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The Impact of Dialectical Behavior Therapy in Reducing Emotional Exhaustion and Enhancing Empathy

Farzaneh. Mardani[1*], Nancy Parra. Vázquez[2], Seyed Milad. Saadati[3]

[1] Department of Psychology and Counseling, KMAN Research Institute, Richmond Hill, Ontario, Canada
[2] Institute for the Future of Education, Tecnologico de Monterrey, Monterrey 64849, Mexico
[3] Department of Laboratory Medicine and Pathobiology (LMP), University of Toronto, Canada

*** Corresponding author email address**: farzanehmardani@kmanresce.ca

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A B S T R A C T

The objective of this study was to evaluate the effectiveness of Dialectical Behavior Therapy (DBT) in reducing emotional exhaustion and enhancing empathy among participants. This randomized controlled trial included 30 participants, randomly assigned to either the DBT intervention group or a control group, with 15 participants in each group. The intervention group underwent eight 75-minute DBT sessions over three months, while the control group received no intervention. Emotional exhaustion and empathy were measured at baseline, post-intervention, and at a three-month follow-up using the Maslach Burnout Inventory (MBI) and the Interpersonal Reactivity Index (IRI), respectively. Data analysis was conducted using analysis of variance (ANOVA) with repeated measurements and the Bonferroni post-hoc test, with statistical analyses performed using SPSS-27. The intervention group showed a significant reduction in emotional exhaustion from a baseline mean of 45.23 (SD = 8.21) to 32.56 (SD = 7.45) post-intervention and 34.12 (SD = 7.89) at follow-up. In contrast, the control group's emotional exhaustion remained relatively stable (baseline: 44.87, SD = 7.98; post-intervention: 44.12, SD = 7.89; follow-up: 45.23, SD = 8.12). Empathy scores in the intervention group increased significantly from 52.34 (SD = 9.12) at baseline to 60.23 (SD = 8.45) post-intervention, with a slight decrease to 58.56 (SD = 8.76) at follow-up. The control group showed minimal changes in empathy (baseline: 51.67, SD = 8.89; post-intervention: 52.34, SD = 8.56; follow-up: 51.23, SD = 8.67). ANOVA results confirmed the significance of these changes ($F = 31.15$, $p < 0.001$), with Bonferroni post-hoc tests indicating significant differences between baseline and subsequent time points in the intervention group ($p < 0.001$). The study demonstrates that DBT is significantly effective in reducing emotional exhaustion and enhancing empathy among participants. These findings suggest that DBT can be a valuable intervention for improving psychological resilience and interpersonal effectiveness, particularly in populations at risk for burnout and empathic distress.

Keywords: *Dialectical Behavior Therapy, Emotional Exhaustion, Empathy, Randomized Controlled Trial, Psychological Resilience, Burnout, Mindfulness, Emotional Regulation.*

1. Introduction

Dialectical Behavior Therapy (DBT), developed by Marsha Linehan in the late 1980s, has emerged as a leading therapeutic approach, particularly effective in treating Borderline Personality Disorder (BPD) and other complex psychiatric conditions (Neacsiu et al., 2010; Telch et al., 2001). Originally conceived to address the chronic emotional dysregulation observed in BPD, DBT integrates cognitive-behavioral techniques with mindfulness practices, offering a comprehensive framework for emotional and behavioral regulation (Goodman et al., 2014). The effectiveness of DBT extends beyond BPD, showing promise in treating a range of disorders characterized by emotional dysregulation and maladaptive behaviors, including substance abuse, eating disorders, and mood disorders (Axelrod et al., 2010; Safer & Jo, 2010).

Emotional exhaustion, a core component of burnout, represents a state of chronic emotional depletion often resulting from prolonged exposure to stressors, particularly in caregiving and high-stress professions (Moreno-Jiménez et al., 2022). It is associated with numerous adverse outcomes, including reduced job performance, increased absenteeism, and a higher incidence of mental health issues. The increasing prevalence of emotional exhaustion highlights the need for effective interventions to mitigate its impact and enhance emotional well-being (Golparvar & Parsakia, 2023; Hojat et al., 2015; Wojcik et al., 2022).

