

Advances in the Study of Dialectical Behavioural Therapy in The Cognitive Regulation of Emotions in Borderline Personality Disorder

Leyun Huang

Department of Materials Science and Engineering, Shenzhen MSU-BIT University, Shenzhen, Guangdong 518172, China

* Corresponding author: Leyun Huang (Email: huanglynina@163.com)

Abstract: Borderline personality disorder (BPD) is a psychological disorder that is common and difficult to cure, in which patients often display with strong negative emotions. Dialectical behavioural therapy (DBT), a comprehensive psychotherapeutic approach based on traditional cognitive-behavioural theory, is now widely used in the treatment of psychological disorders. This article is a systematic review of the current research on cognitive regulation of emotions in DBT for BPD, with the hope of providing a useful reference for the treatment of BPD.

Keywords: Dialectical behavioural therapy, Psychotherapy, Borderline personality disorder, Clinical progress.

1. Introduction

Borderline Personality Disorder (BPD) is a complex and serious psychiatric disorder. Most people with BPD grow up with parental emotional neglect, denial of needs and even abuse, resulting in an inability to properly express their emotional appeals, understand other people's thinking and emotions, etc. in adulthood, resulting in severe impairment of social functioning, manifesting in impulsive, suicidal and self-injurious behaviour. In the current diagnostic criteria, unstable emotional regulation, interpersonal relationships, self-image and pronounced impulsive behaviour are the main clinical manifestations [1]. The majority of patients with this disorder start in late adolescence or early adulthood, with a prevalence of approximately 2% in the general population. Difficulties in emotion regulation and maladaptive reactions to everyday life are the main causes of BPD, and most people with BPD have severe impairment of social functioning, which is mainly manifested by severe suicidal tendencies that can last a lifetime if not fully cured [2].

Clinical treatment modalities for the disorder include Dialectical Behavioural therapy, Mindfulness-based therapy, Empathic Focus Therapy, Schema therapy, Systematic training in predicting emotions and problem solving, and exclusive interpersonal therapy for BPD. Empathic Focused Therapy treatment is centred on helping patients to increase their ability to cope with negative emotions and maintain social functions such as work and interpersonal interactions, but is not as effective in terms of reflective functioning and personality organisation. Schema therapy, a form of cognitive behavioural therapy, is centred on helping borderline patients to identify maladjustment in adulthood due to unmet emotional needs in childhood, and can significantly change symptoms and improve quality of life, but there are still many problems in assessing the effectiveness of the treatment [1]. And dialectical behaviour therapy (DBT) as the most researched and effective psychotherapy, is a comprehensive biosocial developmental theory that promotes acceptance and change and emphasises emotional dysregulation, based on a dialectical worldview guided by traditional cognitive-behavioural theory[3]. The principles of DBT emphasise

finding a balance between 'acceptance' and 'change' [9]. "Acceptance" means that the patient understands that people's behaviours and thoughts are normal and reasonable, while "change" means that the therapist recognises the change in the patient's symptoms. This study focuses on the progress of research on cognitive regulation of emotions in dialectical behavioural therapy for borderline personality disorder, with the aim of providing a reference for clinical treatment of BPD.

2. Progress in the Study of Borderline Personality Disorder

2.1. Characteristics of patients with borderline personality disorder

The study found that patients with borderline personality disorder have a unique cognitive style and significant neurocognitive impairments, particularly in executive functioning[7], is a difficult clinical psychological disorder to treat. patients with BPD are most typically characterized by an overreaction to angry cues, leading to a persistent angry state of mind and manifesting aggressive behaviors[9], i.e., patients develop emotional dysregulation that is uncontrollable and manifests itself through impulsive aggression. Patients with BPD have multiple potential impulses to self-harm, with over 60% of patients exhibiting repeated suicidal behaviours, threats of suicide, self-harm, etc.

In the study of the formation of borderline personality disorder among the bereaved, Liu Bingqin[8] found that for borderline personality disorder caused by parents who have lost their only child in China, i.e. the bereaved, they all exhibit characteristics such as strong primitive defence mechanisms, flawed reality testing abilities, disrupted social identity and survival in a marginalised state. On account of the importance of the 'core object' of the only child to the person who has lost his or her child, empathic focus therapy is used to replace the 'core object' of the family and its role and position.

2.2. Current status of treatment of borderline personality disorder

In China, the treatment of patients with borderline personality disorder is still in the exploratory stage, but some

results have been achieved. Current therapeutic approaches include psycho-art therapy, chaos theory and dialectical behavioural psychotherapy techniques (BDT).

