

The Effectiveness of Dialectical Behavior Therapy on Reducing Negative Perfectionism in Perfectionist Adolescents

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Abstract

Aim: This study was conducted with the aim of effecting of dialectical behavior therapy for reducing negative perfectionism in perfectionist girls.

Method: In this research, a quantitative single-subject test method with an A-B baseline was used. A statistical sample of 3 students aged 16-19 years old, from teenage girls, were selected by a purposive sampling method, through interviews and Frost's perfectionism questionnaire (1990).. After performing three baseline measures, the intervention phase started with the implementation of dialectical behavior therapy. In the intervention phase, dialectical behavior therapy instruction was held with a preliminary session and 10 weekly one-hour therapy sessions, and skills related to research were taught.

Finding: The analysis of the findings using graphical analysis showed that dialectical behavior therapy was effective for reducing the negative perfectionism of perfectionist girls.

Conclusion: The results of the research indicated that dialectical behavior therapy is effective for reducing the negative perfectionism of teenagers. Therefore, it is suggested to use the dialectical behavior therapy method for teenagers.

Keywords: Dialectical Behavior Therapy, Negative Perfectionism, Adolescent.

Introduction

Adolescence is a phase of profound changes marked by notable physical, psychological, and social growth. This stage represents the shift from infancy to adulthood, comprising a range of transformations that have a substantial impact on an individual's identity, emotional control, and social interactions. The literature extensively examines the concept of adolescence as a crucial stage of development, with academics such as (Dahl et al., 2018) highlighting its significance in the entire course of human development. Adolescence encompasses not only physical development but also a significant restructuring of social and emotional abilities. This phase is crucial for the development of fundamental identity, which includes self-perception, gender roles, and the adoption of cultural beliefs and actions (Cherewick et al., 2021).

An important aspect of teenage development revolves around the establishment of educational and skill objectives, which are strongly connected to the individual's self-perception and ambitions for the future. During adolescence, individuals develop a more distinct perception of their identities and their prospects (Verhoeven et al., 2019). The process of developing identity is not devoid of difficulties, as it can be filled with ambiguities and conflicts, especially when it comes to meeting personal and societal standards.

Perfectionism becomes a prominent characteristic of one's personality during adolescence, developing alongside the person's self-awareness and growth. The formation of an adolescent's identity is intricately connected to the progression and intensification of perfectionism, a characteristic that undergoes growth and amplification at this stage of life (Knopf, 2021). Perfectionism is not just a harmless inclination, but a widespread personality trait that has important consequences for psychological compatibility and well-being. This characteristic, although it has the potential to result in great success, may also cause mental anguish and unproductive actions, especially when it coincides with impractical expectations and excessive self-judgment (Damian et al., 2022).

Adolescence is a critical phase for the manifestation of alterations in perfectionism. Adolescents, due to their increased self-awareness and sensitivity to social and cultural norms, are more susceptible to developing perfectionistic tendencies that may result in psychological damage if not properly addressed (Piuk & Macuka, 2019). A rising tendency in perfectionism among teenagers and young adults based on evidence from 1986 to 2015 (Curran & Hill, 2019). This phenomena is further influenced by demographic parameters like gender, age, and socio-economic position. Research has indicated that females are more prone to acquire perfectionist traits in comparison to boys, within the framework of gender disparities (Uz Baş, 2011). This vulnerability can be ascribed to a multitude of variables, encompassing societal norms and the inward adoption of perfectionist standards.

Adolescents may embrace perfectionism as a tactic to offset and safeguard against perceived deficiencies and susceptibilities. The process of internalizing cultural signals on one's worth and value results in a dependence on external validation and approval (Curran & Hill, 2019). As a result, adolescents are compelled by an inherent need for perfection to establish performance standards that are impossibly high and hold excessive expectations.

The repercussions of such perfectionism are diverse, affecting not just the psychological but also the social and academic aspects of adolescents' life. Adolescents may experience pain, emotional turbulence, and academic issues when they perceive a significant difference between their performance and the expectations of others (Camp et al., 2022). Perfectionism has been widely associated with several psychological issues, such as depression, anxiety, obsessive-compulsive disorder, eating disorders, and personality disorders (Jun et al., 2022). This connection highlights the importance of recognizing perfectionism as a crucial element in the mental well-being of adolescents.