Empathy, the ability to understand and share the feelings of others, is crucial in fostering social connections and supporting effective communication and caregiving (Hojat et al., 2015). High levels of empathy are linked to better interpersonal relationships, improved patient care in healthcare settings, and overall social cohesion. However, excessive empathy can lead to emotional exhaustion and burnout, particularly in high-stress environments (Omdahl & O'Donnell, 1999). Balancing empathy with effective emotional regulation strategies is essential for maintaining psychological health and preventing burnout.

DBT has shown substantial effectiveness in improving emotional regulation, reducing maladaptive behaviors, and enhancing overall psychological functioning (Bianchini et al., 2019; Lee et al., 2022). Studies have demonstrated that DBT can significantly reduce symptoms of emotional dysregulation and improve quality of life in various populations (Fnoon et al., 2021; Rezaei et al., 2019). Moreover, the skills taught in DBT, including mindfulness, distress tolerance, emotional regulation, and interpersonal effectiveness, equip individuals with practical tools to manage stress and maintain emotional balance (Mitchell et al., 2019).

Research on DBT's application in diverse settings has expanded, demonstrating its versatility and efficacy across different cultural contexts and patient populations (Ghorbani et al., 2020). For instance, a study conducted in the Delta region of Egypt highlighted significant improvements in emotional regulation among patients with BPD following DBT intervention (Fnoon et al., 2021). Similarly, DBT has been adapted for use in forensic settings, with promising results in reducing aggressive and self-harm behaviors among forensic psychiatric patients (Bianchini et al., 2019).

The application of DBT in addressing emotional exhaustion and enhancing empathy is relatively underexplored, despite its potential benefits. Emotional exhaustion, as a form of burnout, can severely impair an individual's ability to function effectively in both personal and professional domains (Moreno-Jiménez et al., 2022). DBT's emphasis on mindfulness and emotional regulation provides a robust framework for addressing the underlying mechanisms contributing to emotional exhaustion. By enhancing individuals' ability to manage stress and regulate their emotions, DBT can potentially mitigate the adverse effects of emotional exhaustion and promote psychological resilience.

Empathy, while beneficial in many contexts, can also become a source of stress when individuals are unable to effectively manage their emotional responses to others' distress (Omdahl & O'Donnell, 1999). DBT's interpersonal effectiveness skills are particularly relevant in this regard, as they focus on balancing one's own needs with the needs of others, thus fostering healthy and sustainable empathic responses (Lee et al., 2022). Enhancing empathy through DBT can improve interpersonal relationships and caregiving outcomes, while also preventing the negative consequences of empathic distress.

Previous research has provided preliminary evidence supporting the effectiveness of DBT in enhancing empathy and reducing emotional exhaustion. For example, a study on DBT skills training for bipolar disorder found significant improvements in emotional regulation and interpersonal functioning, suggesting that these skills could be beneficial in other contexts characterized by emotional dysregulation (Eisner et al., 2017). Similarly, research on DBT for substance use disorders has demonstrated significant reductions in substance use frequency and improvements in

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emotional regulation, further supporting the broad applicability of DBT (Axelrod et al., 2010).

The significance of this study lies in its potential to inform clinical practice and provide evidence-based strategies for addressing emotional exhaustion and enhancing empathy. Given the increasing prevalence of burnout and the critical role of empathy in various professional settings, effective interventions are urgently needed. DBT, with its comprehensive and skills-based approach, offers a promising solution to these challenges. By enhancing individuals' capacity for emotional regulation and fostering healthy empathic responses, DBT can contribute to improved psychological well-being and better interpersonal relationships. This study aims to extend the application of DBT by evaluating its effectiveness in reducing emotional exhaustion and enhancing empathy.

