



The Effectiveness of Dialectical Behavior Therapy on Fear of Compassion, Emotion Efficacy, and Self-Concealment in Female Adolescents with Suicidal Ideation

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Abstract

Background: Dialectical Behavior Therapy (DBT) has been widely used to address emotional dysregulation and self-destructive behaviors. This study explores its effectiveness in reducing fear of compassion, enhancing emotion efficacy, and decreasing self-concealment in female adolescents with suicidal ideation.

Methods: The study employed a quasi-experimental pretest-posttest design with a control group. The statistical population consisted of adolescents with suicidal ideation in Ardabil City in 2024. A total of 36 adolescents with suicidal ideation were selected through convenience sampling and assigned to either the experimental group ($n=18$) or the control group ($n=18$). The experimental group received eight 90-minute sessions of DBT, while the control group did not receive any intervention. Data were collected using the Beck Scale for Suicidal Ideation, Fear of Compassion Scale, Emotion Efficacy Scale, and Self-Concealment Scale.

Results: The results showed that DBT significantly enhances emotion efficacy ($F=63.42, P=0.001, \eta^2=0.68$), and reduces expressing compassion for others ($F=51.20, P=0.001, \eta^2=0.63$), receiving compassion from others ($F=57.75, P=0.001, \eta^2=0.66$), expressing self-compassion ($F=71.36, P=0.001, \eta^2=0.71$), and self-concealment ($F=53.42, P=0.001, \eta^2=0.64$) among female adolescents with suicidal ideation.

Conclusion: The findings of this study indicate that DBT is an effective intervention for improving emotional regulation and reducing maladaptive coping mechanisms in female adolescents with suicidal ideation. Given its effectiveness, future studies should investigate the long-term effects of DBT and its applicability across diverse adolescent populations.

Keywords: Suicidal ideation, Fear of compassion, Emotion efficacy, Self-concealment, Dialectical behavior therapy (DBT)

Citation: Afshari IS, Savabi Niri V, Fadaei Goke F, Bagheri Sheykhangafshe F, Esrafilian F. The effectiveness of dialectical behavior therapy on fear of compassion, emotion efficacy, and self-concealment in female adolescents with suicidal ideation. *Health Dev J.* 2024;13(4):194–202. doi:10.34172/jhad.1178

Received: February 8, 2025, **Revised:** June 24, 2025, **Accepted:** July 1, 2025, **ePublished:** July 8, 2025

Introduction

Suicidal ideation among female adolescents constitutes a significant mental health concern, shaped by a complex interplay of psychological, social, and environmental factors (1). This population is particularly vulnerable due to developmental transitions involving identity formation, emotional dysregulation, and heightened sensitivity to peer and societal expectations (2). Adolescent girls experiencing suicidal ideation often report intense feelings of hopelessness, emotional pain, and alienation, frequently rooted in perceived failures to meet personal or cultural standards (3). Struggles with self-worth and difficulties in expressing emotions are common, sometimes leading to self-concealment and emotional suppression (4). A fear of burdening others or being misunderstood may further

discourage help-seeking behavior, deepening their sense of isolation (5). In a cross-sectional study by Ghelbash et al (6) with 124 street adolescents in Shiraz, 31.5% of participants were at high risk for suicidal ideation, and 68.5% showed severe social isolation tendencies.

Adolescents with suicidal ideation, especially those experiencing feelings of hopelessness and despair, often develop a negative view of themselves and a negative view of compassion (7). Fear of compassion, or the fear of receiving or offering compassion, has been increasingly recognized as a significant psychological barrier, particularly in individuals struggling with emotional distress, such as female adolescents with suicidal thoughts (8). This fear can stem from a deeply ingrained belief that showing vulnerability through compassion may lead to



rejection, criticism, or feelings of unworthiness (9). For these adolescents, the fear of compassion often exacerbates their isolation and emotional pain, causing them to hesitate to accept support from peers, family, or professionals due to a perceived risk of judgment or misunderstanding (10). The lack of compassion, whether from themselves or others, can further erode their emotional resilience, making it more challenging to navigate difficult emotions and situations, ultimately increasing the likelihood of self-destructive thoughts (11).