An effective therapy approach is necessary to tackle the obstacles presented by perfectionism during adolescence. Dialectical Behavior Therapy (DBT) is a highly promising technique in this particular scenario. DBT, a comprehensive therapy, focuses on fostering personal growth and the importance of life by cultivating new abilities, regulating emotions, and enhancing motivation. The therapy strategy, centers on establishing equilibrium and mitigating functional impairments, promoting acceptance and behavioral regulation (Wibbelink et al., 2022). DBT incorporates cognitive, emotional, and behavioral skills training, allowing individuals to actively and effectively tackle difficulties with proficient responses, thus substituting ineffective and incompatible emotions. The efficacy of cognitive and behavioral concepts in Dialectical Behavior Therapy (DBT) for diminishing hazardous behaviors and enhancing skill inadequacies that contribute to persistent life difficulties (Alba et al., 2022).

The present study investigates the many responses of adolescents to perceived threats, encompassing the adoption of unrealistic standards, the development of negative self-perceptions, and the engagement in self-critical behaviors. The reactions exert a significant influence on the overall well-being of teenagers, encompassing both their physical and mental health. Within the domain of mental health, the cultivation of a favorable self-perception and proficient self-assessment is vital for the sound psychological and social growth of teenagers. DBT, with its emphasis on fostering mental health, has demonstrated potential in improving mental well-being through targeted interventions and favorable results.

DBT interventions focus on enhancing self-awareness, embracing oneself, and effectively adjusting to one's surroundings. DBT facilitates the cultivation of mindfulness towards thoughts, emotions, and actions, and comprehending their influence on emotional and behavioral reactions. This process promotes the growth of adaptive and beneficial behaviors and thoughts. As a result, teenagers who possess DBT skills are more capable of identifying their abilities and weaknesses, which promotes their personal growth and decreases the occurrence of issues.

Although perfectionism has become more common among teenagers in recent years, there is a shortage of therapeutic and educational strategies to tackle this problem. Since 2015, studies have highlighted the significance of integrating social-emotional learning models into educational programs. However, there has been a lack of sufficient planning and intervention. The ongoing research is groundbreaking in its exploration of the impact of DBT skills on negative perfectionism in adolescent girls with perfectionistic tendencies. This study provides a fresh outlook on tackling perfectionism during adolescence and emphasizes the possibilities for further research and solutions in this domain.

Methods

The research method of the present study is a single subject which was used in the A and B method. The baseline was done in 3 sessions and the intervention was done in 10 sessions. A number of subjects were identified according to the characteristics, purpose of the study and subjective subject of the researcher, then according to the willingness of the subjects to participate in the research, 3 teenagers were selected by non-random sampling method with initial interview and by the scores of Frost's perfectionism questionnaire were studied.

Exclusion criteria: lack of physical health and having a mental disorder, the absence of the subject in two consecutive sessions

Frost's Multidimensional Perfectionism Questionnaire

In this research, the Frost's Multidimensional Perfectionism Questionnaire, which was introduced by Frost et al. In 1990, was used, which includes six components; worry about mistakes; Doubt about actions; parental expectations; parental criticism; personal standards; Organization. Frost's multidimensional perfectionism scale includes 6 subscales and these six subscales are measured using 35 questions (Stöber, 1998). In scoring this questionnaire, the totally disagree option is to score 1; The option I disagree is 2, the option I have no opinion is 3, the option I agree is 4, and the option I completely agree is 5. In the Iranian version of this questionnaire, the internal consistency coefficient for the entire questionnaire is equal to 0.86 and for the subscales of worry about mistakes, doubt about the actions, parental expectations, parental criticism, personal criteria and organization equal to 0.85, 0.72 and 0.78 respectively. 0.47, 0.57 and 0.83 have been obtained (Bitaraf, 2011).

Description of treatment sessions:

In the therapeutic intervention phase, a therapeutic protocol of 10 sessions was held weekly for one hour that are shown in Table 1. In the sessions, prescribed therapy has been used, which is summarized in the table below. The therapist who conducted this intervention was the primary author of this essay, who possesses expertise in dialectical behavior therapy and is a master's student in clinical psychology. The entirety of the therapeutic procedure was carried out under the guidance of the second author, who acted as the faculty adviser. The therapeutic prescription used in this research is also adapted from the following sources ((Linehan, 2014; Linehan, 2018; McKay et al., 2019; Miller et al., 2006).

