

A Feminist Qualitative Investigation of Dialectical Behavior Therapy Skills Group as Context for Fostering Intrapersonal Growth

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The purpose of this study was to discover how clients' experiences in dialectical behavior therapy (DBT) skills group contributed to their attainment of a more coherent and complex sense of self. This study used a relational-cultural theoretical lens to examine clients' subjective experiences of self-concept, and how their experiences in DBT skills group facilitated improvements in this area. Research interviews were analyzed using the Listening Guide, a polyvocal qualitative data analysis strategy that emphasizes the ways that individuals speak about themselves and the subject matter. Participants in DBT skills training group began to acknowledge their self-worth, trust their own interpretations of events, and bring themselves more fully into their interpersonal relationships. The data presented in this study demonstrate the impact of the relational context of DBT skills training group on participants' ability to authentically integrate aspects of their internal experiences. The implications of this work underscore the need for a complex, compassionate conceptualization of BPD among mental health counselors.

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Dialectical behavior therapy (DBT) is the treatment of choice for borderline personality disorder (BPD), and has received significant empirical support in the literature. Multiple studies have demonstrated its efficacy, resulting in fewer suicide attempts, fewer episodes of non-suicidal self-injury, and fewer psychiatric hospitalizations (Barnicot, Gonzalez, McCabe, & Priebe, 2016; Comtois, Elwood, Holdcraft, Smith, & Simpson, 2007; Cook & Gorraiz, 2016; Linehan, Comtois, Murray, Brown, Gallop, et al., 2006; Lynch, Trost, Salsman, & Linehan, 2007; Pasieczny & Connor, 2011). In addition to the decreases in life-threatening behaviors mentioned above, DBT has also been demonstrated to result in a decrease in feelings of depression, loneliness, unexpressed anger, and dissociation (Koons et al., 2001), and improved functioning across multiple domains (Wilks, Korslund, Harned, & Linehan, 2016).

DBT is typically carried out in four treatment modalities: individual counseling, skills training group, phone coaching, and a consultation team of therapists. The modality of interest in the present study is the DBT skills training group, in which clients learn new coping skills with which to replace ineffective behaviors and to cope with symptoms (Linehan, 2014). Many other forms of counseling include a coping skills educational component, but this is often carried out within the context of individual counseling rather than a group setting (Hadjipavlou & Ogrodniczuk, 2010). However, skills group is such a vital component of DBT that a therapist who does not offer group skills training cannot

claim to be practicing DBT with fidelity (Linehan, 2014). DBT skills training groups have been shown to be more effective than standard group therapy in terms of both individual outcomes and treatment adherence (Soler, Pascual, Tiana, Cebria, Barrachina, Campins, Gich, Alvarez, & Perez, 2009).

Psychoeducational groups like the DBT skills training group have the benefits of remediating skills deficits, transmitting knowledge in an efficient manner, normalizing group members' presenting concerns, and they can be especially helpful for individuals who have difficulty in interpersonal relationships (Berg, Landreth, & Fall, 2013; Ivey, 1976; Martin & Thomas, 2000). There is evidence that clients might derive additional, less easily measured benefits from psychoeducational group formats, potentially leading to recovery from chronic mental illness in unexpected ways. For example, in addition to the transmission of information about symptoms and coping skills, Aho-Mustonen, Miettinen, Koivisto, Timonen, & Rätty (2008) demonstrated that participation in psychoeducational groups lead to enhanced meaning-making and increased hope for the future.

Purpose of the Study

There is little qualitative research on clients' experiences in DBT, and none in the counseling literature. A search of the PsychINFO database yielded few

qualitative studies of clients' experiences in DBT – regardless of the modality of interest – in the past ten years. Those most similar to the present study included a study of the parenting challenges of mothers with BPD (Zalewski, Stepp, Whalen, & Scott, 2015), and three studies on DBT skills use among clients with BPD (Barnicot, Couldrey, Sandhu, & Priebe, 2015; Barnicot, Gonzalez, McCabe, & Priebe, 2016; Stepp, Epler, Jahng, & Trull, 2008). However, none of these focused specifically on intrapersonal growth, nor did they proceed with the additional theoretical framework of relational-cultural theory (RCT) as a guide.