The lack of emotional efficacy and emotional regulation is one of the key factors that exacerbate self-harm and suicidal ideation (12). Adolescents with suicidal thoughts often struggle significantly with managing and regulating their emotions (13). This inability to regulate emotions can lead to feelings of being emotionally overwhelmed or being out of control, making it more difficult for these individuals to cope effectively with stress, anxiety, or depression (14). One crucial concept in this regard is emotion efficacy, which refers to the individual's belief in their ability to manage, modulate, and utilize their emotions healthily and adaptively (15). When adolescents lack emotion efficacy, they may feel powerless in the face of their emotional experiences, making them more likely to engage in maladaptive coping strategies, including self-harm or suicidal thoughts, as a means of escaping their emotional distress (16).

One of the most dangerous aspects of suicidal ideation is the concealment of these thoughts, which significantly increases the risk of self-harm and suicide (17). Adolescents with suicidal ideation often hide their feelings due to fear of judgment, rejection, or a belief that they are undeserving of help (18). This self-concealment prevents them from reaching out for support, deepening their sense of isolation, and exacerbating their emotional distress (19). By suppressing their true emotions, these individuals cannot process or cope with their feelings in healthy ways, which heightens their vulnerability to further emotional turmoil (20). This lack of emotional expression creates a vicious cycle, where the inability to connect with others only intensifies the suicidal ideation, making it crucial to address self-concealment in interventions aimed at preventing self-destructive behaviors (21).

Dialectical Behavior Therapy (DBT) has proven to be an effective therapeutic approach for adolescents struggling with suicidal ideation (22). Developed initially to treat borderline personality disorder, DBT is particularly beneficial for individuals with intense emotional dysregulation, a core factor in suicidal thoughts and behaviors (23). DBT helps adolescents develop critical skills in emotional regulation, distress tolerance, mindfulness, and interpersonal effectiveness (24). These skills are vital for managing overwhelming emotions and reducing the urge to engage in self-destructive behaviors (25). Through DBT, adolescents learn how to tolerate

emotional pain without resorting to suicide or self-harm, thus addressing one of the key drivers of suicidal ideation, emotional overwhelm (26). In addition to emotional regulation, DBT strongly emphasizes validating the adolescent's emotional experiences (27). For those with suicidal thoughts, validation is a crucial component, as it helps them feel understood and accepted, reducing the sense of isolation and unworthiness that often accompany such thoughts (28). DBT also promotes acceptance while encouraging change, striking a balance that fosters self-compassion and healthier coping mechanisms (29). By teaching adolescents how to manage distress more effectively and engage in positive relationships (30), DBT reduces the intensity of suicidal ideation and enhances emotional resilience, providing a comprehensive framework for preventing suicide and improving mental well-being (31).

This study is essential due to the urgent need for effective interventions targeting female adolescents with suicidal ideation, a group highly vulnerable to emotional dysregulation and psychological distress. While DBT has shown promise in addressing emotional dysregulation, its impact on key factors such as fear of compassion, emotion efficacy, and self-concealment remains under-researched. The primary aim of this research is to evaluate the effectiveness of DBT in reducing these psychological barriers and suicidal ideation. By focusing on how DBT enhances emotional resilience, reduces self-concealment, and improves emotion efficacy, this study seeks to contribute valuable insights for developing more targeted and effective interventions for adolescents at risk of suicide.

Methods

The current study employed a quasi-experimental design with a pretest-posttest format and a control group. The statistical sample comprised 64 adolescents referred to psychological clinics and medical centers in Ardabil City in 2024, selected through convenience sampling (see Figure 1). To identify individuals with suicidal ideation, the Beck Scale for Suicidal Ideation (BSSI) was administered to all participants (32). Adolescents who scored higher than 20 on the BSSI were considered eligible for inclusion in the final sample. Based on this criterion, 36 adolescents with suicidal ideation were selected for the study using a convenience sampling approach. Based on an a priori power analysis using G*Power 3.1, a minimum sample size of 18 participants per group was determined to detect a medium effect size ($f=0.25$) with a significance level of $\alpha=0.05$ and statistical power $(1-\beta)=0.80$. Following recruitment, participants were randomly assigned to either the experimental group ($n=18$) or the control group ($n=18$) (33). Inclusion criteria included voluntary consent, a BSSI score higher than 20, an age range of 16 to 18 years, and the absence of musculoskeletal problems.