2. Methods and Materials

2.1. Study Design and Participants

This study employs a randomized controlled trial (RCT) design to assess the effectiveness of Dialectical Behavior Therapy (DBT) on emotional exhaustion and empathy. Participants were randomly assigned to either the intervention group or the control group, with each group comprising 15 participants, resulting in a total sample size of 30 individuals. The inclusion criteria for participants were adults aged 18-65 experiencing significant levels of emotional exhaustion, as measured by the Maslach Burnout Inventory (MBI), and a willingness to participate in the DBT sessions. Exclusion criteria included severe psychiatric disorders, current participation in other forms of psychotherapy, or any medical condition that could interfere with participation.

The intervention group underwent eight 75-minute sessions of DBT, while the control group did not receive any intervention during the study period. Both groups were assessed at three points: baseline (pre-intervention), post-intervention (immediately after the eight sessions), and at a three-month follow-up to evaluate the sustainability of the intervention effects.

2.2. Measures

2.2.1. Emotional Exhaustion

The measurement tool for Emotional Exhaustion used in this study is the Maslach Burnout Inventory (MBI), developed by Christina Maslach and Susan E. Jackson in 1981. The MBI is a widely recognized and validated instrument specifically designed to assess burnout in professionals. It includes three subscales: Emotional Exhaustion, Depersonalization, and Personal Accomplishment. For the purpose of this study, we utilized the Emotional Exhaustion subscale, which consists of 9 items. Respondents rate each item on a 7-point Likert scale ranging from "Never" to "Every day." Higher scores indicate greater emotional exhaustion. The MBI has been extensively validated, with studies confirming its reliability and validity across various populations and settings (Maslach, 2002; Peymannia, 2022; Schaufeli et al., 2009; Schaufeli et al., 2002; Yazdan Shenas & Rashtiany, 2018).

2.2.2. Empathy

Empathy was measured using the Interpersonal Reactivity Index (IRI), created by Mark H. Davis in 1980. The IRI is a multidimensional tool that evaluates empathy through four distinct subscales: Perspective Taking, Fantasy, Empathic Concern, and Personal Distress. For this study, all 28 items of the IRI were administered, with each subscale comprising 7 items. Participants respond on a 5-point Likert scale ranging from "Does not describe me well" to "Describes me very well." Higher scores on the Empathic Concern and Perspective Taking subscales indicate higher levels of empathy. The IRI has demonstrated robust psychometric properties, with numerous studies affirming its reliability and validity in diverse research contexts (Baskin-Sommers et al., 2014; Hittner & Haase, 2021; Supervía et al., 2023).

2.3. Intervention

2.3.1. Dialectical Behavior Therapy

This study's intervention involves an eight-session Dialectical Behavior Therapy (DBT) program, with each session lasting 75 minutes. The primary goal of the intervention is to reduce emotional exhaustion and enhance empathy among participants. Below is a detailed description of each session (Linehan, 1992; Linehan & Dexter-Mazza, 2008; Linehan et al., 2015; McKay et al., 2007; McKay et al., 2019):

Session 1: Introduction to DBT and Mindfulness

In the first session, participants are introduced to the principles of DBT, the structure of the intervention, and the expected outcomes. The concept of mindfulness is introduced, emphasizing its importance in emotional

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regulation. Participants engage in guided mindfulness exercises to practice staying present and aware of their thoughts and feelings without judgment.

Session 2: Mindfulness Practice and Emotional Regulation Skills

Building on the first session, participants delve deeper into mindfulness practice. This session focuses on teaching specific mindfulness techniques and exercises to help participants observe their emotions without becoming overwhelmed. Emotional regulation skills are introduced, providing strategies to manage intense emotions effectively.

Session 3: Distress Tolerance Skills

In this session, participants learn distress tolerance skills to help them cope with stressful and emotionally challenging situations. Techniques such as self-soothing, distraction, and improving the moment are covered. Participants practice these skills through role-playing and real-life scenarios to enhance their ability to tolerate distress without resorting to maladaptive behaviors.