The purpose of this study was to discover the ways in which clients' experiences in DBT skills training groups facilitated clients' improved coherence of their self-concept, and it was conducted through an RCT lens. This research is meant to present counselors with a more nuanced conceptualization of clients' self-perception as they recover from BPD, and how this issue might be treated. This in turn adds to the knowledge base that clinical supervisors might rely on in order to more effectively supervise counselor trainees who work with this population, as Fazio-Griffith and Curry recommend (2009). The present study adds to the qualitative research by explicitly rendering the voices of individuals who had completed DBT treatment. Therefore, this study answers the call that Hodgetts, Wright, and Gough (2007) made for additional qualitative research on clients' experiences in DBT, and Smith and Peck's (2004) call for counselors to investigate individual components of DBT. The primary question this study sought to answer

was: how do clients' experiences in DBT skills group facilitate clients' intrapersonal growth?

Background

BPD presents an especially complex set of problems falling into five domains: dysregulated emotions, dysregulated behavior, dysregulated cognitions, dysregulated relationships, and, of primary interest to the present study, a dysregulated sense of self (Linehan, 1993; Rizvi & Swenson, 2010).

Dysregulated Sense of Self

The signs and symptoms of the dysregulated sense of self include emotional numbing, feelings of emptiness, and a subjective perception that the self may not even exist (American Psychiatric Association, 2013). The more severe these dissociative symptoms are, the more difficulty affected individuals have in distinguishing self from other, and in distinguishing one's internal experiences from the external world (Spitzer, Barnow, Armbruster, Kusserow, Freyberger & Grabe, 2006). Unlike the treatment of dysregulated behaviors (e.g. suicidality) and emotions (e.g. affective lability), the dysregulated sense of self is seldom a priority focus in DBT treatment. This is due to the strict guidelines that DBT has in place

for addressing life-threatening behaviors first, and then therapy-interfering behaviors and quality-of-life-interfering behaviors as treatment targets (Linehan, 1993). Unlike suicidal thoughts and behaviors, emotional numbness and a lack of a subjectively experienced identity are more private, subjective, and abstract in nature. Because it is difficult to witness or even conceptualize concrete examples of these phenomena, it can be difficult to treat them effectively. Therefore, a study that seeks to reveal the inner experiences of individuals with BPD will contribute to filling this knowledge gap.

Relational-Cultural Theory as a Framework

The research questions that the present study investigates assume a relational aspect of clients' construction of their sense of self. Therefore, feminist relational-cultural theory (RCT) provides a helpful theoretical framework for this investigation. RCT holds that all people, and particularly women, develop in relationship with others, and that relationship is a key force in development (Gilligan, 1996; Jordan, 2017; Jordan, Kaplan, Miller, Striver, & Surrey, 1991; Miller & Stiver, 1997). According to RCT, the goal of development is not increased isolation and individuation; rather, the goal is an increase in the quantity, quality, and complexity of mutually enhancing connections with others. The growth-fostering relationships that RCT theorists hold out as the ideal are characterized by

five core conditions: (1) the experience of “zest” or vitality, (2) empowerment and confidence to self-authorize, (3) a clear and realistic understanding of self and others (4) a sense of inherent worth, and (5) the desire to seek out additional mutually affirming relationships that are increasingly complex (Miller & Stiver, 1997).

To be in connection means that both individuals involved in the relationship respond to one another authentically or genuinely, each allowing his or her true voice into the relationship rather than withholding parts of him/herself (Jordan, 2017; Miller & Stiver, 1997). Healthy, growth-fostering connections are characterized as being mutually empathic and mutually empowering (Miller & Stiver, 1997; Walker, 2004). It is important to keep in mind that through the RCT lens, both mutual empathy and mutual empowerment are results of the relationship as opposed to being the result of any particular individual’s interpersonal skills (Walker, 2004). Disconnection, on the other hand, is the opposite of connection. In a disconnected relationship one person might have more power than the other, and the person with less power is less able to self-authorize. Chronically disconnected relationships hinder growth and thus hinder the development or expression of an authentic, coherent identity.

My intention in designing this study was to discover the ways in which DBT skills training group contributed to improvements in clients’ sense of self, and how the group might function as more than simply a means of transmitting knowledge

about coping skills. When using relational-cultural theory as a guide, one sees that the skills group component of DBT has the potential to be a relational context for intrapersonal growth. This study sought to demonstrate how clients might experience DBT skills group as a context for growth-fostering relationships, as evidenced by the presence of Baker Miller's five core conditions and an increase in intrapersonal complexity in research participants' subjective experience.

Method

The method of the present study allowed for the exploration of subtle nuances of individuals' experiences in DBT skills group in ways that have not been done previously. Specifically, this study explored the ways that the group might have functioned as a context for growth-fostering relationships. This study is situated in the RCT tradition and adds to the growing literature associated with this theory. Therefore, to maintain congruence between this theoretical orientation and the epistemological assumptions grounding this study, we chose to use the Listening Guide (Gilligan, Brown, & Rogers, 1990; Gilligan, Spencer, Weinberg, & Bertsch, 2003) to investigate the research question. The Listening Guide is a feminist, relational, qualitative method that draws upon traditions from psychoanalysis, literary analysis, and music theory to render the unknown known. The method assumes that interview participants' perceptions are, to an extent,

influenced by unconscious, dissociative experiences. The Listening Guide aims to elucidate these by employing the method's associative processes (Gilligan, 2015).