Table 1. Title of the Skills Implemented in Dialectical Behavior Therapy Sessions

The content of the meetings	Meetings
Acquaintance with skills, objectives of skill training (general, partial, personal), introduction to skill training, guidelines for skill training, presuppositions of skill training, examining the benefits and disadvantages of using skills.	Preliminary
Objectives of mindfulness, definitions of mindfulness, advantages and disadvantages of mindfulness, basic mindfulness skills, states of mind (rational, emotional, logical mind), rational mind practice, observation skills (observation), observation practice.	The first
Continuation of what skills (description and participation), description and participation, practice, how skills (non-judgment, unity of conscious mind and efficiency), how skills practice, mindfulness worksheet exercises.	The second
The goals of distress tolerance, the skill of how to survive in a crisis, the skill of stopping, the technique of profit and loss (based on critical desires), the skill of the hands and body, muscle relaxation.	The third
The technique of returning attention, self-soothing, improving the moment.	The fourth
Strategies for acceptance of reality, practice of pure acceptance, passion skill, eager smile and hands, mindfulness of current thoughts.	The fifth
The goals of emotion regulation, the effects of changing emotions, understanding and naming emotions, methods for describing emotions, a brief description of changing emotional responses (checking the facts, opposing action).	The sixth
Problem solving, brief description of reducing vulnerability to the emotional mind, the accumulation of positive emotions (short term), list of pleasant events, the accumulation of positive emotions (long term), list of values and priorities, reaching partial practical steps through Values.	The seventh

Objectives of Effectiveness, Barriers to Effective Communication, Myths Related to Effectiveness, Challenging Myths, Fundamental Interpersonal Effectiveness Skills.	The eighth
Determining goals in interpersonal situations, goal effectiveness skills, guidelines for effective communication (relationship maintenance), guidelines for maintaining self-respect.	The ninth
Evaluating the intensity options of asking or saying no, checking the factors of asking or saying no, identifying the problems of interpersonal efficiency skills, solving the problem of effective communication skills.	The tenth

Results

Subjects were selected based on the characteristics of the research and questionnaires, the first participant (Azin) a 16 years old, the second participant (Fariba) 16.5 years old, and the third participant (Bahareh) 18 years old were selected. Measurements were performed in 3 baselines in three consecutive weeks with the same time interval, then providing therapeutic intervention and taking the intervention line, after the third, seventh, tenth sessions and one month follow-up. Based on the raw data scores from 3 baselines and 3 intervention lines, the mean, median, and stability compartment were calculated and plotted on Figures 1, 2, and 3 for the first (Azin), second (Fariba) and third (Bahareh) participants respectively.

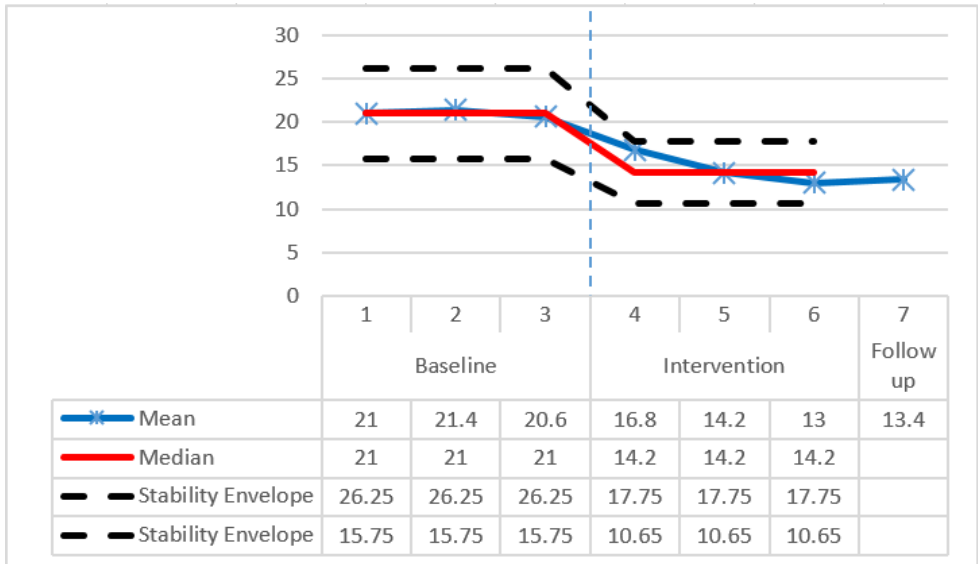


Figure 1. Effectiveness of baselines, intervention and follow-up of dialectical behavior therapy on the first participant (Azin)