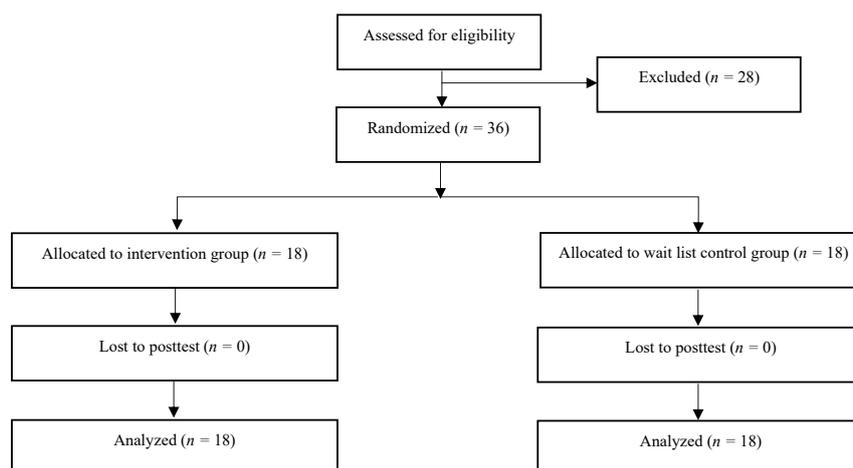


Figure 1. The CONSORT flow diagram of the study

Exclusion criteria included missing more than two sessions, providing incomplete questionnaire responses, and experiencing an exacerbation of suicidal ideation. This study adhered to strict ethical guidelines, including obtaining informed consent, ensuring confidentiality, and protecting personal information, in full compliance with the ethical principles outlined in the Helsinki Declaration.

Tools

The Beck Scale for Suicidal Ideation (BSSI) is a 19-item self-assessment tool designed to evaluate suicidal thoughts, intentions, and planning (32). Participants respond to yes/no questions, with total scores ranging from 0 to 38. The first five questions serve as a screening measure; if a participant scores zero on these items, they are considered as having no suicidal thoughts. Scores between 1 and 5 indicate suicidal ideation, scores between 6 and 20 suggest suicidal readiness, and scores between 20 and 38 reflect severe suicidal ideation (32). In the present study, the content validity ratio (CVR) and content validity index (CVI) for the questionnaire were obtained as 0.87 and 0.82, respectively, indicating strong content validity. Additionally, the Cronbach's alpha coefficient was calculated as 0.86, demonstrating good internal consistency reliability.

The Fear of Compassion Scale (FCS) was developed by Gilbert et al (34) to assess fear of compassion across three distinct subscales: expressing compassion for others (10 items), receiving compassion from others (13 items), and expressing self-compassion (15 items). The scale employs a five-point Likert response format (0 to 4), with higher scores indicating greater fear of compassion. Each subscale is scored independently by summing the total scores of the respective items. The possible score ranges are 0 to 40 for fear of expressing compassion for others, 0 to 52 for fear of receiving compassion, and 0 to 60 for fear of self-compassion. The internal consistency of these subscales, as measured by Cronbach's alpha, has been reported as 0.85, 0.84, and 0.92, respectively, in the original

study (34). The questionnaire demonstrated satisfactory content validity, with the CVR and CVI calculated as 0.87 and 0.85, respectively. Moreover, the internal consistency of the instrument was supported by a Cronbach's alpha coefficient of 0.86.

The Emotion Efficacy Scale (EES) was developed by McKay and West (35) as a 10-item measure designed to assess individuals' emotional efficacy. The scale is rated on a five-point Likert scale, ranging from 1 (Strongly Disagree) to 4 (Strongly Agree). The score range for the EES is 10 to 50, with higher scores indicating greater emotional efficacy and better emotional regulation abilities. McKay and West (35) reported an internal consistency reliability of 0.84 using Cronbach's alpha. The internal consistency reliability of the questionnaire, as calculated by Cronbach's alpha, was 0.81. The convergent validity of the EES was assessed by administering it alongside the Difficulties in Emotion Regulation Scale (DERS), the Acceptance and Action Questionnaire (AAQ), and the Valued Living Questionnaire (VLQ). The results indicated a negative correlation between the EES and both the DERS and AAQ. In contrast, a positive correlation was found with the VLQ, confirming the adequate convergent validity of the EES (35). In this study, the content validity ratio CVR and CVI were found to be 0.80 and 0.82, respectively, while the Cronbach's alpha coefficient for the ESS was 0.91, indicating excellent internal consistency and reliability.