Ensuring Trustworthiness

The PI employed the use of reflexive journaling and field notes as a method of data triangulation (Maxwell, 2005). While this by itself does not assure the trustworthiness of the findings, it provides clues about how the researcher's thinking and experiencing might have affected the data. As this research is relational in nature, the researcher's explicit awareness and articulation of one's own subjectivity is an essential component of the data analysis. The PI used an interpretive community of other scholars as a resource to enrich the data analysis and to enhance the trustworthiness of the findings (Tappan, 2001). The interpretive community was made up of the PI and two additional colleagues: one who was primarily familiar with the subject matter, and another who was primarily familiar with the analysis strategy. The roles and responsibilities of the interpretive community included giving feedback on the data analysis, asking questions that the PI may not have considered before, and offering alternate explanations for the phenomena observed.

Sampling

Participants were recruited after the university's Institutional Review Board approved the study. This study utilized purposeful sampling, so the authors sought individuals whom we considered to be "experts" on this topic. We sought participants who had completed a DBT basic skills training group at a community mental health agency in Southwest Ohio. Participants needed to have been free of life-threatening behavior for at least six months prior to the interview and had met the DSM criteria for BPD during their treatment. Five individuals volunteered for the interview: all were female and Caucasian, and they ranged in age from 31-44 years of age. We refer to these participants by the pseudonyms Scarlett, Hope, Grace, Sierra, and Flora throughout this paper to protect their confidentiality.

Research interviews took place in office and group space on the premises of a community mental health agency in the Midwest. This agency provides a variety of services to individuals experiencing severe mental illnesses, and has a DBT program available for individuals who might benefit from DBT treatment. Flyers were given to DBT therapists at the agency, and they were also posted in waiting rooms on the premises. Potential participants were instructed to contact me to arrange an appointment for the individual interview.

Procedure

Interviewing. The first author conducted semi-structured interviews with probing questions to discover information about experiences of individuals suffering from BPD (Mills, 2001). Each participant gave one interview lasting approximately one hour in an office at the same community mental health agency from which participants were recruited, and these interviews were recorded on a digital audio device. Due to the time commitment and nature of the interviews this smaller sample size was deemed appropriate to provide an in-depth description of clients' perspectives on the therapeutic process of DBT skills training. Furthermore, a review of the peer-reviewed literature on studies utilizing the Listening Guide as their analysis strategy yielded studies with sample sizes ranging from one participant (Fullam, 2017) to ten participants (Johnstone, 2016).

Analysis Strategy

Data analysis was an ongoing activity throughout the project. The first author personally transcribed each audio recording of the interviews. Following transcription, the first author analyzed the data by using the Listening Guide method (Gilligan, Brown, & Rogers, 1990; Gilligan, Spencer, Weinberg, & Bertsch, 2003) to identify themes and voices. This is a polyvocal method specifically designed for use with relational subject matter, and takes place in a minimum of four stages.

These stages of analysis, which Gilligan et al. (2003) refer to as “listenings,” require the researcher to review interview transcripts in depth, listening in uniquely different ways for different kinds of content each time. In the first listening, the task is to document the overall narrative. The task in the second listening is to pay close attention to the way the participant used particular pronouns and verbs when speaking about himself or herself, and in what ways. Finally, in the third and fourth stages of analysis, the researcher listens for content themes that are of interest to the study, and how the participant spoke to those themes through the different voices identified in the second listening. This process is especially helpful in illuminating how relational images (Miller & Stiver, 1995; Comstock, Hammer, Strentzsch, Cannon, Parson, & Salazar II, 2008) shape participants’ perception of the topics they discuss in the research interview.

Throughout this process, the first author wrote a research memo during each stage of analysis for each interview, documenting key findings that each respective stage yielded. The first author then wrote a final research memo for each interview that synthesized all of the analyses conducted up to that point in order to form a logical, coherent representation of the multiple levels of analysis for each interview. After analysis was complete, each participant had the opportunity to view and offer feedback on the final analytic memo that resulted from her respective interview.

Results

Each participant informed the concept of the relational aspects of their experiences in DBT skills training group. In the analysis we identified themes that were shared between all of the research participants. Each of the themes served to illuminate the impact of the relational aspects of DBT skills training group. The major thematic areas identified were (1) research participants' initial discomfort in group, (2) the evolution of each research participant's perception of their self-worth, (3) participants' intrapersonal communication to narrate their experience, and (4) negotiation of dialectical dilemmas.

