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The Effectiveness of Dialectical Behavior Therapy on Self-Compassion and Integrative Self-Knowledge in People with Borderline Personality Disorder

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Quantitative Study

Abstract

Background: Borderline personality disorder (BPD) is a complex disorder that is associated with significant incidence, mortality, and public health costs. This study aimed to determine the effectiveness of dialectical behavior therapy (DBT) on self-compassion and coherent self-knowledge in people with BPD.

Methods: This study was quasi-experimental with a pretest-posttest and follow-up design with a control group. The statistical population of this study included all people with BPD who were referred to the Nikandish Psychiatric Clinic in Sari City, Iran, in 2021-2022. Among them, 24 patients with inclusion criteria and high scores in the assessment of BPD were selected as the sample group and randomly assigned to two experimental (12 people) and control (12 people) groups. Data were obtained using structured clinical interviews for the diagnosis of pivotal disorders, Self-Compassion Scale (SCS), and Integrative
Self-Knowledge Scale. Data were analyzed using repeated measures analysis of variance (ANOVA) and SPSS software.

Results: DBT was effective in increasing self-compassion ($F = 14.93$, $P < 0.001$) and coherent self-knowledge ($F = 41.16$, $P < 0.001$). Moreover, the results showed that self-compassion and coherent self-knowledge in the follow-up stage in the experimental group increased significantly compared to the control group.

Conclusion: It can be concluded that DBT is effective in self-compassion and coherent self-knowledge in people with BPD.

Keywords: Borderline personality disorder; Dialectical behavior therapy; Self-compassion

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Introduction

A borderline personality disorder (BPD) is a complex disorder that is associated with significant prevalence, mortality, and public health costs. Prominent symptoms include suicidal behavior, self-injury, bursts of anger, and emotional response, all commonly manifested in an interpersonal context. As noted earlier, interpersonal problems with BPD seem to be responsible for many of the discomforts these individuals experience in their daily lives. Loneliness, feelings of rejection, as well as relationship disruption are predictors of suicidal attempts (Bradsky, Gross, Aquindo, Mann & Stanley, 2019), and patients with BPD are often involved in suicidal and self-destructive behaviors (Paris, 2014).

Psychological factors can play a role in explaining BPD. One of these psychological factors is coherent self-knowledge, which refers to the individual's attempts to integrate themselves into the past, present, and future. Integrative self-knowledge also includes paying attention to experiences experienced in the present and learning from past experiences, and it has a relationship with positive outcomes such as efficient coping and psychological well-being. The background of the research indicates that there is a positive relationship between integrative self-knowledge and self-knowledge, self-awareness, psychological flexibility, and self-control, and there is a negative relationship between integrative self-knowledge with perceived stress, interpersonal problems, and symptoms of physical and emotional distress (Ghorbani et al., 2019; Imani, 2018; Behjti, 2018 and Ghasempour, 2018).

Self-compassion is another psychological factor that can be related to emotional problems. In the case of BPD that has recurrent self-harm, the level of this component can play a significant role. Self-compassion is a feeling of kindness and compassion for oneself and involves taking care of oneself. Additionally, self-compassion leads to an non-judgmental attitude toward oneself, especially weaknesses, associated with positive consequences such as resilience, happiness, and life satisfaction. There is also much evidence that self-compassion is negatively related to psychological disorders and emotional distress. For example, one study found that people suffering from generalized coherent self-esteem disorder scored lower on the Self-Compassion Scale (SCS), and self-compassion can negatively predict difficulties associated with emotion regulation and stressful symptoms (Finley and Pearson, George, 2019).