The most typical of these psycho-art therapies is film therapy. In 2011, Yang Xinlei [10] had analysed the suppressive treatment of borderline personality disorder by film and the unique value of film therapy. Chaos theory is a theoretical treatment that starts from focusing on emotions, establishing non-linear thinking, regulating emotions through non-linear thinking, dealing with feelings of emptiness and focusing on the future development of the personality, which can effectively relieve the clinical symptoms of patients.

Dialectical behavioural psychotherapy techniques (BDT), the focus of this study, help patients to suppress borderline behaviours and ways of thinking through the effective establishment of psychological skills, can lead to better treatment outcomes.

3. Current Status of Research on Dialectical Behavioural Therapy

3.1. Treatment Principle of dialectical behavioural therapy

DBT is based on the 'biosocial theory', which suggests that borderline personality disorder arises from a biological predisposition to emotionality and is caused by the patient's constant exposure to unrecognisable situations [4]. For example, a person with a strong emotional characteristics who has been in an environment where emotions are ignored or rejected after exposing them for a long period of time may end up with enhanced emotional inhibition, i.e. keeping their true emotions completely in their psyche and refusing to communicate with others in a normal emotional way. The principle of DBT is to help patients understand and accept that other people's attitudes are reasonable, and not to over-expect others' reactions, and to learn to know themselves, protect themselves and reduce self-denial in the process.

3.2. Clinical treatment model of dialectical behavioural therapy

The four main clinical treatment models for DBT include the individual treatment model, the skills training model, the telephone consultation model and the therapist group consultation session model. The therapist will choose one or more treatment models for each patient depending on the degree of BPD and the level of treatment.

The individual therapy model as the most basic core treatment model, is used for patients in the early stages of treatment or in severe crisis, mainly by the therapist through a one-to-one session to assess and train the patient's skills and motivation and to plan the entire treatment process.

The skills training model includes individual skills training and group skills training. All patients attending BPD therapy are required to attend skills training at the beginning, which is used by trainers to help patients improve their emotional skills and use them to adapt to social survival, and generally only patients who have undergone individual training are allowed to participate in group skills training. In addition, skills training can be used as a stand-alone therapy.

The telephone counselling model provides a 24-hour emergency service, often guiding patients to use their skills to solve problems and calm their fluctuating emotions when patients are facing a crisis. The therapist group consultation meeting model is a meeting in which a professional team of

therapists discusses and resolves problems and worries encountered during the patient's treatment, often for patients with more serious or complex situations.

4. Current Status of Clinical Treatment of Dialectical Behavioural Therapy in The Cognitive Regulation of Emotions in Borderline Personality Disorder

At present, dialectical behavioural therapy is widely used in clinical practice in the United States, whereas in China it is still in its infancy and few relatively clinical applications have been reported, especially for patients with borderline personality disorder [3]. The first application of DBT in China was for the psychological treatment of psychiatric patients in 2008, due to its combination with medication was significantly more effective than medication alone and had a better prognosis, making DBT an immediate source of great interest to those working in the medical field. DBT are now being used clinically in psychiatric clinical and psychotherapeutic settings, as well as in the general population to enhance mood management and improve interpersonal relationships [5].

Recent studies have also shown that using DBT combined with duloxetine is more effective in treating patients with suicidal depression than using duloxetine alone [11], and that the use of DBT in adolescent psychotherapy has a positive effect on reducing suicidal ideation and suicidal or non-suicidal self-injurious behaviour. However, there are still many obstacles in the way of widespread clinical promotion of DBT, such as the relatively long duration of the DBT treatment process, the fact that many patients do not have the means to receive treatment systematically due to the distance from home or poor economic conditions, and the fact that there is a relative lack of professional therapists at present due to the extensive professional training required for DBT therapists [6].

5. Conclusions

The present study describes and analyses the basic status of dialectical behavioural therapy in the cognitive regulation of emotions in borderline personality disorder and the progress of its application. Most of the data from previous clinical studies show that dialectical behavioural therapy has shown significant benefits in the treatment of a wide range of psychological problems and plays a positive role in the cognitive regulation of emotions in borderline personality disorder, but the studies do not have a clear assessment of the effectiveness of dialectical behavioural therapy for unmeasurable behavioural outcomes, such as the probability of patients experiencing suicide, and further clinical research and evaluation is warranted.

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