Discomfort in Group

A common theme that emerged from each interview was that participants felt uncomfortable about sharing in group. Each participant gave examples of ways that they found group to be a distressing aspect of their treatment. Some felt embarrassed about potentially receiving unwanted attention from the group leader, as when Scarlett reported that she had feared that her group leader would "make an example of her" if she did anything "wrong." Others, like Grace, reported feeling fearful about interpersonal interactions with strangers because they worried that they might lose control if their intense emotions were triggered.

That these individuals experienced group as so distressing is incongruent with the intention and rationale of the group, which is simply to transmit coping skills in an effective, efficient way that causes minimal distress among its members. It seemed that even the innocuous way the group was run was far more distressing than group leaders might imagine. This suggests that even the minimal social interaction of simply being in the same room together was enough to elicit feelings of fear or shame among individuals with BPD presentations.

Self-Worth

Group members' initial reactions of discomfort and embarrassment provided evidence about the means by which gains were made in area of perceived self-worth. Scarlett made a significant contribution to this study when she described how she came to realize her inherent equal value to other group members. The fact that her group leader never allowed Scarlett to simply "pass" on sharing her diary card or otherwise participate in group introduced and continuously reinforced the notion that Scarlett's inherent value as a human being was equal to that of her peers. Scarlett frequently made reference to "knowing" that there was something wrong with her since an early age. To her, the idea that she was "less than" others was not her subjective opinion, but an indisputable fact. The possibility that she might be

inherently, equally valuable as the rest of the group members challenged this notion of hers:

It was like, we're running out of time, "just don't do me," kind of thing. And of course that was never let slide, that always, "nope, we will do this." Because even in advanced group we had a schedule that we usually did like initial sharing and break and then something else and so if it would be we were running late for break time I would be like you know "I'll pass", you know and they would be like "no can't do that". So it was really helpful for me to have that be enforced like that. And again, I always grew up like I said knowing that I was different knowing that I was less and I say "knowing" because it's not a feeling it's a knowledge. And it's still something I mean I still struggle with but I, like I said before, I really fought it at the beginning and I kind of accepted it or got used to the fact that my opinion was going to be valued as much as anybody else's. And then once we got to the advanced group I actually kind of believed that my opinion was worth as much as anybody else's. Scarlett struggled to make meaning of her inherent equality in worth and dignity to other people. To see how the authors used the Listening Guide to analyze the quote above, the reader may refer to the following "voice poem," which is a rendering of Scarlett's inner voice speaking in favor of her inherent worthiness debating with her inner voice arguing against her self-worth.

Voice of worth

"nope, we will do this."

they would be like "no can't do that"
So it was really helpful for me to have
that be enforced like that.

Voice of unworthiness

we're running out of time "just don't
do me,"

I would be like you know "I'll pass,"

I always grew up like I said knowing that I was different knowing that I was less I say “knowing” because it's not a feeling it's a knowledge I still struggle with before I really fought it

I kind of accepted it got used to the fact that my opinion was going to be valued as much as anybody else's I actually kind of believed that my opinion was worth as much as anybody else's.

Scarlett demonstrated the ambivalent internal conversation that would happen during group with regard to how much she should participate and whether her participation would be valuable. She struggled with competing possibilities that she had nothing valuable to contribute to the group, and that she was valuable anyway. This idea of inherent worth was a sharp contrast to her lifelong belief that she was worth less than other people, and she was unable to accept this idea when she was initially confronted with it. Scarlett eventually grew to accept this new possibility after it was repeatedly and experientially reinforced within the context of the group. She began to see that not only was she not wasting others' time, but that what she said impacted the other group members.

Similar to Scarlett's experience, Flora shared ways that DBT skills group led her to accept her inherent value as a person. However, instead of resulting from a group leader continually pressing her to participate, for Flora this resulted from

an amalgamation of what one might call “microaffirmations.” She described instances when other group members would simply listen and indicate that they had paid attention to what she said. This included occasions when other group members responded to Flora by saying things such as, “wow that really that helped me understand that, because you just said that that way.” Such responses from her peers constituted the mutual empathy and mutual empowerment inherent in growth-fostering relationships, and these relationships, no matter how superficial they may have appeared to outsiders, fostered the growth of Flora’s belief in her worth as a human being.