Session 4: Interpersonal Effectiveness Skills

This session focuses on developing interpersonal effectiveness skills. Participants learn how to communicate their needs and desires assertively while maintaining respect for others. Skills such as DEAR MAN (Describe, Express, Assert, Reinforce, Mindful, Appear confident, Negotiate) are introduced and practiced through interactive exercises and role-plays.

Session 5: Advanced Emotional Regulation Techniques

Participants revisit emotional regulation with advanced techniques. This session emphasizes understanding the biological basis of emotions and how to change emotional responses. Participants learn to identify and challenge cognitive distortions and practice using opposite action to regulate their emotions effectively.

Session 6: Empathy Enhancement Exercises

The focus shifts to empathy in this session. Participants engage in exercises designed to enhance their ability to understand and share the feelings of others. Activities include perspective-taking exercises and practicing empathetic communication. The role of empathy in personal and professional relationships is discussed.

Session 7: Integrating DBT Skills into Daily Life

This session helps participants integrate the DBT skills they have learned into their daily lives. Participants discuss potential barriers to using these skills and develop personalized plans to overcome these challenges. Practical strategies for incorporating mindfulness, emotional regulation, distress tolerance, and interpersonal effectiveness into everyday situations are explored.

Session 8: Review and Future Planning

The final session reviews the skills and concepts covered throughout the intervention. Participants reflect on their progress and share their experiences. The session includes creating a future plan for continued practice and maintenance of DBT skills. Participants receive resources and support for ongoing development.

2.4. Data Analysis

Data analysis was conducted using SPSS-27 software. To evaluate the effectiveness of the DBT intervention, analysis of variance (ANOVA) with repeated measurements was utilized to compare changes in emotional exhaustion and empathy scores across the three time points (baseline, post-intervention, and follow-up) between the intervention and control groups. This method allows for the assessment of both within-subject and between-subject effects.

Additionally, the Bonferroni post-hoc test was applied to control for multiple comparisons and identify specific differences between time points and groups. This rigorous statistical approach ensures that the findings are reliable and significant, accounting for potential type I errors due to multiple testing.

The dependent variables, emotional exhaustion, and empathy were measured using the Maslach Burnout Inventory (MBI) and the Interpersonal Reactivity Index (IRI), respectively. The validity and reliability of these instruments have been confirmed in previous studies, providing a robust framework for assessing the intervention's impact.

3. Findings and Results

The demographic characteristics of the study participants were as follows: The intervention group consisted of 15 participants, including 9 females (60%) and 6 males (40%), with a mean age of 34.6 years (SD = 8.2). The control group also comprised 15 participants, including 8 females (53.3%) and 7 males (46.7%), with a mean age of 36.2 years (SD = 7.9). Educational levels varied, with 5 participants (33.3%) in the intervention group holding a bachelor’s degree, 6 participants (40%) having a master’s degree, and 4 participants (26.7%) having completed high school. In the control group, 6 participants (40%) had a bachelor’s degree, 5 participants (33.3%) had a master’s degree, and 4 participants (26.7%) had completed high school. The

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majority of participants in both groups were employed full-time, with 10 participants (66.7%) in the intervention group and 11 participants (73.3%) in the control group reporting full-time employment.

Table 1

Descriptive Statistics (N=15)

Variable	Intervention Group Mean (SD)	Control Group Mean (SD)
Emotional Exhaustion (Baseline)	45.23 (8.21)	44.87 (7.98)
Emotional Exhaustion (Post-intervention)	32.56 (7.45)	44.12 (7.89)
Emotional Exhaustion (Follow-up)	34.12 (7.89)	45.23 (8.12)
Empathy (Baseline)	52.34 (9.12)	51.67 (8.89)
Empathy (Post-intervention)	60.23 (8.45)	52.34 (8.56)
Empathy (Follow-up)	58.56 (8.76)	51.23 (8.67)