The Self-Concealment Scale (SCS) is a 10-item empirical tool developed by Larson and Chastain (36) to assess an individual's tendency to hide distressing or negative personal information from others. Participants respond to the items on a five-point Likert scale, ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). The test-retest reliability of the SCS over eight weeks was reported as 0.81, indicating strong stability. Additionally, the internal consistency of the scale, measured using Cronbach's alpha, was 0.83 (36). The differential validity of the scale has been confirmed through its negative correlations with measures of depression, including the Beck Depression

Inventory ($r = -0.62$) and the Zung Self-Rating Depression Scale ($r = -0.53$). These findings suggest that higher levels of self-concealment are associated with greater depressive symptoms, reinforcing the psychological significance of this construct (36). In the present study, the CVR and CVI for the SCS were reported as 0.85 and 0.83, respectively. Additionally, the Cronbach's alpha coefficient was 0.86, indicating high internal consistency and reliability.

Dialectical Behavior Therapy (DBT): After coordinating and obtaining consent from the authorities of psychology and counseling clinics in Ardabil, the researchers visited a psychological clinic. They selected 36 adolescents with suicidal ideation using the convenience sampling method. These participants were then randomly assigned to two equal groups of 18, consisting of an experimental group and a control group, through a lottery system. Initially, general information was provided to the women, and after obtaining their consent, the participants entered the study. DBT (37) was used to assess and treat the women with suicidal ideation. With the assistance of a specialist, the researcher conducted the DBT in eight sessions (two 90-minute group sessions per week) at the psychological services clinic. A summary of the content of the DBT sessions is presented in Table 1. It should be noted that the control group received the DBT treatment after completing the posttest assessments.

Statistical Analysis

Descriptive statistics, including means and standard deviations, were calculated for all variables. Data analysis was conducted using SPSS version 27, and assumptions for each statistical test were examined to ensure their validity. The Shapiro-Wilk test (S-W) was used to check the normality of the distribution of variables in the two groups. Paired samples t -tests were used to compare pre- and

post-intervention scores within each group. In contrast, independent samples t -tests were applied to compare scores between the experimental and control groups at both time points. Analysis of covariance (ANCOVA) was also conducted to control for pretest differences and assess the effectiveness of the intervention. A significance level of 0.05 was used for all statistical tests.

Ethical Consideration

This study was approved by the Ethics Committee of Tarbiat Modares University in 2024 and registered in their list of manual designs (IR.MODARES.REC.1403.062).

Results

The results indicated no significant differences between the intervention and control groups in terms of bullying experience ($P = 0.085$), sleep patterns ($P = 0.126$), family relationships ($P = 0.097$), history of suicide attempts ($P = 0.105$), and age ($P = 0.119$) (see Table 2). Overall, no significant differences were observed ($P > 0.05$).

Table 3 displays the mean and standard deviation of pretest and posttest scores for fear of compassion, emotion efficacy, and self-concealment in female adolescents with suicidal ideation within both the experimental and control groups. Table 3 shows the mean and standard deviation of the pre-test-post-test scores of fear of compassion, emotion efficacy, and self-concealment in female adolescents with suicidal ideation in the experimental and control groups. The results showed that the Shapiro-Wilk statistics were not significant for all variables, implying that the distribution of variables is normal ($P > 0.05$). According to the scores of the experimental and control groups in the pretest, no significant differences were found between the groups at baseline ($P > 0.05$). Moreover, the posttest comparison between the two groups indicates statistically

Table 1. Content of Dialectical Behavior Therapy Sessions (37)

Session	Skill	Session content
1	Introduction	In the first session, after introducing the goals and rules, group members are introduced to the three mental states: logical, emotional, and wise mind, in the mindfulness module. The group is informed that these mental states refer to logical, emotional, and wise minds.
2	Mindfulness training	In addition to practicing the mental states from the previous session, this session focuses on teaching the "what" and "how" of mindfulness skills, including observing, describing, and participating. The "how" skills, such as adopting a nonjudgmental stance, self-awareness, and acting effectively, are also introduced.
3	Mindfulness training	The "what" and "how" skills are practiced in the group. These exercises are the core of DBT, so they are taught early on.
4	Emotional regulation	This session reviews previous exercises and introduces some emotional regulation skills, including defining emotions and their components.
5	Emotional regulation	In this session, another part of the emotional regulation skills is taught, including identifying and labeling emotions, which increases the ability to manage emotions.
6	Emotional regulation	This session continues the review of previous skills and teaches acceptance of emotions, even negative ones, and strategies to reduce vulnerability to negative emotions.
7	Distress tolerance	This session introduces part of the distress tolerance components, focusing on crisis survival strategies, including 1) distraction skills and 2) self-soothing through the five senses.
8	Distress tolerance	In the final session, previous teachings are reviewed, and crisis survival strategies, such as improving moments and the cost-benefit technique in the face of failure or distress, are practiced in the group. Additionally, training on how to generalize skills outside of therapy sessions is emphasized.

