

Research Paper

## Efficacy of Dialectical Behavioural Therapy on Emotional Maturity and Psychological Well Being of Patients with Dissociative Disorders

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### ABSTRACT

The study aims to investigate the efficacy of Dialectical Behaviour Therapy on the emotional maturity and psychological wellbeing of patients diagnosed with dissociative disorders. The research involved evaluating the impact of eight sessions of Dialectical Behavioural Therapy on the emotional maturity and psychological wellbeing, in the context of dissociative patients. A pre- and post-test design was employed, with a sample of individuals diagnosed with dissociative disorders participating in the study, along with a control group. Measures of emotional maturity and psychological wellbeing were administered before and after the Dialectical Behavioural Therapy sessions to assess any changes. The findings of the study revealed a significant difference between pre- and post-test scores for both emotional maturity and psychological wellbeing among dissociative patients. The sessions of Dialectical Behavioural Therapy were found to have a positive impact on these variables, suggesting that Dialectical Behavioural Therapy is effective in improving emotional maturity and psychological wellbeing in individuals with dissociative disorders. These results highlight the potential benefits of incorporating Dialectical Behavioural Therapy as a therapeutic intervention for patients with dissociative disorders. Further research is recommended to explore the long-term effects and durability of these improvements, as well as to identify specific mechanisms through which Dialectical Behavioural Therapy influences emotional maturity and psychological wellbeing in this population.

**Keywords:** DBT, Dissociation, Emotional Maturity, Psychological Wellbeing

Dialectical Behavioural Therapy is based on cognitive-behavioral therapy (CBT), which emphasizes the role of thoughts and behaviors in the development and maintenance of psychological problems. The goal of this intervention was to create a "life worth living" for these individuals with Borderline Personality disorder, by helping them maintain their emotions and decrease suicidal behaviours. The initial goal of treatment was to give clients useful problem-solving techniques. However, the therapists were compelled to use treatment tactics that required clients to make extremely tough lifestyle changes because they were working with such a high-risk and complex population. Clients

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found this emphasis on problem-solving to be very invalidating. Clients frequently reacted hostilely by lash out, frequently at their therapist, or discontinue treatment completely. As a result, the focus of treatment drastically changed to include warmth and acceptance. Both clients and providers felt that this treatment fell short of what was necessary to address their issues still. Given the intricacy of the clients' issues, encouraging them to put up with upsetting events in order to concentrate on other therapy objectives was challenging, if not impossible. The anguish from the past was excruciating for many people, which led to dysfunctional behaviours. A new set of client aims was required, focusing on teaching radical acceptance of what each of us must accept, including our history, present, and realistic restrictions on the future, as well as the ability to bear suffering without impulsively or destructively diminishing it.

The basis of dialectical behaviour therapy is behaviourism, and behavioural therapies at the time it was established were primarily focused on altering unpleasant circumstances rather than temporarily accepting them. This resulted in a modification of traditional behavioural treatment. In this modification, the idea that opposing ideas can coexist as true truths is added, along with other dialectical principles (Linehan, 1993). It is emphasised by the dialectical method used in dialectical behaviour therapy that for treatment to be successful, both acceptance and change are required. In its current theoretical framework, dialectical theory, cognitive-behavioural theory, and mindfulness-based approaches make up the main three elements of dialectical behaviour therapy (Linehan, 2015). The foundation of dialectical behavioural therapy is on the ideas of cognitive-behavioural theory, which contends that our feelings, thoughts, and behaviours are intertwined and susceptible to influence. Similar to Cognitive Behavioural Therapy, Dialectical Behavioural Therapy involves therapists working with clients to help them recognise, confront, and replace unhelpful or maladaptive beliefs and behaviours with helpful and good ones. In addition to cognitive restructuring, Dialectical Behavioural Therapy also includes skills training components that are based on Cognitive Behavioural Therapy principles (Rizvi & Linehan, 2005). Clients in Dialectical Behavioural Therapy learn skills for emotional regulation, distress tolerance, interpersonal effectiveness, and mindfulness, which are all designed to help them manage their emotions and behaviours more effectively. The dialectical paradigm emphasises the significance of striking a balance between acceptance and transformation in the therapeutic partnership. This means that the therapist works to validate the client's experience and accept them as they are, while also encouraging and supporting their efforts to make positive changes in their lives. In emotional regulation, the dialectical theory emphasizes the importance of balancing acceptance of emotions with the need to regulate them. Clients in Dialectical Behavioral Therapy learn to accept and validate their emotions, even if they are difficult or distressing, while also developing skills to manage and regulate their emotions more effectively. In the treatment of Borderline Personality Disorder, the dialectical theory emphasizes the importance of balancing validation and change. Clients with Borderline Personality Disorder often have a history of invalidation and may struggle with self-validation. In Dialectical Behavioural Therapy, the therapist works to validate the client's experiences and emotions, while also encouraging them to make positive changes in their lives (Wenzel, 20019). Overall, the dialectical theory of Dialectical Behavioural Therapy emphasizes the importance of finding a balance between opposing forces in order to achieve therapeutic goals. By balancing acceptance and change, validation and change, and acceptance of emotions with emotional regulation, clients in Dialectical Behavioural Therapy can learn to create a more fulfilling and satisfying life for themselves. Aspects of mindfulness-based theory and practises, which emphasise being in the now and conscious of