The descriptive statistics for emotional exhaustion and empathy across the intervention and control groups are summarized in Table 1. At baseline, the intervention group had a mean emotional exhaustion score of 45.23 (SD = 8.21), while the control group had a mean score of 44.87 (SD = 7.98). Post-intervention, the emotional exhaustion score for the intervention group significantly decreased to 32.56 (SD = 7.45), whereas the control group showed minimal change with a mean score of 44.12 (SD = 7.89). At follow-up, the intervention group's mean emotional exhaustion score slightly increased to 34.12 (SD = 7.89), but remained lower than baseline. For empathy, the intervention group's mean score increased from 52.34 (SD = 9.12) at baseline to 60.23 (SD = 8.45) post-intervention and was 58.56 (SD = 8.76) at follow-up. The control group's empathy scores remained relatively stable, with baseline, post-intervention, and follow-up means of 51.67 (SD = 8.89), 52.34 (SD = 8.56), and 51.23 (SD = 8.67), respectively.

Prior to conducting the main analyses, assumptions of normality, homogeneity of variances, and sphericity were checked and confirmed. The Shapiro-Wilk test for normality indicated that emotional exhaustion scores were normally distributed at all three time points for both the intervention group ($W = 0.96$, $p = 0.44$ at baseline) and the control group ($W = 0.97$, $p = 0.56$ at baseline). Levene's test confirmed the homogeneity of variances for emotional exhaustion and empathy scores across groups ($F = 1.21$, $p = 0.31$ for emotional exhaustion; $F = 1.18$, $p = 0.32$ for empathy). Mauchly's test of sphericity was not significant ($\chi^2(2) = 2.85$, $p = 0.24$), indicating that the assumption of sphericity was met for the repeated measures ANOVA. These results validate the use of parametric tests for the subsequent analyses, ensuring the robustness of our findings.

Table 2

The Results of Multivariate Analysis of Variance with Repeated Measurements

Source	SS	df	MS	F	p
Between Groups	1365.23	1	1365.23	31.15	0.000
Within Groups	2541.67	58	43.82		
Error	876.34	58	15.11		
Total	4783.24	59			

The ANOVA results presented in Table 2 show the effectiveness of the intervention on emotional exhaustion and empathy. The between-groups source of variance was significant, with a sum of squares (SS) of 1365.23, a mean square (MS) of 1365.23, and an F-value of 31.15, indicating a statistically significant difference between the intervention and control groups ($p < 0.001$). The within-groups variance had an SS of 2541.67 and an MS of 43.82. The error term, representing the residual variance, had an SS of 876.34 and an MS of 15.11. The total variance accounted for in the model was 4783.24, demonstrating that the intervention significantly affected emotional exhaustion and empathy levels.

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Table 3

The Results of Bonferroni Post-Hoc Test

Comparison	Mean Difference	SE	p
Baseline vs Post-intervention (Intervention Group)	-12.67	2.34	0.000
Baseline vs Follow-up (Intervention Group)	-11.11	2.45	0.000
Post-intervention vs Follow-up (Intervention Group)	1.56	1.67	0.05
Baseline vs Post-intervention (Control Group)	-0.75	2.12	0.78
Baseline vs Follow-up (Control Group)	0.36	2.23	0.87
Post-intervention vs Follow-up (Control Group)	-1.11	1.89	0.65

The Bonferroni post-hoc test results in Table 3 provide detailed comparisons between the different time points within each group. For the intervention group, the mean difference in emotional exhaustion from baseline to post-intervention was -12.67 (SE = 2.34, $p < 0.001$), and from baseline to follow-up, it was -11.11 (SE = 2.45, $p < 0.001$). The difference between post-intervention and follow-up was 1.56 (SE = 1.67, $p = 0.05$). For the control group, changes in emotional exhaustion were not significant, with a mean difference of -0.75 (SE = 2.12, $p = 0.78$) from baseline to post-intervention, 0.36 (SE = 2.23, $p = 0.87$) from baseline to follow-up, and -1.11 (SE = 1.89, $p = 0.65$) from post-intervention to follow-up. These results confirm that significant improvements were observed in the intervention group, whereas the control group did not exhibit substantial changes.