Table 2. Baseline characteristics of female adolescents with suicidal ideation in the intervention and control groups

Variables	Experimental group		Control group		Chi-square (P value)
	Frequency	Percentage	Frequency	Percentage	
Experience of bullying					
Rare	3	16.6	2	11.1	0.085
Occasional	8	44.4	7	38.9	
Frequent	7	38.9	9	50.0	
Sleep pattern					
Regular	5	27.7	6	33.4	0.126
Irregular	13	72.3	12	66.6	
Family relationships					
Poor	9	50.0	10	55.5	0.097
Moderate	6	33.4	5	27.7	
Good	3	16.6	3	16.6	
History of suicide attempts					
Yes	10	55.5	11	61.1	0.105
No	8	44.5	7	38.9	
Age (mean ± SD)	17.69 ± 4.83		17.84 ± 5.17		0.119

Table 3. Descriptive indices of the study's variables in control and experimental groups

Variables	Group	Pretest	Posttest	<i>p</i> [*]
Suicidal Ideation	Experimental	22.68 ± 5.42	18.23 ± 5.62	0.001
	Control	22.53 ± 5.08	22.80 ± 5.04	0.482
	<i>p</i> [£]	0.502	0.001	
Expressing compassion for others	Experimental	21.50 ± 1.42	18.05 ± 1.94	0.001
	Control	21.22 ± 1.39	21.33 ± 1.28	0.558
	<i>p</i> [£]	0.591	0.001	
Receiving compassion from others	Experimental	30.44 ± 1.68	27.22 ± 2.62	0.001
	Control	30.32 ± 1.84	30.55 ± 1.58	0.852
	<i>p</i> [£]	0.188	0.001	
Expressing self-compassion	Experimental	38.33 ± 1.71	34.95 ± 2.38	0.001
	Control	38.22 ± 1.73	38.43 ± 1.82	0.848
	<i>p</i> [£]	0.193	0.001	
Emotion efficacy	Experimental	27.72 ± 1.77	30.89 ± 2.34	0.001
	Control	27.83 ± 1.85	27.61 ± 2.61	0.855
	<i>p</i> [£]	0.184	0.001	
Self-concealment	Experimental	33.50 ± 1.91	30.38 ± 2.63	0.001
	Control	33.38 ± 1.81	33.61 ± 1.81	0.860
	<i>p</i> [£]	0.178	0.001	

Values are mean ± standard deviation, *p*^{*} was reported from within-group comparison, and *p*[£] was reported from between-group comparison.

significant differences in all three variables, favoring the experimental group.

As shown, the experimental group demonstrated a significant decrease in fear of compassion and self-concealment, as well as a significant increase in emotion efficacy following the intervention ($P < 0.001$). In contrast, the control group did not exhibit significant changes in any of the variables. (Table 3).

The results of multivariate analysis (Wilks' Lambda = 0.278, $F = 13.01$, $P < 0.001$, $ETA = 0.72$) indicated significant effects

of the independent variable on the dependent variables. Group differences in each variable were further analyzed using a one-way analysis of variance. The *F*-statistic was notably significant for expressing compassion for others ($F = 51.20$, $P = 0.001$), receiving compassion from others ($F = 57.75$, $P = 0.001$), expressing self-compassion ($F = 71.36$, $P = 0.001$), emotion efficacy ($F = 63.42$, $P = 0.001$), and self-concealment ($F = 53.42$, $P = 0.001$) at the 0.001 significance level. These results signify substantial differences between the groups in these variables. Additionally, based on the

calculated effect size, 63% of expressing compassion for others, 66% of receiving compassion from others, 71% of expressing self-compassion, 68% of emotion efficacy, and 64% of self-concealment were independent of the variable's effect. Consequently, it can be concluded that DBT significantly enhances emotion efficacy and reduces fear of compassion (expressing compassion for others, receiving compassion from others, expressing self-compassion) and self-concealment among female adolescents with suicidal ideation.