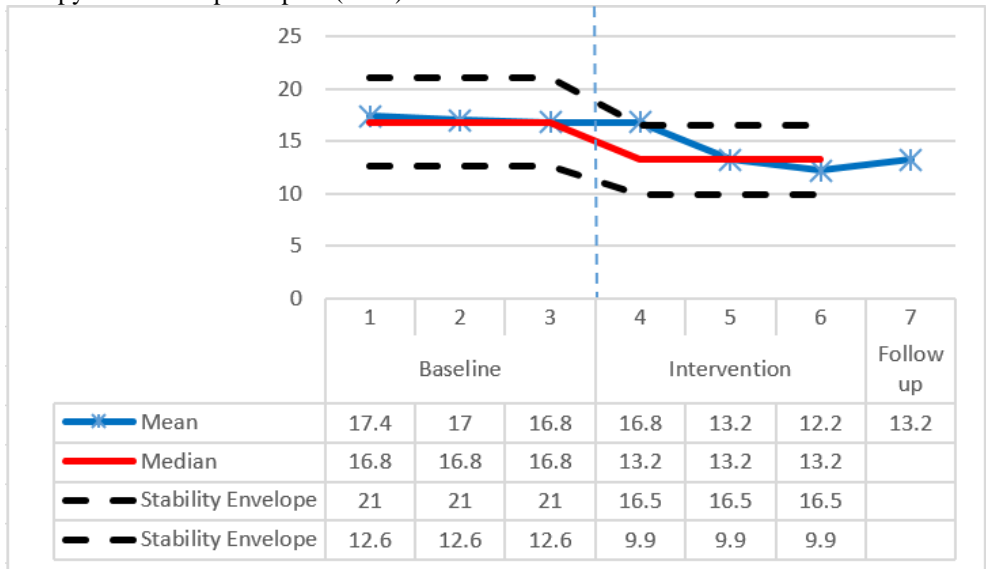


Figure 2. Effectiveness of baselines, intervention and follow-up of dialectical behavior therapy on the second participant (Fariba)

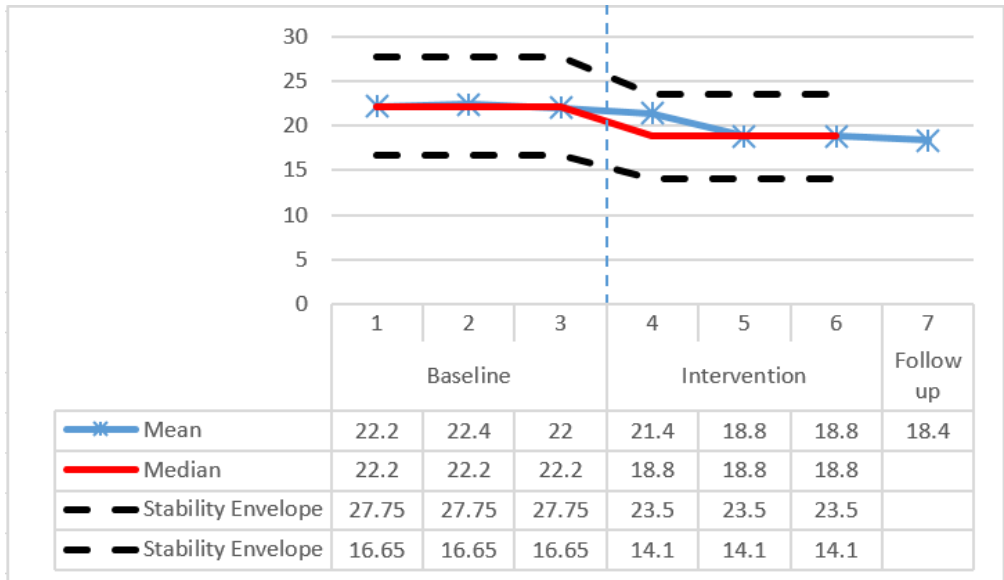


Figure 3. Effectiveness of baselines, intervention and follow-up of dialectical behavior therapy on the third participant (Bahareh)