Intrapersonal communication

Moving away from the interpersonal realm, each participant spoke about and demonstrated their intrapersonal communication to varying degrees. This intrapersonal communication became evident in the second and subsequent listenings during data analysis. Interview participants demonstrated this in its most overt form by sharing examples of when they would narrate the process of coaching themselves on their DBT skills. Participants shared examples of having coached themselves by mindfully describing troubling situations and reviewing their options for managing the situation as they had learned to do in the group. Each of the research participants spoke about being mindfully aware of their thought processes,

affective states, and skillful behavior, suggesting that the group had changed their way of thinking about and responding to their problems.

Flora shared an especially helpful example of her approach to self-coaching, which included validating herself as well. Flora described how this self-validation work in DBT facilitated her ability to mindfully validate her own thoughts, feelings, and actions in daily life:

He [Flora's husband] doesn't mean any harm by taking control of things, I was sort of making him do it. So and he was always wanting to help. It sort of was a codependent thing (Flora laughs). I think that's kind of how it started, I didn't have any autonomy really until recently. I really feel like the DBT kind of helped me figure out, "okay what is it I'm feeling? Yes, I'm feeling that. Why am I feeling that? Do I have the right to feel that way?" And then being confident that "yeah, I do have the right to feel that way."

Flora had previously found that it was easier for her to rely on others to voice opinions and make decisions on her behalf. After acknowledging the previously codependent nature of her relationship with her husband, Flora began speaking confidently from her first person "I voice," demonstrating how she coaches herself through acknowledging and affirming her emotions. At the end of this excerpt, Flora contrasted her past experience with her new ability to identify her thoughts and feelings, and to draw conclusions about their inherent validity.

Dialectical Dilemmas

Each research participant reported having responded to dialectical dilemmas with some type of dissociation prior to her involvement in DBT. Each research participant employed various strategies of disconnection in order to keep

her authentic self out of relationship for the sake of preserving her relationships in what Gilligan (1996) referred to as a “brilliant but costly solution. (p. 244). Likewise, each individual interviewee reported that she was more successful at mindfully integrating a more authentic self-concept over the course of DBT treatment and thereafter.

As an example, Grace reported having been striving to find dialectical synthesis in her relationship with her father. She had described previous communication with her father as having been “very manipulated,” and that she had to anticipate a wide array of possible responses from him lest she be taken unawares by his often cruel remarks. After her time in the DBT program, Grace came to accept the kind of relationship that she had desired with her father might not be possible, and she found serenity in the knowledge that she had done the best she could in that situation and needed not distort her self-presentation for his sake.

Discussion

Clients' experiences in DBT skills training group that influenced their ability to recover from a dysregulated sense of self was the primary focus of this study. Specifically, the research participants evidenced increased feelings of self-worth and an improved sense of clarity about self and others as evidenced by their intrapersonal communication. The process by which their experiences in DBT

skills training group aided in affirming clients' self-worth and emerging sense of self was examined through the perspectives of each research participant.

Group as Context for Growth-Fostering Relationships

The findings of this study demonstrate the potential for DBT skills group to possess the hallmarks of a context in which growth-fostering relationships might form and flourish in a unique way. The relationships that the research participants formed with fellow group members, group leaders, and the group as an entity unto itself were not deep, intimate, or long-lasting relationships as one might expect of growth-fostering relationships. The individuals who participated in the interviews for this study reported that in their most intimate form, the relationships they had with fellow group members involved meeting up for lunch at fast food restaurants after group was over, and that otherwise group members did not develop these relationships further than that. It is necessary that readers understand this, lest they mistakenly conclude that these relationships were highly intimate, long-lasting friendships rarely seen or encouraged among members of psychoeducational groups. Rather, these brief, perhaps utilitarian relationships were authentic for their purposes and had well-defined limits, which made them predictable and safe. This predictability and safety provided conditions for individuals to succeed and thrive without undue fear of negative outcomes for the relationships, since participants

invested little in the way of depth or intimacy into those relationships and therefore had very little to lose if something were to have gone wrong.

Discomfort in group. All participants reported initial discomfort in group such that it nearly deterred them from committing to DBT treatment. Reasons for this included fear of being in a group of strangers, dislike of being held accountable for homework, and fear of being made an example of. Like most individuals participating in DBT, each of these participants had a history of unpredictable interpersonal relationships that were aversive and frightening at times, and so they preferred to avoid contact with other people when possible. All of the participants eventually experienced a shift in their perception of the group, and reported looking forward to it. While the relationships that these individuals reported having with fellow group members were not intimate friendships, the group context may have initiated something of a corrective experience once the participants became accustomed to the group's norms and expectations.