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one's thoughts, emotions, and surroundings, are also incorporated into dialectical behaviour therapy. With the aid of mindfulness techniques, clients in dialectical behavioural therapy can better control their emotions and react to trying circumstances. The mindfulness strategy used in dialectical behaviour therapy includes a variety of methods and exercises. Clients learn to concentrate on their breath, watching each intake and expiration without distraction or judgement, similar to mindful breathing. Clients who practise mindful observation develop the ability to notice their thoughts, feelings, and experiences without retaliation or judgement. They can better understand their interior sensations as a result, and they are able to react to them more skilfully. Additionally, when clients are mindfully aware of the present moment, they are more likely to concentrate on it and less likely to think about the past or the future. They can then react to their experiences more effectively and adaptively as a result of developing a deeper awareness of and acceptance for their present circumstances. This eventually leads to mindful acceptance, which teaches clients to accept their ideas, feelings, and experiences without passing judgement on them. This helps them to develop greater self-compassion and self-acceptance, and to respond to their experiences in a more effective and adaptive way. Dialectical Behavioural Therapy also aims to help individuals develop skills for regulating emotions, managing distress, improving interpersonal relationships, and tolerating distressing situations. Mostly this therapy works with getting in touch with own emotions, tolerating stressors and working past them. It has been widely used with Borderline Personality Disorder and empirically comorbid conditions like Depression, Generalized Anxiety Disorder, Post Traumatic Stress Disorder and Substance Abuse. Since its development, DBT has evolved to include different treatment modalities, including individual therapy, group therapy, skills training, and phone coaching. It is now widely used in mental health settings and has become a well-established evidence-based treatment for a range of mental health issues.

Dissociation is defined as “an experienced loss of information or control over mental processes that, under normal circumstances, are available to conscious awareness, self-attribution, or control, in relation to the individual's age and cognitive development” (Cardeña & Carlson, 2011). This explanation covers either a lack of continuity in subjective experience, which can be positive (involuntary intrusions) or bad (gaps in consciousness, memory, or self-identification), or a feeling of experiencing disconnectedness (perceptual distortions towards the self or the environment). Mild dissociative experiences may even include common phenomena such as daydreaming while being oblivious to surroundings it incorporates absorption and imaginative involvement (Carlson & Putnam, 1993). Disruptions in the normally integrated functions of consciousness, such as memory, identity, and perceptions of the environment, can also be interpreted as examples of dissociation.

According to International Classification of Diseases- 10 Classification of Mental and Behavioural Disorders dissociative or conversion disorders are characterised by a partial or complete loss of adequate integration between past memories, awareness of identity, sensations and control of bodily movements. In these group of disorders it is presumed that the individual's ability to consciously control memories and body movements and sensations is impaired. The nature of this disorder is psychogenic as it is of emotional origin due to traumatic events, intolerable stress and problems and disturbed relationships. Figure 1 indicates the classification of Dissociative disorders based on the ICD-10.

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**Figure 1 Classification of Dissociative Disorders**

<b>Type of Disorder</b>	<b>Description</b>
Dissociative amnesia	Partial or complete loss of memory for recent events that are predominantly of a traumatic or stressful nature.
Dissociative fugue	Along with amnesia there is purposeful wandering away from home or place of work during which self-care is maintained.
Dissociative stupor	Stupor following a traumatic event with an absence of physical or any other psychiatric disorder that might explain it.
Trance and possession disorders	Temporary loss of the sense of personal identity and complete awareness of the environment; occasionally the individual acts as if possessed, changed voice is prominent.
Dissociative disorders of movement and sensation	Loss of or interference with movements and sensations.
Dissociative motor disorders	Loss of ability to move the whole or a part of a limb or limbs
Dissociative convulsions	Pseudo Seizures
Dissociative anaesthesia and sensory loss	Loss of sensation over the skin or loss of functioning of other special senses
Mixed Dissociative (Conversion) Disorders Others	

The term emotions refer to feelings and its distinctive thoughts, psychological and biological states and range of propensities to act (Goleman, 1995). Emotional maturity, often referred to as emotional intelligence, is the capacity to comprehend, regulate, and respond to one's own emotions as well as those of others. Emotionally mature people are better able to control their emotions, deal with challenging circumstances, and uphold healthy relationships, which can assist to stifle the harmful effects of stress and adversity. In interpersonal connections, emotional maturity is particularly crucial because it helps people communicate clearly, handle disputes, and develop empathy and compassion for others. People with emotional maturity are more likely to have fulfilling relationships and receive more social support, which can help them feel like they belong and are contributing to society. In the realm of work and career, emotional maturity has been linked to greater job satisfaction, higher levels of engagement, and greater success in leadership roles. Individuals who possess emotional maturity are better able to navigate challenging work situations,

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collaborate effectively with colleagues, and maintain a positive outlook in the face of setbacks and challenges. At whatever level, the idea of mature emotional behaviour is a reflection of emotional growth. Harmonizing the mind and intellect with the outside world leads to a person's growth of emotional maturity. Emotional maturity is a quality response to a situation that involves separating oneself from the demands and of both good and negative emotions. A person who has a well-controlled emotional life is considered to be emotionally mature. A person who has reached emotional maturity sees things clearly and without any distortions. It involves comprehending the facts. An emotionally mature individual can always find a way out of any situation. The ability to regulate and control one's own emotions, as well as the ability to assess the emotional states of others and influence their viewpoints, are all predicted by one's level of emotional maturity. The most obvious sign of emotional maturity is the capacity to react to situations thoughtfully and appropriately while maintaining emotional stability and control even under the most demanding conditions. People who are emotionally mature typically feel more at ease around themselves and find that activities that involve other people are more pleasurable and orderly than activities that do not involve other people (Dangwal, 2016).