The total findings of intra-situational and extra-situational levels are shown in Figure 4. As the results of Figure 4 show, the sum of inter-situational variables such as relative level change, median change, mean change, percentage of non-overlapping data and percentage of overlapping data have high scores in the participants. Therefore, it can be concluded that the effectiveness of dialectical behavior therapy on reducing negative perfectionism is much higher in Bahareh than in Azin, and it is higher in Azin than in Fariba. Regarding the absolute level change, the effectiveness of dialectical behavior therapy on reducing negative perfectionism is high in Bahareh and Azin. For Fariba, the absolute level change is zero; Therefore, it can be concluded that the change of the absolute level of the basic position of the intervention position for two participants (Azin, Bahareh) was in the direction of improvement, reduction of negative perfectionism, and it was unchanged for Fariba.

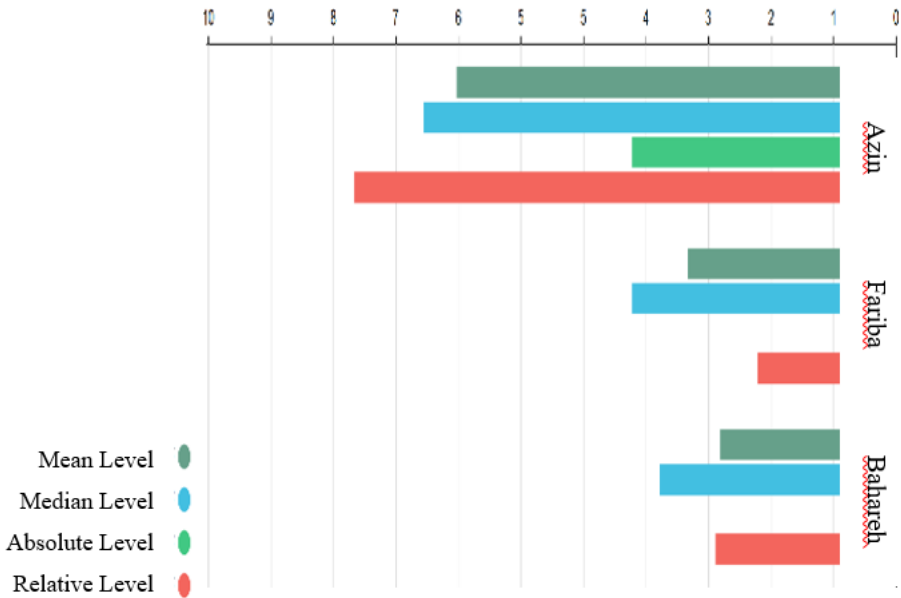


Figure 4. The conclusion by comparing the effectiveness of dialectical behavior therapy on the negative perfectionism of perfectionist girls

As can be deduced from Table 2, the PND index is 70% for Azin, 58% for Fariba and 74% for Bahareh. Therefore, the research hypothesis that dialectical behavior therapy intervention is effective in reducing negative perfectionism is confirmed and it can be claimed that; Dialectical behavior therapy has a significant effect on reducing negative perfectionism.

Table 2. Percentage of Overlapping and Non-Overlapping Data for Participants in Dialectical Behavior Therapy to Reduce Perfectionism

	<i>POD</i>	<i>PND</i>	Participants
27%	70%		Azin
21%	58%		Fariba
29%	74%		Bahareh

Discussion

The primary objective of this study was to investigate the effectiveness of Dialectical Behavior Therapy (DBT) in diminishing negative perfectionism among adolescents. The findings offer compelling evidence that supports the efficacy of DBT in this particular situation, hence highlighting significant implications for psychiatric therapies during adolescence.