Self-worth. While group leaders might view interaction among group members as relatively superficial, the research participants reported to have found this interaction to be a necessary condition for their growth. Group members' interaction with one another affirmed members' inherent value and worth in several ways. Some, like Scarlett, saw themselves as being partially responsible for other

group members' growth by being an example for them to follow. This feeling of responsibility for others' improvement in turn affirmed for Scarlett that she mattered; her presence and progress impacted other group members, resulting in mutual empathy between Scarlett and the rest of the group. For others, like Flora and Hope, the group provided an opportunity to confirm the validity of their internal experience. Flora and Hope found normalization for their presenting concerns by interacting with their peers. They came to understand that others in the group shared and could effectively manage similar presenting concerns, thus confirming the validity and manageability of their own concerns.

Intrapersonal communication. In addition to its function as evidence of change, the research participants' intrapersonal communication also functioned in the healing process itself. Scarlett, Flora, Hope, Sierra, and Grace each described incidents of self-coaching and self-validating in which they covertly used the skills they learned in group to solve problems and to affirm the validity of their experiences. The process of self-coaching and self-validating both strengthened their sense of self, and the content of this intrapersonal communication served as evidence thereof.

Dialectical dilemmas. At the heart of the dilemmas that the participants presented were disconnections – both interpersonal and intrapersonal. Participants'

disconnected relationships with romantic partners, friends, and family members mirrored dissociated self-knowledge. These individuals knew on some level that their interpersonal relationships stifled their growth and prevented them from personal authenticity, yet at the same time their relationships seemed necessary for survival or protection. Sierra in particular overtly described a process by which she allowed her relationships to become more or less connected or disconnected, and while the other participants did not verbalize this as candidly or mindfully as Sierra, they all alluded to this to some degree. Therefore, if DBT skills group is indeed a context for growth-fostering relationships as these results suggest, and because the relationships that group members developed with each other were more superficial than intimate, the group's egalitarian and predictable nature may be a mechanism by which it fosters connection and growth.

Implications for Counselors

It is necessary that counselors be aware of the way the group might naturally allow for clients to achieve the results presented in this study without specific additional intervention from therapists. The evolution of participants' initial discomfort in group into something they experienced as beneficial is evidence of this, suggesting a hypothesis that the group laid the groundwork for a corrective experience for clients' previous, disconnected interpersonal relationships. Each of

the research participants in this study reported that their growth occurred on its own in response to the group being run as indicated by the treatment manual. Participants' improved sense of self-worth seems to have been an unintended benefit, since the true rationale for the prescribed process of the group was efficiency in skill-building. Given the often slow process of noticeable improvement in DBT clients' lives, it could be beneficial for counselors to be vigilant for signs of this kind of growth so that they might make their clients aware that they are, in fact, improving more than they might realize.

While more process-oriented counselors might prefer to lead a group in a way that is less overtly directive than prescribed in the treatment manual, the results of this study indicate that doing so might not be in the best interest of clients in DBT. Scarlett indicated in her interview that it was precisely her group leader's unwavering adherence to the manualized treatment protocols that lead her to consider the value of her input, and even her very existence. She reported that prior to her group leader having regularly insisted on Scarlett's participation in the group, she had not considered the possibility that she was deserving of self-esteem or self-worth. This finding supports the hypothesis that highly structured treatment such as the DBT skills group is necessary in order to facilitate meaningful change for clients with BPD (Hodgetts et al., 2007). Therefore, it is important for counselors and counselor educators alike to be aware of the potential for benefits beyond the stated

rationale for strict adherence to manualized protocols like the DBT skills training group.

Implications for Future Research

This study proceeded under the assumption that clients in DBT might prioritize the attainment of a more complex sense of self among their more pressing treatment goals. However, I did not include this hypothesis among my research questions. Future inquiry could focus on the extent to which clients in DBT might prioritize improvement in sense of self compared to management of other symptoms as treatment goals. Future research could further examine the construct of the sense of self in BPD from the client's point of view, whether changes in this domain are the result of participation in DBT skills group, and whether they might result in improved treatment adherence and outcomes among clients in DBT programs.

Limitations of the Study

This study is limited by the fact that all participants self-selected into the study, came from the same geographic area, and received treatment at the same community mental health agency. Recruiting participants from additional sites and

from a broader geographical area would have strengthened this study. An additional limitation was the sample's lack of gender and cultural diversity: all participants were female and Caucasian. This was representative of the population of clients who receive DBT treatment at the agency from which they were recruited, but it might have been helpful to find out whether individuals of different races and genders share similar experiences as those in the sample. Additionally, while the researchers employed standard methods for ensuring trustworthiness and acknowledging potential bias, it remains necessary for readers to be aware that as qualitative research this work is subject to the authors' subjectivity to some extent.