In the current context the most prominent model defining psychological wellbeing is given by Ryff, which enlists six basic components of Psychological well-being like self-acceptance, an individual's sense of self-acceptance is the most consistent indicator of wellbeing that is shown in the earlier viewpoints. This is seen as a crucial aspect of mental health in addition to being a trait of self-actualization, ideal performance, and maturity. According to life span theories, it's important to embrace oneself and one's former lives. As a result, having good thoughts about oneself emerges as a key aspect of positive psychological functioning. Another aspect is, environmental mastery which includes the person's capacity to select or create situations that are appropriate for their psychic circumstances. A requirement for life span development is the capacity to alter and govern complicated settings. These ideas place a strong emphasis on an individual's capacity to develop socially and artistically through their actions. Dissociative patients, tend to detach from their environment and this hinders their growth. Autonomy is also a component of Psychological well-being, a sense of trust in own self and an ability to grow and actualize. Personal Growth is also an associated component related to autonomy and self-acceptance, if these two are present personal growth occurs. Positive social relations, a lot of the theories that came before this one stress the value of friendly, trustworthy interpersonal relationships. It is widely believed that a key element of mental health is the capacity for love. In notions of psychological wellness, the significance of having good relationships with others is often emphasised. Lastly an important aspect of psychological well-being is a life purpose, or a goal or sense of achievement which plays an important role in gaining integrity with self. Pertinent to psychotherapy, well-being incorporates vulnerability to psychological dysfunction, recovery from psychological disorders (resilience), and the need to expand quality of life.

A lot of work has been done in the context of dialectical behavioural therapy, the study conducted by Linehan in 1993 showed a longitudinal process of conducting and at the same time developing the process of DBT, specifically with Borderline personality disorder. It highlighted how DBT module, can help in creating, acceptance of certain truths of life rather than avoiding it and skills to tolerate stressors rather than completely always aiming to overcoming it, it highlighted the need for emotional management for a healthy coping. It focused on effectively dealing with problems, rather than trying to completely fix it. After

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this new intervention was proposed, following it, this model has been replicated by many researchers, to check its effectiveness on other comorbidities as well. Geerling et al., in 2020 conducted a systematic review and meta-analysis on positive psychotherapies and its effectiveness on serious mental illness. It was found that a significantly moderate pre-post intervention effect was found on the well-being and the overall pathology. This study also highlighted, how many positive psychotherapies have been borrowing skills from DBT and how this has helped many patients with serious illness. The core areas that DBT skills training impacted, were minimizing the effects of certain stressors, reducing impulsive behaviours, it also helped the patients being more expressive and in touch with their emotions. This indicates that DBT is not only strictly caters to the purpose it was initiated for but also has been proven to be impactful on other aspects of mental disorders. Another study, conducted by Pasciency and Connor in 2011, also supported these findings. They studied the effectiveness of DBT as a routine OPD treatment modality for on patients with Generalised Anxiety Disorder, Borderline Personality Disorder and Severe Depression. The study showed that, DBT as a regular therapeutic modality, for a period of 3-6 months showed that after about few months of treatment the patients showcased a great reductions in suicidal and non-suicidal self-injury, emergency visits to the psychiatric department, and decreased admissions to the in-patient department. There was also a significant decrease in severity of depressive and anxiety symptoms as well, and self-destructive behaviours were also seen to become more manageable. This study highlighted that it is possible to provide clinically effective DBT with minimal modifications in a routine clinical setting to diverse, diagnostically complex patients thereby validating the effectiveness of DBT empirically. This empirical data and many more other studies thereby establish that DBT has been used in a wide scenarios. But one gap that has been existing is that of DBT in the context of Dissociative disorders, the treatment of dissociation has not been empirically established completely particularly in lieu of Dissociation. A study conducted by Kliendenist et al., in 2016, studied dissociation as a complex form of defence among patients with borderline personality disorder, DBT has proven to show effect in these dissociative symptoms for the said patients. In a study conducted by Beringer et al. in 2000, studied the efficacy of DBT on patients with borderline personality disorder (BPD) and co-occurring substance use disorders. The study discovered that DBT helped those with BPD and substance use disorders by lowering their dissociative symptoms. Another study by Kou et al. conducted in 2015 looked at the viability and efficiency of a brief DBT skills intervention for female patients with pathological dissociation and borderline personality disorder in an acute psychiatric environment. The DBT skills intervention was found to be practicable, acceptable, and to be linked to a decrease in dissociative symptoms. One study conducted by, Foote in 2016 tried to replicate the DBT module on one patient with Dissociative Identity Disorder and did a case study on that patient, the findings of this study indicated that there was a significant improvement of emotional management of the patient and also a reduction in self-harming behaviours. Subramanyam in 2020, conducted a study where he reviewed the various prevalent therapeutic modalities practiced globally on patients with Dissociation, it was found that predominantly psychoeducation has been used in many cases and creating awareness about the source of the problem, further treatment is mostly given to other associated symptoms related to the disorder in the form of CBT and Behavioural modification. But there has been no established therapeutic module for Dissociation established, most therapists use an eclectic approach based on individual manifestation of symptoms. There is lack of empirical work done on a generalised approach which focuses on coping and regulation of emotions for dissociation and hence there is a need to emphasise this. Emotional regulation is an integral part of DBT, at the same time emotional