The findings of our study are consistent with previous research indicating that DBT has the capacity to alter maladaptive behaviors and cognitive patterns (Alba et al., 2022; Wibbelink et al., 2022). The DBT approach, which focuses on mindfulness, distress tolerance, emotional regulation, and interpersonal effectiveness, seems well-suited for tackling the many aspects of perfectionism. The therapy's emphasis on achieving equilibrium between acceptance and transformation prepares teenagers with the ability to question perfectionist ideas, develop self-compassion, and adopt more effective coping methods.

The trait of perfectionism during adolescence can have both positive and negative consequences. Although it has the potential to inspire accomplishment, it frequently results in considerable psychological anguish when it takes a negative turn (Camp et al., 2022). Dialectical behavior therapy facilitates emotional self-regulation by deliberate concentration on the present moment, the capacity to confront emotions and challenging circumstances, as well as the acceptance and management of emotions (Kazemi, 2022). Dialectical behavior therapy has shown promising results in addressing emotional and social issues among teenagers. This program focuses on teaching skills related to emotional regulation, stress management, making healthy decisions, fostering understanding and acceptance, and enhancing self-efficacy (Martinez Jr et al., 2022). Various studies have reported the impact of dialectical behavior therapy on psychological factors such as anxiety, stress, depression, and problem-solving abilities. Additionally, this therapeutic approach can be tailored to align with natural behaviors and enhance the overall quality of life for adolescents (Turan & Akıncı, 2022). Dialectical behavioral therapy skills promote adaptability, enhance social confidence, and mitigate excessive self-restraint while modifying teenage behaviors (Baudinet et al., 2022).

This study clarifies the complex mechanisms by which Dialectical Behavior Therapy (DBT) addresses the cognitive biases and emotional dysregulation that are the root causes of negative perfectionism. DBT helps teenagers reframe their perfectionism tendencies and develop healthy self-evaluations by encouraging a non-judgmental awareness of their thoughts and feelings (Linehan, 2018). The therapy focuses on instructing individuals in essential abilities such as mindfulness, emotional regulation, distress tolerance, and interpersonal effectiveness. These skills are vital for treating the maladaptive cognitive patterns linked to perfectionism (Neacsu et al., 2010). Research has demonstrated that these abilities can decrease perfectionistic worries by enhancing emotional resilience and adaptive coping mechanisms (Riley et al., 2007). This study highlights the significance of tailoring DBT therapies to specifically target the distinct requirements of adolescent

females, taking into account the societal and cultural factors that have a disproportionate effect on them (Ritschel et al., 2015).

The present study offers considerable data which supports the efficacy of Dialectical Behavior Therapy in diminishing negative perfectionism among adolescents. The results highlight the multidimensional and adaptable nature of DBT as a therapy method, which may effectively meet the intricate psychological requirements of teenagers. The study enhances our overall comprehension of mental health among adolescents, emphasizing the significance of prompt intervention using Dialectical Behavior Therapy (DBT) to alleviate the hazards linked to negative perfectionism. The research adds to the increasing amount of evidence that supports the effectiveness of DBT in promoting mental health among adolescents. In addition to mitigating negative perfectionism, the techniques of Dialectical Behavior Therapy (DBT) play a crucial role in fostering psychological well-being, bolstering resilience, and averting the emergence of other mental health disorders such as anxiety and depression.

Conclusion

This research has numerous ramifications. Mental health providers should prioritize the integration of DBT strategies into therapy practices, particularly when working with adolescents. For educators and parents, the results indicate the significance of comprehending and using DBT principles to assist teenagers under their supervision. Furthermore, the study emphasizes the need for society to reassess the criteria and demands imposed on teenagers, promoting a more equitable and empathetic approach to accomplishment and prosperity.

Subsequent investigations should focus on extending of these discoveries by investigating the enduring effectiveness of Dialectical Behavior Therapy (DBT) in a wide range of adolescent populations and evaluating its influence on different psychological outcomes. The pursuit of comprehending and efficiently dealing with the intricacies of adolescent development persists, with DBT positioned as a crucial instrument in fostering healthier and more resilient prospects for young persons.

Although the findings show promise, the study is subject to several limitations. To improve the applicability of the results, future research should include increasing the sample size and diversifying the demographic characteristics of the participants. Longitudinal studies are necessary to evaluate the long-term effectiveness of DBT in lowering negative perfectionism and its potential to be maintained over time.

Disclosure Statements

The authors have no conflict of interests.

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