The first goal in dialectical behavior therapy (DBT) is to control suicidal behaviors, which are directly based on the severe components of suicidal ideation and suicidal behaviors by the Diagnostic and Statistical Manual of Mental Disorders (DSM), such as intentional self-harm, suicide attempts, and self-injury behavior. After the reduction of suicidal behaviors, the therapist will meet the second goal: behaviors that interfere with the treatment process. Such a behavior refers to any response from the therapist or patient that threatens the direction of continuing treatment. DBT is a set of cognitive behavioral strategies that provide practical cognitive, emotional, and behavioral skill development in clients. DBT skills through effective coping mechanisms systematically increase the client's abilities to achieve positive outcomes and facilitate the reduction of maladaptive behaviors (Cho, 2016). This approach combines empathy and client-centered acceptance with problem-solving and social skills training of cognitive and behavioral perspectives. On the other hand, the effectiveness of mindfulness training in helping patients has been proven to manage difficult emotions (Bauer, 2013). Considering the high prevalence of BPD and low quality of life, therapeutic needs and importance in this study is that the effectiveness of DBT is to make self-compassion and coherent self-knowledge in people with BPD.

Methods

Study design and participants: The research method was quasi-experimental with a pretest-posttest and follow-up design with a control group. The statistical population of this study was all people with BPD who were referred to the Nikandish Psychiatric Clinic in Sari City, Iran, in 2022-23 and had inclusion criteria in the research. Subjects who were willing to participate in treatment sessions according to the inclusion criteria were invited, and a total of 36 participants were selected in structured interviews to measure BPD and time of problem onset. Finally, 24 people with inclusion criteria and high scores in the assessment of BPD were selected as the sample group and randomly divided into two experimental (12 people) and control (12 people) groups. Inclusion criteria included informed consent, ability to participate in group therapy sessions, history of BPD diagnosed by a neurologist, age of 20 to 50 years, diploma to master's degree, being married, and not participating in other educational and therapeutic classes simultaneously. Exclusion criteria included the unwillingness of subjects to continue participating in the research, not having inclusion criteria, and absence in treatment sessions.

In this study, the appropriate work tools would be considered after determining the goals. During this study, the test and the desired scales described in the section related to the research instrument were selected, and after choosing the sample, Dr. Faghih Nasiri's office was referred to the office of a psychiatrist to obtain a permit for the research implementation. Then, with his cooperation, attending these centers, and explaining the research goals, women who had been diagnosed with depression by a psychiatric specialist during the first nine months of 2021 were selected, and those who were willing to participate in treatment sessions according to the inclusion criteria were invited. A total of 46 participants were selected, and structured interviews to measure personality disorders and duration of problem onset and no other psychological disorders checklist. They completed borderline personality disorder; finally, 24 people who had inclusion criteria were selected as the sample group and then randomly assigned to DBT (12 people) and control (12 people) groups. After choosing the final groups of the study, the subjects of the two groups were asked to participate in a briefing, and while describing the study's objectives, it was tried to motivate and agree.

Clients were required to participate in the research, and the two groups completed the questionnaires. Then DBT was performed in 8 sessions of 90 minutes in the second experimental group, and after the end of the therapy sessions, three sessions of follow-up were held. During the interventions, the control group was placed on the waiting list. Finally, participants of both groups in the post-test stage were given the desired questionnaires.

Sample size: The sample size was determined using G*Power software at a significance level of 0.05, test power of 0.90, and effect size of 1.42.

Instruments and variable

Structured Clinical Interview for Diagnosis of Pivotal Disorders (SCID-II): This tool is a semi-structured diagnostic interview (Forres et al., 1995) developed to measure 10 personality disorders based on DSM-Fifth Edition (DSM-5) and passive-aggressive personality disorders. The questionnaire contains 119 questions and is performed in less than 20 minutes. The Kappa coefficient for patients ranged from 0.24 for obsessive-compulsive personality disorder to 0.74 for dramatic personality disorder (with KAP). The overall score was 0.53; for non-psychiatric patients, the agreement between the assessors was significantly lower, and the overall Kappa was

0.38. Sharifi et al. have reported the acceptable reliability of the diagnosis given by the Persian version of SCID and its desirable executability (Vakili et al., 2016).

The SCS: The SCS was developed by Neff in 2003. It has 26 items, with a five-point Likert scale (almost every time to almost always) with questions like: "I sit down to make judgment about my mistakes and incompetence, and I disapprove of them", "When I think about my incompetence, I feel more alone and think I'm different from the rest of the world". Self-compassion measures self-compassion. Validity concerns how much a measurement tool measures our beliefs (Sarmad et al., 2011). The validity of the SCS has been confirmed by professors and experts in this field (Sarmad et al., 2011).