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dysregulation also serves as a cause for dissociation in many cases. This variable becomes important in two ways, first to study it in relation to dissociation as emotional regulation will be present in an emotionally mature individual, secondly it being one of the core features of DBT will help to actually assess if it will work with the chosen population or not. Similarly, psychological well-being is a variable that has been studied since a very long time. It is a variable that signifies integrity between cognitive, emotional and behavioural components of functioning within an individual. In a study, Linehan et al., conducted in 2006 examined the efficacy of Dialectical Behavioural Therapy and expert treatment for people with suicidal tendencies and borderline personality disorder. The study discovered that Dialectical Behavioural Therapy was more efficient than expert treatment at lowering suicidal behaviours and enhancing emotional control, which raises the possibility that Dialectical Behavioural Therapy is also successful at enhancing emotional maturity. Emotional maturity can also be linked to dissociative symptoms. According to a study by Foote in 2008, people with dissociative disorders, especially those who have experienced childhood trauma, may not be as emotionally mature as people without these symptoms. Particularly, people who have dissociative disorders may have trouble controlling their emotions, their impulses, and their interpersonal interactions. In a study by Ross conducted in 2007, he writes about the condition known as dissociative identity disorder, which is characterised by the coexistence of two or more separate personalities or identities, is discussed in this book. People with Dissociative Identity Disorder may have trouble controlling their emotions and may feel intense emotions, especially in response to triggers connected to traumatic memories. Increasing emotional maturity and learning coping mechanisms that will help to control these strong feelings should hence become a frequent components of its treatment. In another study conducted by Brown in 2012 on female inmates, where the correlation of childhood trauma and emotional maturity was studied. According to this study, female inmates who had experienced childhood trauma and had dissociative symptoms exhibited lower levels of emotional maturity than those who did not. People who experience dissociative symptoms may have difficulties controlling their emotions, being aware of who they are, and forming relationships with others. Although there is not a clear etiology for dissociative disorders established yet, but the most researched factor associated with Dissociation is trauma, hence this study helps us create this connection. On contrary a study conducted by Richard in 2018, tried to understand the aetiology of dissociation, the most popular approach used to understand dissociation since a very long time is through the post traumatic model, but this study found out it only accounts for 3% of the causal factor in most of the cases. Many other factors are also at work like learning certain behaviours from family members, maternal emotional regulation has been shown to have an impact on the children, it indicates that certain stress management techniques have been learned and this faulty learning can also be a part of Dissociation. A study by Ann and Anne conducted in 2006 showed that, parenting styles and parental stress tolerance has an impact on children acquiring dissociative tendencies, the following study also highlighted how maternal trauma can create traumatic responses in the children as well. These studies are suggestive that, it is not always a trauma based model of dissociation, but other models are also present, like the socio cultural or cognitive models. Incorporating all these findings, it can be said that there not a particular designated therapy for dissociative patients and very low empirical evidence related to the association between Dialectical Behavioural Therapy and Dissociation, further studies have indicated that emotional regulation is highly disrupted in patients with dissociation and overall well-being is also decreased. Diener in 2006, in her study titled, 'Revising the Adaptation Theory of Well Being' stated that, a critical component of sustaining long-term happiness and wellbeing is emotional maturity. People with emotional

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maturity are better able to handle difficult circumstances, deal with stress, and feel good emotions. In a study by Kafetsios and Sideridis conducted in 2006, the aim was to understand how teachers' perceived social support and emotional intelligence affected their ability to cope with stress. In order to assess the emotional intelligence, perceived social support, and growth due to stress of 205 instructors, the authors conducted a survey. It was discovered that teachers' stress-related growth was significantly predicted by both emotional intelligence and perceived social support. Teachers who scored higher on emotional intelligence and perceived social support in particular reported higher levels of stress-related growth, which is defined as beneficial personal changes brought on by handling stressful situations. This is proof that emotional intelligence aids in encouraging healthy personal development.