Conclusion

This study has produced new research findings that convey the experience of a localized group of clients who had completed dialectical behavior therapy groups at one community mental health agency. Specifically, these findings include a rich description of the relational aspects of DBT skills group and how they impacted clients' experience of an authentic sense of self. These findings suggest a broader academic research agenda for discussions that inform the practices of mental health counseling and counselor education. The implications of this study have the potential to improve the experiences of individuals attempting recovery from BPD if counselors practicing DBT incorporate these findings into their

practice. The implications of this study also have the potential to enhance DBT therapists' enjoyment of working with their clients, since from deeper understanding comes deeper empathy and more authentic connection.

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- Barnicot, K., Couldrey, L., Sandhu, S., & Priebe, S. (2015). Overcoming barriers to skillstraining in borderline personality disorder: A qualitative interview study. *Plos ONE*, *10*(10), 1-15. doi:10.1371/journal.pone.0140635.
- Barnicot, K., Gonzalez, R., McCabe, R., & Priebe, S. (2016). Skills use and common treatment processes in dialectical behaviour therapy for borderline personality disorder. *Journal Of Behavior Therapy and Experimental Psychiatry*, *52*, 147-156. doi:10.1016/j.jbtep.2016.04.006
- Beeney, J. E., Hallquist, M. N., Ellison, W. D., & Levy, K. N. (2016). Self–other disturbance in borderline personality disorder: Neural, self-report, and performance-based evidence. *Personality Disorders: Theory, Research, And Treatment*, *7*(1), 28-39. doi:10.1037/per0000127
- Comstock, D. L., Hammer, T. R., Strentzsch, J., Cannon, K., Parsons, J. & Salazar II, G. (2008). Relational-cultural theory: A framework for bridging relational, multicultural, and social justice competencies. *Journal of Counseling & Development*, *86*, 279-287.
- Comtois, K.A., Elwood, L., Holdcraft, L.C., Smith, W.R., & Simpson, T.L. (2007). Effectiveness of dialectical behavior therapy in a community mental health center. *Cognitive and Behavioral Practice*, *14*, 406-414. doi: 10.1016/j.cbpra.2006.04.023
- Cook, N. E., & Gorraiz, M. (2016). Dialectical behavior therapy for nonsuicidal self-injury and depression among adolescents: Preliminary meta-analytic evidence. *Child And Adolescent Mental Health*, *21*(2), 81-89. doi:10.1111/camh.12112

- Fazio-Griffith, L. & Curry, J.R. (2009). Supervising trainees who counsel clients with borderline personality characteristics: Implications for training and practice. *Journal of Mental Health Counseling, 31*(3), 234-248.
doi:10.17744/mehc.31.3.f857836j1g4r448w
- Fullam, J. (2017). Becoming a youth activist in the internet age: A case study on social media activism and identity development. *International Journal of Qualitative Studies in Education, 30*(4), 406-422.
doi:10.1080/09518398.2016.1250176
- Gilligan, C. (2015). The listening guide method of psychological inquiry. *Qualitative Psychology, 2*, 69–77.
- Gilligan, C. (1996). The centrality of relationship in human development: A puzzle, some evidence, and a theory. In G. G. Noam and K. W. Fischer (Eds.) *Development and vulnerability in close relationships* (pp. 237-261). Mahwah, NJ: Lawrence Erlbaum Associates, Inc.
- Gilligan, C., Brown, L.M., & Rogers, A. (1990). Psyche embedded: A place for body, relationships, and culture in personality theory. In A.I. Rubin & R. Zucker (Eds.), *Studying persons and lives* (pp. 86-147). New York, NY: Springer.
- Gilligan, C., Spencer, R., Weinberg, M.K., & Bertsch, T. (2003). On the listening guide: A voice-centered relational method. In S. N. Hesse-Bibler & P. Leavy (Eds.) *Emergent methods in social research* (pp. 157-172). Thousand Oaks, CA: Sage Publications, Inc.
- Hodgetts, A., Wright, J., & Gough, A. (2007). Clients with borderline personality disorder: Exploring their experiences of dialectical behaviour therapy. *Counselling and Psychotherapy Research, 7*(3), 172-177.
Doi: 10.1080/14733140701575036.