The Integrative Self-Knowledge Scale: This scale was developed by Victim and colleagues in 2008 and is the English equivalent of the Integrative Self-Knowledge Scale. The scale consists of 12 items; respondents must respond in a 5-point Likert range (mostly incorrect to mostly correct). It has three subscales: reflective self-knowledge, empirical self-knowledge, and coherent self-knowledge. In their study of three Iranian and three American samples, the Cronbach's alpha was 0.81, 0.78, and 0.74, respectively. This study also confirmed the scale's convergent, criterion, differential, and incremental validity (Victim et al., 2008).

Analysis: This study used descriptive and inferential statistics to analyze the data. In descriptive statistics, mean and standard deviation (SD) were indices used to describe the research variables, and in the inferential statistics, tests including Shapiro-Wilk to check the normality of the sample group's scores in the population and repeated measures analysis of variance (ANOVA) were used. Data analysis was performed using SPSS software (version 22, IBM Corporation, Armonk, NY, USA).

Ethics: The researcher started collecting data after introducing himself and obtaining informed consent from the participants. The participants were assured that their answers would stay private and only be used for research, and all surveys were anonymous. Besides, the study's purpose and other conditions were explained to the participants.

Results

The mean and SD of the participants' age in the experimental group was 38.5 ± 9.4, and that of the control group was 36.2 ± 7.9. Moreover, the minimum and maximum age in the experimental group was 30 and 45 years, respectively, and in the control group, it was 31 and 50 years, respectively. Mean and SD of research variables scores in two experimental and control groups are shown in table 1.

Repeated measures ANOVA was used to investigate the significant difference between self-compassion and coherent self-knowledge scores in the experimental and control groups. The results of Kolmogorov-Smirnov test and Levene's test are shown in table 2.

Table 1. Mean and standard deviation (SD) of scores of research variables in two experimental and control groups

Variable	Group	Pre-test	Post-test	Follow-up
		Mean ± SD		
Self-compassion	Experimental	52.89 ± 12.42	61.05 ± 13.20	62.20 ± 14.11
	Control	51.40 ± 11.04	52.10 ± 11.02	52.00 ± 11.26
Integrative self-knowledge	Experimental	22.68 ± 4.19	43.71 ± 7.59	42.36 ± 7.62
	Control	22.41 ± 4.49	22.49 ± 4.53	22.45 ± 4.52

SD: Standard deviation

Table 2. Results of normal distribution of scores and test of homogeneity of variances

Variable	Group	Kolmogorov-Smirnov			Levene's test		
		df	Statistics	P-value	df	Statistics	P-value
Self-compassion	Experimental	15	0.764	0.653	28	0.842	0.367
	Control	15	1.216	0.143			
Integrative self-knowledge	Experimental	15	1.011	0.235	28	1.246	0.274
	Control	15	0.627	0.735			

df: Degree of freedom

The results of repeated measures multivariate ANOVA (MANOVA) among the studied groups in the variables of self-compassion and coherent self-knowledge showed that the effect between subjects (groups) was significant, and this effect means that at least one of the groups differed from the other in at least one of the variables of self-compassion and coherent self-knowledge. The within-subject effect (time) for the research variables was also significant, which means that over time, the study results were not pre-test to follow-up in at least one of the mean variables associated with change.

The results of table 3 indicate that ANOVA for intra-group factor (time) was significant between groups. These results mean that considering the group effect, time alone was significant. The interaction between group and time was also significant. Bonferroni post hoc test was used for pairwise comparison.

The results of table 4 show that the score of self-compassion and coherent self-knowledge in the experimental group and in the post-test stage was higher than the control group; in other words, the experimental group had a high effect on increasing self-compassion and coherent self-knowledge. Additionally, these results show that self-compassion and coherent self-knowledge in the follow-up stage in the experimental group increased significantly compared to the control group.

Discussion

The purpose of this study was to determine the effectiveness of DBT on self-compassion and coherent self-knowledge in people with BPD. The results show that DBT has improved self-compassion and coherent self-knowledge in people with BPD. This finding is consistent with the results of Saadatnia and Sadeghi (2021), Bandar and Dolan (2022), San Paul (2020), and Kernberg and Mitchell (2019).