The authors also suggest using interventions aimed at promoting emotional intelligence and social support may be beneficial in promoting resilience and personal growth among individuals who experience high levels of stress. Another study conducted by Wong in 2011, on the positive review of a balanced life. This study reveals that the "good life," which is defined by significance, involvement, and meaningful connections, includes emotional maturity as a critical element. A more optimistic attitude on life, rewarding relationships, and the pursuit of important goals are all made possible by emotional maturity. Further, there is already established empirical evidence about the impact of Dialectical Behavioural Therapy on emotional regulation, evidence also suggests its impact on increasing quality of life, more in a psychological aspect of well-being. Lynch in 2003, studied the impact of using dialectical behavioural therapy on depressed older adults. This study looked at how well DBT treated older persons with depression in terms of quality of life. In comparison to those who got standard care, the results showed that those who underwent DBT saw significant improvements in depression symptoms, quality of life, and overall functioning. Rizvi, Dimeff and Linehan in 2008, studied the impact of Dialectical Behavioural Therapy on personality disorders. Their study stresses on a general introduction of Dialectical Behavioural Therapy as a personality disorder treatment, following which it helps patients with these disorders live better lives. According to the authors, Dialectical Behavioural Therapy focuses on particular areas of impairment, such as emotion regulation, interpersonal connections, and self-image, to assist people with personality disorders experience more stability and fulfilment in their lives. Overall, these studies indicate that DBT may be a useful therapy for people with a variety of psychiatric problems, such as borderline personality disorder, depression, and posttraumatic stress disorder, in order to enhance their quality of life. The focus of DBT on enhancing coping abilities, emotional control, and interpersonal efficacy can result in a person's life being more stable and fulfilling in a variety of ways. The current study aimed to study the Efficacy of Dialectical Behavioural Therapy on the Emotional Maturity and Quality of Life of Dissociative patients. It has been established that Dialectical Behavioural Therapy enhances emotional regulation and thereby enhancing the quality of life as a balanced emotional state impacts many aspects of life, like work, relationships, appraisal of various situations and so on. In dissociation, one of the disturbed areas of functioning is emotional expression and management, hence it will be a good indicator to judge progress of a dissociative patient. Learning emotional regulation skills and being able to utilise them in their day to day lives the patient's other aspects of life will also be impacted. Conceptually, cognitive model of dissociation binds all the mentioned variables together. The cognitive model of dissociation given by Beck states that dissociation is a response to trauma results that has been conditioned through associative learning. According to the cognitive model of dissociation, dissociation happens when a



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person's capacity to integrate new information is interfered with, resulting in a fragmented view of reality. This model suggests that dissociation is a type of maladaptive coping where the person tries to run away from unpleasant or overwhelming situations. Hence, stimuli that was previously innocent, gradually becomes labelled or associated to be threatening. Trauma history also leads to a learning that causes alterations in brain structures, these alterations again can lead to conditioned responding to similar or real threat or even perceived threat. Hence similar stimuli can trigger a threat response at any time in the future, these responses are learned responses, what Beck calls as dissociation. These conditioned responses reduce awareness and adequate perception of the actual situation and prevent new learning thereby reducing adaptability and functioning of the individual. Dissociation is a response to automatic pairing or association with threatening stimulus or certain stimulus features which results in failure in integration of incoming information, hence detachment takes place where certain stimuli or events are encoded as 'traumatic' rather than 'normal' in the memory storage, giving rise to what is known as compartmentalization. The theoretical framework of the following research also draws from Beck's Cognitive Model of Dissociation. This model can be applied to many mental conditions. As mentioned above, the following pictorial representation of Beck's Cognitive Model, stresses dissociation as a response to trauma results in classical conditioning or paired associate learning of previously innocent stimuli become labelled conditioned as threatening. These stimuli can trigger an inappropriate threat response at any time in the future that is, dissociation then re-occurs as a learned or conditioned response.

Dissociation prevents exposure to the emotion of fear and so prevents learning that there is now no need to be afraid, thus maintaining mental health problems. Dissociation is seen as a response to automatic association with threatening stimulus features which results in failure to further integrate incoming information i.e. Detachment and encoded as 'traumatic' rather than 'normal' memory storage leading to compartmentalization.

The cognitive model of dissociation might be related to dialectical behaviour therapy, which offers a variety of skills and practises targeted at enhancing emotional control and developing mindfulness. Instead of ignoring or dissociating from troubling emotions, Dialectical Behavioural Therapy teaches users how to recognise and manage them. People can grow more self-aware and have a more comprehensive perception of reality by learning to stay in the present. Additionally, Dialectical Behavioural Therapy emphasises the value of validating and accepting the person's experience rather than discounting or invalidating their feelings. This method may assist to lessen the sense of separation and fragmentation that frequently accompany dissociation. Therefore, rather than just treating the symptoms, the cognitive model of dissociation emphasises the significance of addressing the underlying emotional and cognitive processes that contribute to dissociation. Dialectical Behavioural Therapy's emphasis on emotional control, mindfulness, and validation can assist people in achieving a more comprehensive sense of self and lowering their propensity for dissociation.

### **METHODOLOGY**

#### *Aim of the Study*

The following study aims to study the efficacy of dialectical behavioural therapy on patients diagnosed with dissociative disorders. To achieve this it uses, emotional maturity and psychological wellbeing as variables and predictors to assess whether there is any actual change in the patient or not.

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### ***Objectives***

- To ascertain the effectiveness of DBT based therapeutic intervention on patients diagnosed with dissociative disorders.
- To assess the change in emotional maturity and psychological wellbeing, pre and post intervention given to dissociative patients.

### ***Hypothesis***

There will be no significant difference between pre and post intervention on emotional maturity and psychological well-being.

### ***Sample***

The population targeted in the proposed study are adults within the age range of 18-40 diagnosed with Dissociative disorders. The technique implemented for sampling was Purposive, as the sample includes only patients with dissociation, as they are relevant to the proposed study. Purposive sampling has the benefit of enabling researchers to choose participants who are most likely to supply the data required for the study. Additionally, it may result in a more homogeneous sample, enabling a deeper examination of the research issue or phenomenon in question. The total sample, was 12 individuals, who consented to be part of a 12 hour intervention of DBT spread over 8 sessions.