Discussion

The present study aimed to evaluate the effectiveness of DBT in reducing fear of compassion, improving emotion efficacy, and decreasing self-concealment among female adolescents with suicidal ideation. The findings indicate that DBT significantly reduces fear of compassion in this population. These results are consistent with previous studies by Torralba-Suarez et al (22), Weatherford et al (23), McCauley et al (25), and Linehan (37), which have similarly demonstrated the positive impact of DBT on reducing suicidal ideation and related emotional difficulties.

Fear of compassion often stems from negative self-perceptions, past rejection, and beliefs that vulnerability leads to criticism or abandonment (10). Adolescents with suicidal ideation frequently struggle with low self-worth and feel undeserving of kindness or support (37). DBT addresses these maladaptive beliefs by creating a validating, nonjudgmental environment where expressing emotions and seeking help are seen as strengths (29). Through mindfulness and distress tolerance, individuals learn to observe their emotions without judgment and recognize that compassion, both given and received, is a source of strength rather than a threat (22). Interpersonal effectiveness skills further help adolescents build trust and acceptance in social interactions, breaking avoidance cycles (25). DBT also fosters emotional regulation and self-compassion, challenging self-criticism and fears of dependency by encouraging radical acceptance and self-validation (23, 26). Over time, these therapeutic components reshape cognitive and emotional responses to compassion, enabling adolescents to view it as essential to well-being, strengthening social connections, reducing emotional isolation, and ultimately decreasing suicidal ideation (27).

Torralba-Suarez et al (22) reported that CBT reduces suicide-related events in adolescents, especially when combined with fluoxetine. DBT is linked to decreases in suicidal ideation and self-harm. However, high heterogeneity across studies highlights the need for further research. Weatherford et al (23) found that in individuals with borderline personality disorder receiving DBT, daily experiences of shame and anger were directly linked to higher suicidal ideation and urges for non-suicidal self-injury. Anger partially mediated the impact of shame

on these self-injurious thoughts and urges. These results underscore the importance of targeting shame and anger in clinical interventions for self-injurious behavior.

DBT was found to significantly improve emotional efficacy, empowering adolescents to better regulate and manage their emotions. Through structured interventions targeting mindfulness, distress tolerance, and emotion modulation, participants developed greater confidence in their ability to handle emotional challenges. These findings were in line with the results reported by McCool et al (24), Asarnow et al (26), DeCou et al (27), and Simon et al (29).

DBT significantly enhances emotional efficacy by teaching adolescents structured strategies for recognizing and regulating emotions, which helps reduce dependence on maladaptive coping mechanisms such as self-harm and suicidal ideation (26). Through mindfulness practices, they learn to perceive emotions as temporary experiences rather than overwhelming forces, fostering greater self-awareness and emotional ownership (29). Distress tolerance skills gradually build their confidence to face emotional discomfort without feeling helpless or resorting to avoidance (28). Additionally, DBT emphasizes skill generalization, encouraging adolescents to apply these techniques in real-life situations, which strengthens their capacity to manage emotions across contexts (22, 31). Behavioral reinforcement further consolidates adaptive coping by rewarding successful use of emotion regulation skills (37). Finally, DBT's dialectical approach—balancing acceptance with change—helps them replace rigid thinking with more flexible, constructive appraisals of distress, reducing emotional reactivity and bolstering psychological resilience over time (25).

Asarnow et al (26) found that DBT significantly improved emotion regulation in adolescents with suicidal behaviors compared to supportive therapy. This improvement mediated higher self-harm remission rates during follow-up (49.3% vs. 29.7%). DBT also reduced substance misuse and externalizing behaviors, highlighting its effectiveness in treating high-risk youth. DeCou et al (27) reviewed 18 controlled trials of DBT focused on self-directed violence and suicidality. Meta-analysis showed DBT significantly reduced self-directed violence and use of psychiatric crisis services, but did not have a significant effect on suicidal ideation. These results highlight DBT's emphasis on changing behaviors over thoughts and suggest directions for clinical practice and research in treating acute suicidality.

