future expectations. Rather, its emphasis lies in managing intense emotional states and everyday challenges, which might limit its capacity to directly foster optimism. Furthermore, the learning process in emotion regulation training is designed to encourage individuals to pay attention to their positive emotions and small successes. This approach helps them cultivate a more optimistic outlook by recognizing and

reinforcing the positive aspects of life. For example, participants learn to practice gratitude and appreciation for positive experiences, fostering greater satisfaction and optimism. These types of exercises and approaches encourage ongoing attention to life's positive dimensions, thereby strengthening psychological capital.

Ultimately, the observed differences in the effectiveness of these two interventions in boosting optimism among individuals with visual impairments stem from their fundamentally different theoretical foundations and areas of focus. Emotion regulation training specifically targets the identification, management, and enhancement of positive emotions, thereby directly contributing to increases in optimism and psychological capital. While DBT may be effective for other psychological domains, it does not appear to be as influential as emotion regulation training in cultivating optimism and a positive outlook on life. This clearly suggests that, for individuals with visual impairments, emotion regulation training may serve as a more effective tool for enhancing psychological capital—particularly optimism.

The limitations of the study include the self-reported nature of the instruments used, the limited sample size of individuals with visual impairment, and the use of convenience sampling. Based on the results, it is recommended that mental health professionals consider integrating both emotion regulation training and DBT in therapeutic programs. This combination could enhance treatment effectiveness and foster the psychological capital of individuals. It is also recommended that training courses be held for therapists and mental health specialists to familiarize them with the methods of emotion regulation training and DBT. Such training would enable practitioners to apply these methods more effectively in their work with patients.

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.

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Declaration of Interest

The authors report no conflict of interest.

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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 study and participated in the research with informed consent.

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