### ***Tools used***

#### **Ryff's Psychological Wellbeing Scale (Ryff et al., 2007)**

Ryff's Psychological Wellbeing Scale (PWB), was created in the 1980s by Carol Ryff, the scale's components are consistent with Ryff's theoretical framework, which places a strong emphasis on the value of relationships, self-realization, and personal development as factors that contribute to overall wellbeing. The scale has been utilised in numerous research investigations and has been determined to have high reliability and validity. The scale has a test retest reliability coefficient is .82. It has been applied to research the connections between psychological well-being and a variety of other factors, such as physical health, social support, and personality qualities. The scale has also been utilised in cross-cultural research, with modifications made to ensure its usability in various cultural contexts. This scale also helps to assess different dimensions of psychological wellbeing and to identify areas of strength and potential areas for growth in individuals.

In the context of this research, it will be used to test the level of psychological wellbeing in patients diagnosed with dissociative disorders and further to assess the pre and post intervention change in psychological wellbeing. The scale has 42 items, rated on a six point scale. It measures psychological wellbeing by incorporating six different factors namely; autonomy, environmental mastery, personal growth, purpose in life, positive relations and self-acceptance.

#### **Emotional Maturity Scale (Bhargava & Singh, 1991)**

The Emotional Maturity Scale (EMS) was developed by Bhargava and Singh in 1991 as a tool to measure emotional maturity. The conception of emotional maturity as a construct that includes emotional stability, positive interpersonal relationships, responsible behaviour, and a flexible and adaptive reaction to life challenges served as the foundation for the development of the EMS. The scale was designed to evaluate emotional maturity in the Indian cultural setting, where it is thought that the construct is particularly important to both societal and individual well-being. Since its creation, the EMS has been widely used in India

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and other nations as a test of emotional maturity. Its high internal consistency, test-retest reliability, and construct validity have all been proven to have good psychometric features. The test retest reliability coefficient is .75.

In the context of the research, this test will be used to test the level of emotional maturity present in patients diagnosed with dissociative disorders, and to assess pre and post intervention change in psychological well-being. The scale has 48 items, rated on a 5 point Likert scale. It measures emotional maturity by incorporating five different aspects of it namely; emotional stability, emotional progression, social adjustment, personality integration and independence.

**RESULTS**

The following study comprised of 12 participants, who were diagnosed with Dissociative disorders by a psychiatric professional. The 12 participants took part in a 12 hour DBT based intervention, spread over 8 sessions. Table 1, indicates the demographic details of the participants.

**Table 1 Sample Demographics- Frequency Distribution**

Experimental Group												
Age	Sex	Education Qualification		Occupation		Marital Status		Economic Status		Family Type		
Mean 27	Male	01	Senior	04	Employed	03	Married	09	High	00	Nuclear	06
	Female	11	Secondary	07	Unemployed	09	Unmarried	03	Middle	02	Joint	06
			Graduate	01					Low	10		
			Postgraduate									

In the following study, Related Sample-Wilcoxon Signed Rank Test is used, it is a nonparametric statistical test used to determine if there is a significant difference between two related or dependent samples. In the study it is used to check for significant difference between pre and post intervention performance of the participants. The test checks the differences between the paired observations by distributing the values into ranks. Once the ranks are determined, the test statistic (W) is calculated. To determine the statistical significance of the test statistic, the p-value is calculated. If the p-value is less than the chosen significance level ( $\alpha = 0.05$ ), the null hypothesis is rejected and it is concluded that there is a significant difference. On the Emotional Maturity variable, the attained p value is 0.003, which is smaller than the significance level as indicated in Table 2, this indicates that the null hypothesis is rejected and there is a significant difference between pre and post intervention performance on Emotional Maturity.

**Table 2 Emotional Maturity Pre/Post Significance**

Variable Pre/Post	Significant Value p	Significance level
Emotional Maturity	.003	0.05

\*  $p < \text{significance level } 0.05$

Similarly on the Psychological Wellbeing scale, the attained p value is .002, which is smaller than the significance level as indicated in Table 3. This indicates that the null hypothesis is rejected and there is a significant difference between pre and post intervention performance on Psychological Wellbeing.

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**Table 3 Psychological Wellbeing Pre/Post Significance**

<b>Variable Pre/Post</b>	<b>Significant Value p</b>	<b>Significance level</b>
Psychological Wellbeing	.002	0.05 (2-tailed)

**\* p < significance level 0.05**

Further the subscales of both the tools are also compared on their pre and post-performance. On the Emotional Maturity scale, there is a significant pre/post intervention difference on two subscales, Emotional Stability and Social Adjustment, as indicated in Table 4. The p values attained are, 0.003 and 0.002 respectively, both these values are smaller than the significance level.

**Table 4 Emotional Maturity Subscale Pre/Post Significance**

<b>Variable Pre/Post</b>	<b>Subscales</b>	<b>W Value</b>	<b>P Value</b>	<b>Significance level</b>
Emotional Maturity Subscales	Emotional Stability	-2.950	0.003	0.05 (2-tailed)
	Emotional Progression	-0.365	0.715	0.05 (2-tailed)
	Social Adjustment	-1.404	0.002	0.05 (2-tailed)
	Personality Integration	-2.214	0.27	0.05 (2-tailed)
	Independence	-1.606	0.108	0.05 (2-tailed)

**\* p < significance level 0.05**

On the Psychological Wellbeing scale, there is a significant difference pre/post intervention on the Autonomy subscale, with a p value of 0.004. On the Environmental Mastery subscale, the attained p value is 0.003 which is smaller than the significance level of 0.005, indicating the null hypothesis is rejected and there is a significant difference pre and post intervention on this subscale. On the Personal Growth subscale, the p value is 0.05, this indicates the null hypothesis is rejected and there is a significant difference between pre and post intervention performance. The p value of Positive Relations subscale is 0.003, indicating that there is significant difference. The last subscale of Self-Acceptance, attained a p value of 0.004 which is smaller than the significance level of 0.05, thereby rejecting the null hypothesis and establishing a significant difference between pre and post intervention on this subscale as indicated in Table 5.