The study demonstrated that DBT effectively reduces self-concealment, a key factor linked to suicidal ideation. By creating a safe, supportive, and nonjudgmental therapeutic environment, DBT encourages adolescents to openly express their emotions, which helps to diminish fears of rejection and social stigma. These findings align with those of Kothgassner et al (28) and Rizvi and Fitzpatrick (30), who also highlighted the role of DBT in

promoting emotional openness and reducing barriers to seeking support in vulnerable youth.

DBT significantly reduces self-concealment among adolescents with suicidal ideation by fostering a safe, validating, and nonjudgmental therapeutic space that challenges deep-rooted fears of rejection, judgment, and emotional burden (20, 37). Central to DBT is interpersonal effectiveness training, which equips adolescents with skills to communicate their emotions and needs assertively, helping them overcome the instinct to hide distress and reshape vulnerability as a strength rather than a weakness (25, 27). This shift towards emotional transparency encourages adolescents to gradually disclose their feelings in real-world settings through graduated exposure, breaking the cycle of avoidance and demonstrating that openness leads to social connection rather than rejection (28). Additionally, mindfulness practices within DBT enhance self-acceptance and help adolescents detach from self-critical thoughts that fuel concealment (29). By consistently applying these skills, adolescents experience stronger peer support, improved relationships, and reduced emotional isolation, which collectively contribute to a meaningful decrease in suicidal ideation and self-destructive behaviors as they gain confidence in seeking help and expressing their emotions (37).

Rizvi and Fitzpatrick (30) studied how DBT affects different aspects of suicidal and self-injurious thoughts in people with borderline personality disorder. Over six months of DBT, all areas of suicidal ideation improved, while for NSSI thoughts, only the intensity decreased. Emotions like shame, guilt, fear, and sadness influenced these changes: for example, higher shame and guilt were linked to less reduction in the frequency of these thoughts, but more reduction in the worst intensity. The study suggests DBT is effective in reducing suicidal ideation but less so for NSSI ideation, and highlights that addressing shame and guilt could be key in treatment. Kothgassner et al (28) conducted a systematic review and meta-analysis of 21 studies evaluating DBT in treating self-harm and suicidal ideation among youth aged 12–19. Across 1,673 adolescents, DBT showed small to moderate effects compared to control groups in reducing self-harm and suicidal thoughts. Post-studies showed large improvements not only in self-harm and suicidal ideation but also in borderline personality symptoms. These results support DBT as an effective treatment for reducing self-injury and related symptoms in adolescents.

This study has several limitations that should be considered. The small sample size limits the generalizability of the findings, and the study's focus on a single city (Ardabil) restricts its applicability to adolescents from different cultural and geographical backgrounds. Additionally, reliance on self-report questionnaires may introduce response bias, and the absence of a follow-up assessment prevents evaluation of the long-term effects of

DBT. Future studies should address these limitations by utilizing larger and more diverse samples, incorporating longitudinal designs to assess the sustainability of DBT's effects and integrating qualitative methods for a more comprehensive understanding. Moreover, comparing DBT with other therapeutic interventions, such as cognitive behavioral therapy or acceptance and commitment therapy, could help determine the most effective approach for adolescents with suicidal ideation.

Conclusion

The findings highlight DBT's significant role in overcoming key psychological barriers—fear of compassion, emotional inefficacy, and self-concealment—that sustain suicidal ideation in female adolescents. By creating a validating and skill-focused therapeutic space, DBT reshapes maladaptive cognitive and emotional patterns, enabling adolescents to embrace vulnerability, enhance emotional regulation, and increase openness. These changes reduce suicidal thoughts and build resilience, fostering long-term psychological well-being and adaptive coping. Overall, DBT proves to be a comprehensive intervention that promotes profound cognitive and emotional transformation beyond symptom relief, supporting sustained recovery and emotional stability.

Acknowledgments

We sincerely thank all the adolescents who participated in this study. Your courage and willingness to share your experiences have been invaluable in advancing research on DBT and its impact on mental well-being.

Authors' Contribution

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Competing Interests

The authors declare that there are no conflicts of interest regarding the publication of this study.

Ethical Approval

The current study was approved by the Ethics Committee of Tarbiat Modares University (Code: IR.MODARES.REC.1403.062).

Funding

This research received no specific grant from any funding agency, commercial entity, or not-for-profit organization.

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