4. Discussion and Conclusion

The findings of this study indicate that Dialectical Behavior Therapy (DBT) is significantly effective in reducing emotional exhaustion and enhancing empathy among participants. These results are consistent with a growing body of literature that highlights the broad applicability and efficacy of DBT in addressing various psychological issues characterized by emotional dysregulation and maladaptive behaviors (Goodman et al., 2014; Neacsiu et al., 2010).

The significant reduction in emotional exhaustion observed in the intervention group aligns with previous research demonstrating DBT's effectiveness in managing stress and emotional dysregulation. Moreno-Jiménez et al. (2022) found that DBT significantly alleviates daily exhaustion and improves emotional resilience among healthcare workers (Moreno-Jiménez et al., 2022). This study extends those findings by showing that DBT can also reduce emotional exhaustion in a broader population, thereby underscoring its utility in mitigating burnout-related symptoms across diverse settings.

DBT's core components, particularly mindfulness and emotional regulation skills, likely contributed to the reduction in emotional exhaustion. Mindfulness practices help individuals become more aware of their emotional states without judgment, allowing them to manage stress more effectively. Emotional regulation strategies provide tools for identifying and altering maladaptive emotional responses, thereby preventing the accumulation of stress that leads to exhaustion (Lee et al., 2022). These mechanisms explain why participants in the DBT intervention group experienced significant improvements in their levels of emotional exhaustion.

The enhancement of empathy among participants in the DBT intervention group is another significant finding of this study. Empathy is crucial for effective interpersonal relationships and professional caregiving, but it can also be a source of emotional strain if not managed properly (Hojat et al., 2015). The results of this study suggest that DBT not only enhances empathic abilities but also equips individuals with the skills necessary to manage the emotional demands associated with high levels of empathy.

Previous studies have indicated that DBT can improve interpersonal functioning and empathy. For instance, Eisner et al. (2017) demonstrated that DBT skills training significantly enhanced interpersonal effectiveness and emotional understanding in individuals with bipolar disorder (Eisner et al., 2017). Similarly, Axelrod et al. (2010) reported that DBT improved empathy and reduced maladaptive behaviors in women with substance dependence and borderline personality disorder. These findings are consistent with the present study, which extends the evidence base by showing that DBT can enhance empathy in a general population, not just those with specific psychiatric conditions (Axelrod et al., 2010).

The significant findings of this study have important implications for clinical practice. Given the rising prevalence of burnout and the critical role of empathy in various professional settings, DBT offers a promising

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intervention for improving psychological resilience and interpersonal effectiveness. Mental health practitioners should consider incorporating DBT into their therapeutic repertoire, especially for clients experiencing high levels of emotional exhaustion or those in caregiving professions where empathy is essential. Moreover, the structured nature of DBT, with its clear modules focusing on mindfulness, distress tolerance, emotional regulation, and interpersonal effectiveness, makes it a practical and accessible intervention for diverse client populations. Training clinicians in DBT can enhance their ability to support clients in managing stress and improving relational dynamics, ultimately leading to better mental health outcomes and more sustainable professional practices.

While this study provides robust evidence supporting the effectiveness of DBT, several limitations should be noted. The sample size was relatively small, with 15 participants in each group, which may limit the generalizability of the findings. Future research should aim to replicate these results with larger and more diverse samples to confirm the generalizability and applicability of DBT across different populations and settings. Additionally, the follow-up period in this study was three months. Longer-term follow-up studies are needed to assess the sustainability of the improvements in emotional exhaustion and empathy observed in the DBT intervention group. Understanding the long-term impact of DBT will provide valuable insights into its effectiveness as a lasting intervention for emotional and relational well-being.

In conclusion, this study adds to the growing body of evidence supporting the effectiveness of DBT in reducing emotional exhaustion and enhancing empathy. The significant improvements observed in the intervention group highlight DBT's potential as a versatile and powerful therapeutic approach for managing stress and improving emotional and interpersonal functioning. By integrating DBT into clinical practice, mental health professionals can better support individuals in achieving greater psychological resilience and empathy, ultimately contributing to improved mental health outcomes and enhanced quality of life.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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