**Table 5 Psychological Wellbeing Subscale Pre/Post Significance**

<b>Variable Pre/Post</b>	<b>Subscales</b>	<b>W Value</b>	<b>P Value</b>	<b>Significance level</b>
Psychological Wellbeing Subscales	Autonomy	-2.842	.0004	0.05 (2-tailed)
	Environmental Mastery	-2.971	0.003	0.05 (2-tailed)
	Personal Growth	-2.820	0.005	0.05 (2-tailed)
	Positive Relations	-2.949	0.003	0.05 (2-tailed)
	Purpose of Life	-1.857	0.063	0.05 (2-tailed)
	Self-Acceptance	-2.848	0.004	0.05 (2-tailed)

**\* p < significance level 0.05**

**DISCUSSION**

Dissociative disorders encompass a range of mental health conditions characterized by disruptions in consciousness, memory, emotions and identity. Individuals with dissociative

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disorders often experience difficulties in emotional regulation, interpersonal relationships, and overall psychological wellbeing. Dialectical Behaviour Therapy has emerged as a promising treatment approach for individuals with dissociative disorders, focusing on enhancing emotional regulation skills and improving overall psychological functioning. This research aimed to examine the efficacy of DBT on the emotional maturity and psychological wellbeing of dissociative patients. Emotional maturity plays a crucial role in an individual's ability to understand, regulate, and express emotions effectively. For individuals with dissociative disorders, who often struggle with emotional dysregulation and impulsivity, improving emotional maturity can be a pivotal factor in their overall recovery and quality of life. Psychological wellbeing encompasses various aspects of an individual's mental state, including their level of distress, satisfaction with life, and overall functioning. Understanding the impact of DBT on both emotional maturity and psychological wellbeing will provide valuable insights into the effectiveness of this treatment approach for dissociative patients.

By examining the effect of DBT on emotional maturity and psychological wellbeing in dissociative patients, this study aims to contribute to the existing literature on the treatment of dissociative disorders. The findings of this research have the potential to inform clinical practice and enhance therapeutic interventions for individuals with dissociative disorders, ultimately promoting their emotional development, psychological wellbeing, and overall recovery. The results, indicate that, Dialectical Behavioural therapy does have an impact on emotional maturity and psychological wellbeing of patients diagnosed with Dissociative disorders. Further, the results indicated and enhancement in emotional stability, which refers to an individual's ability to maintain a consistent and balanced emotional state, demonstrating resilience and adaptability in the face of stress, challenges, and daily life events. It is characterized by a sense of calmness, self-control, and the ability to manage and regulate one's emotions effectively, this become. There is also significant impact on social adjustment, disturbed social relationship are one of the key diagnostic factors of dissociative disorders, better social adjustment post intervention indicates, an enhanced ability to adapt and function effectively within social environments, such as family, friendships, work, and broader social settings. It involves developing and maintaining positive relationships, acquiring social skills, and adhering to social norms and expectations. Social adjustment encompasses various aspects, including interpersonal communication, cooperation, empathy, conflict resolution, and the ability to navigate social interactions successfully. The results also indicate a significant change in psychological wellbeing, of patients diagnosed with dissociative disorders post a DBT intervention. The results indicated a change in autonomy, enhancing the extent to which individuals feel a sense of independence, self-determination, and the ability to make choices and decisions that align with their values and preferences. It involves feeling in control of one's own life and actions, rather than being overly influenced or controlled by external forces or expectations. There is a significant change in environmental mastery, indicating a change in the individual's perceived ability to effectively manage and adapt to the demands and challenges of their environment. It involves having a sense of competence and control over one's surroundings, being able to meet daily life tasks and responsibilities, and effectively handling life stressors, this factor is important in the context of dissociative patients, as they sometimes not able to meet demands of daily life effectively. There is also significant change in personal growth indicating an increased desire for self-improvement, the pursuit of new experiences and challenges, and the ability to learn and grow from life events. Personal growth is linked to a sense of fulfilment and a belief in one's own potential for personal development. Positive

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relations with others also show significant difference, indicating a better ability to form meaningful and satisfying relationships with family, friends, romantic partners, and other social groups. It includes the ability to form and maintain close, supportive, and mutually beneficial relationships. Lastly, the DBT intervention has also shown significant impact on self-acceptance indicating a more accepting attitude towards oneself and recognizing and embracing one's strengths and weaknesses, accepting oneself for who they are, and having a sense of self-worth and self-respect.