- Johnstone, D. J. (2016). A listening guide analysis of women's experiences of unacknowledged rape. *Psychology of Women Quarterly*, *40*(2), 275-289. doi:10.1177/0361684315624460
- Jordan, J.V. (2017). Relational-cultural theory: The power of connection to transform our lives. *Journal of Humanistic Counseling*, *56*, 228-243. Doi: 10.1002/johc.12055
- Jørgensen, C. R. (2010). Invited essay: Identity and borderline personality disorder. *Journal of Personality Disorders*, *24*(3), 344-364
- Jørgensen, C. R. (2009). Identity style in patients with borderline personality disorder and normal controls. *Journal of Personality Disorders*, *23*(2), 101-112.
- Jørgensen, C. R. (2006). Disturbed sense of identity in borderline personality disorder. *Journal of Personality Disorders*, *20*(6), 618-644.
- Kernberg, O. F., & Michels, R. (2009). Borderline personality disorder. *The American Journal of Psychiatry*, *166*(5), 505-508. doi:10.1176/appi.ajp.2009.09020263
- Kernberg, O. F., & Yeomans (2013). Borderline personality disorder, bipolar disorder, depression, attention deficit/hyperactivity disorder, and narcissistic personality disorder: *Practical differential diagnosis. Bulletin of the Menninger Clinic*, *77*(1), 1-22.
- Koons, C.R., Robins C.J., Tweed J., Lynch T.R., Gonzalez A.M., Morse, J.Q. et al. (2001). Efficacy of dialectical behavior therapy in women veterans with borderline personality disorder. *Behavior Therapy*, *32*, 371-390. Doi: 10.1016/S0005-7894(01)80009-5
- Lenzenweger, M. F., Clarkin, J. F., Levy, K. N., Yeomans, F. E., & Kernberg, O. F. (2012). Predicting domains and rates of change in borderline personality disorder. *Personality Disorders: Theory, Research, and Treatment*, *3*(2), 185-195. doi:10.1037/a0025872

- Linehan, M.M., Comtois, K.A., Murray, A.M., Brown, M.Z., Gallop, R.J., et al. (2006). Two year randomized controlled trial and follow-up of dialectical behavior therapy vs therapy by experts for suicidal behaviors and borderline personality disorder. *Archives of General Psychiatry*, *62*, 1–10. doi: 10.1001/archpsyc.63.7.757
- Lynch, T.R., Trost, W.T., Salsman, N., & Linehan, M.M. (2007). Dialectical behavior therapy for borderline personality disorder. *Annual Review of Clinical Psychology*, *3*, 181-205. doi: 10.1146/annurev.clinpsy.2.022305.095229
- Miller, J. B. & Stiver, I. P. (1995). *Relational images and their meanings in psychotherapy* (Work in Progress No. 74). Wellesley, MA: Stone Center Working Paper Series.
- Miller, J. B. & Stiver, I. P. (1997). *The healing connection: How women form relationships in therapy and in life*. Boston, MA: Beacon Press.
- Pasieczny, N. & Connor, J. (2011). The effectiveness of dialectical behaviour therapy in routine public mental health settings: An Australian controlled trial. *Behavior Research and Therapy*, *49*, 4-10. Doi: 10.1016/j.brat.2010.09.006
- Rizvi, S. & Swenson, C. (2010). “Five-Day Foundational DBT Training Course.” BehavioralTech, LLC [Educational Training]. Holyoke, MA. 25-29 October 2010.
- Rubel, D., & Villalba, J. A. (2009). How to publish qualitative research in JSGW: A couple more voices in the conversation. *Journal for Specialists In Group Work*, *34*(4), 295-306. doi:10.1080/01933920903251964
- Smith, L. D., & Peck, P. L. (2004). Dialectical behavior therapy: A review and call to research. *Journal of Mental Health Counseling*, *26*(1), 25-38.
- Sollberger, D., Gremaud-Heitz, D., Riemenschneider, A., Agarwalla, P., Benecke, C., Schwald, O., & ... Dammann, G. (2015). Change in Identity Diffusion

- and Psychopathology in a Specialized Inpatient Treatment for Borderline Personality Disorder. *Clinical Psychology & Psychotherapy*, 22(6), 559-569. doi:10.1002/cpp.1915
- Stepp, S., Epler, A., Jahng, S., & Trull, T. (2008). The effect of dialectical behavior therapy skills use on borderline personality disorder features. *Journal of Personality Disorders*, 22(6), 549-563.
- Wilks, C. R., Korslund, K. E., Harned, M. S., & Linehan, M. M. (2016). Dialectical behavior therapy and domains of functioning over two years. *Behaviour Research and Therapy*, 77, 162-169. doi:10.1016/j.brat.2015.12.013
- Zalewski, M., Stepp, S. D., Whalen, D. J., & Scott, L. N. (2015). A qualitative assessment of the parenting challenges and treatment needs of mothers with borderline personality disorder. *Journal of Psychotherapy Integration*, 25(2), 71-89. doi:10.1037/a0038877