People with BPD often talk about feeling bad about themselves, disliking themselves, and feeling empty, as if there was a void in them. Such people may feel like they are "nothing" or "nobody". This feeling is unpleasant; thus, the sick person may try to fill their inner void with things like substances, food, or sex. But nothing will make such a person feel satisfied.

Table 3. Repeated measures analysis of variance (ANOVA) for comparison of pre-test, post-test, and follow-up of self-compassion and coherent self-knowledge in experimental and control groups

Scale	Source	SS	df	MS	F	P-value	Eta
Self-compassion	Time	400.08	1.13	296.70	261.46	0.001	0.90
	Time*Group	277.06	2.26	205.46	181.07	0.001	0.86
	Group	260.10	1.00	260.10	14.93	0.001	0.35
Integrative self-knowledge	Time	119.46	1.13	92.71	148.15	0.001	0.84
	Time*Group	93.95	2.26	72.91	116.52	0.001	0.80
	Group	146.94	1.00	146.94	14.16	0.001	0.59

SS: Sum of squares; df: Degree of freedom; MS: Mean squares

Table 4. Bonferroni post hoc test results for comparing self-compassion and coherent self-knowledge in the experimental group

Variable	Steps	Post-test	Follow-up
Self-compassion	Pre-test	-9.11*	-10.77*
	Post-test	-	1.15
Integrative self-knowledge	Pre-test	-21.44*	20.32*
	Post-test	-	0.77

They do not have a true sense of self and feel rejected. Therefore, in the treatment of these people, these issues are considered. The DBT approach emphasizes accepting the true self and moving toward change. In this approach, with self-acceptance and emotional regulation exercises, distress tolerance, practical relationship skills training, and mindfulness activities, a significant amount of suffering and increasing damages of this disorder can be reduced (Foroughi and Khanjani, 2019).

Research has shown that DBT can help people who have difficulty regulating emotions or exhibit self-harming behaviors. In DBT, the patient and therapist work to resolve the apparent contradiction between self-acceptance and change to bring about positive changes in the patient (Golshani, Mazaheri, Borjali and Ahadi, 2020). Because they will learn strategies for accepting and tolerating life's problems, feelings, and self, they will develop skills to help them change their behaviors and interactions with others (Saadatnia and Sadeghi, 2021).

Individuals with personality disorders have been faced with problems all their lives, such as perception of rejection, continuous creation, unsatisfactory relationships with other people, vague identity, and impulsive behaviors. The revolts of anger and the sea ages have been unleashed in them. The risk of harm to the victim is high in these cases due to self-harm or abuse. They are at increased risk of suicide, and almost 10% of these deaths are due to touching, and a high percentage of these people feel lonely, rejected, attention-grabbing, and empty. In these cases, DBT can reduce and manage these emotions by teaching meaningful life skills and emotional regulation. The cognition-based mindfulness approach can develop the awareness of people with borderline disorder so that they become aware of the process of thinking, feeling, and behavior, pausing between their feelings and behavior, and holding their senses in the present and here to make wise decisions.

This study has some limitations. The research sample was exclusive to patients with BPD in psychiatric and psychological clinics of Sari City; therefore, it is essential to be cautious about generalizing the findings of this study to other patients with BPD. Because the characteristic feature of BPD is impulsive behaviors, holding individual meetings on a weekly and regular basis was associated with many challenges and difficulties. The lack of cooperation of some patients in filling out the questionnaire, which took time, is another limitation of this research. Due to the need and demand of some of the research clients to continue the treatment and ethical issues, the researcher skipped the follow-up periods. The available sampling method makes it difficult to generalize the results. It is recommended that these therapeutic approaches be repeated with more samples, other personality disorders, and other experimental or comparative designs. The stability of the therapeutic effects of the DBT approach should be evaluated in a short and long period. It is suggested that the process of clinical supervision be continuous throughout psychotherapy. It can also be used in clinical situations.

Conclusion

It can be concluded that DBT is effective in self-compassion and coheren self-knowledge in people with BPD.

Conflict of Interests

Authors have no conflict of interests.

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