The reviewed literature consistently demonstrates the positive impact of better emotional maturity and psychological wellbeing on patients with dissociative disorders, better emotional maturity will impact the emotional regulation and symptom management, of patients diagnosed with dissociative disorders. Improved emotional regulation allows patients to cope with distressing emotions, reduce dissociative episodes, and enhance overall psychological functioning. In a study conducted by Subramanyam et al. in 2020 focuses on psychological interventions for dissociative disorders. The study identifies that better psychological wellbeing has been associated with increased treatment engagement and adherence among patients with dissociative disorders. Individuals with higher levels of psychological wellbeing are more motivated to participate in therapy, actively engage in treatment goals, and follow therapeutic interventions, leading to more favourable treatment outcomes. Better emotional maturity and psychological wellbeing positively influence patients' overall quality of life and functional outcomes. In a study, by Nestor et al. in 2022, indicated a significant positive relationship between emotion dysregulation and non-suicidal self-injury and isolation among individuals with dissociative disorders. This suggests that individuals who experienced higher levels of emotion dysregulation were more likely to engage in such behaviours. The research highlights the importance of addressing emotion dysregulation and dissociation in the assessment and treatment of individuals with dissociative disorders. The findings suggest that interventions targeting emotion regulation skills for addressing dissociative symptoms may be beneficial in reducing certain behaviours in this population. Higher levels of psychological wellbeing are associated with improved social functioning, better interpersonal relationships, increased life satisfaction, and a greater sense of overall wellbeing. Patients with better emotional maturity and psychological wellbeing demonstrate higher levels of resilience and effective coping strategies. They are more resilient in the face of stress, better equipped to manage triggers, and show greater adaptive capacity to navigate daily life challenges associated with dissociative disorders. In a study, conducted by Sikand et al. in 2019 on cognitive styles of dissociative patients found that individuals with a more adaptive cognitive style, characterized by flexibility and positive problem-solving approaches, exhibited higher levels of resilience. In contrast, those with a maladaptive cognitive style, characterized by rigidity and negative problem-solving approaches, showed lower levels of resilience. Skills taught in DBT, like distress tolerance and emotional regulation and concepts like “Wise Mind” aim to create a more adaptive functioning thereby increasing resilience and better psychological wellbeing.

### **CONCLUSION**

The following study aimed to, examine the efficacy of Dialectical Behavioural therapy on the Emotional Maturity and Psychological Wellbeing of Dissociative patients. Dialectical Behavioral Therapy (DBT) is an evidence-based psychotherapy approach developed initially to treat individuals with borderline personality disorder but has since been adapted for various other mental health conditions. DBT integrates elements of cognitive-behavioural therapy with concepts from dialectics and mindfulness. DBT focuses on helping individuals

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develop skills to manage intense emotions, improve interpersonal relationships, tolerate distress, and regulate behaviours effectively. Dissociative or Conversion Disorders are characterised by a partial or complete loss of adequate integration between past memories, awareness of identity, sensations and control of bodily movements. In these group of disorders it is presumed that the individual's ability to consciously control memories and body movements and sensations is impaired. The nature of this disorder is psychogenic as it is of emotional origin due to traumatic events, intolerable stress and problems and disturbed relationships. Emotional maturity, often referred to as emotional intelligence, is the capacity to comprehend, regulate, and respond to one's own emotions as well as those of others. Whereas, psychological wellbeing encompasses various aspects of an individual's mental state, including their level of distress, satisfaction with life, and overall functioning. All these variables were theoretically linked via the Cognitive model of dissociation. The study indicated that Dissociative patients show marked disturbance in emotional maturity and psychological wellbeing and a DBT intervention given to these patients showed significant pre and post difference on these variables, thereby enhancing their emotional maturity and psychological wellbeing. By examining the effect of DBT on emotional maturity and psychological wellbeing in dissociative patients, this study aims to contribute to the existing literature on the treatment of dissociative disorders. The findings of this research have the potential to inform clinical practice and enhance therapeutic interventions for individuals with dissociative disorders, ultimately promoting their emotional development, psychological wellbeing, and overall recovery.

### ***Future Implications***

The present study establishes, the efficacy of DBT on the emotional maturity and psychological wellbeing of patients diagnosed with Dissociative disorders. Dissociation can be of various types and manifest in varied ways, hence there is a need to establish the efficacy of DBT with other important factors associated with Dissociative disorders and experiences. Positive findings from the research can motivate further research in the area of DBT and dissociative disorders. This can contribute to the growing body of evidence and knowledge in the field, ultimately benefiting dissociative patients. Further the findings of the research may contribute to establishing Dialectical Behaviour Therapy as an effective intervention for individuals with dissociative disorders. It can provide evidence to support the use of DBT in clinical practice, encouraging mental health professionals to consider this approach when working with dissociative patients and actively work on updating the literature on the same. The research demonstrates positive outcomes of DBT on emotional maturity and psychological wellbeing, which can potentially lead to improved treatment outcomes for dissociative patients. The results highlight the specific benefits of DBT in addressing emotional dysregulation, improving coping skills, and enhancing overall psychological functioning in Dissociative patients. The research thus may inform the development of tailored interventions for dissociative patients based on their unique needs. It can shed light on the specific aspects of DBT that contribute to improved emotional maturity and psychological wellbeing. This knowledge can guide the refinement and customization of treatment protocols to better address the challenges faced by dissociative individuals. The research outcomes can also encourage the integration of DBT with other therapeutic modalities or treatment approaches. It may prompt clinicians to consider combining DBT with other evidence-based interventions to optimize treatment outcomes for dissociative patients. This integration can enhance the effectiveness of therapeutic interventions and provide a comprehensive approach to address the complex needs of individuals with dissociative disorders.

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