

Effectiveness of Dialectical Behavior Therapy on Feelings of Rejection and Inferiority in Bereaved Adolescent Girls

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ABSTRACT

Objective: The present study was conducted with the aim of determining the effectiveness of this therapeutic approach on feelings of rejection and feelings of inferiority among bereaved adolescent girls.

Methods and Materials: This quasi-experimental study employed a pretest-posttest design with a one-month follow-up. The statistical population consisted of bereaved adolescent girls in District 4 of Isfahan. After screening 300 students, 40 individuals with above-average scores were randomly assigned to experimental and control groups (20 participants in each). Data collection instruments included the Perceived Rejection Scale by Penhaligon et al. (2009) and the Inferiority Feeling Questionnaire by Yao et al. (1998). The experimental group received eight 90-minute sessions of Dialectical Behavior Therapy (DBT) based on Linehan's (1993) protocol, while the control group received no intervention. Data were analyzed using repeated-measures analysis of variance in SPSS-26.

Findings: Results of the repeated-measures ANOVA indicated that for both variables—rejection and feelings of inferiority—the main effect of time and the time-by-group interaction were statistically significant ($p < .01$).

Conclusion: The findings of the present study demonstrate the significant and meaningful effectiveness of Dialectical Behavior Therapy (DBT) in moderating and improving chronic feelings of rejection and feelings of inferiority among bereaved adolescent girls.

Keywords: Dialectical Behavior Therapy, feelings of rejection, feelings of inferiority, bereavement experience

1. Introduction

Adolescence is a sensitive developmental stage characterized by profound biological, cognitive, and socioemotional changes, during which individuals are particularly vulnerable to psychological distress and disruptions in self-concept. Contemporary neuroscience emphasizes that the adolescent brain undergoes substantial reorganization in areas responsible for emotional regulation, decision-making, and social cognition, making youth especially reactive to interpersonal and environmental stressors (Blakemore, 2018; Siegel, 2015). These developmental transitions heighten susceptibility to complex emotional experiences, particularly grief-related disruptions following significant losses. Bereavement in adolescence is not merely an emotional event but a developmental derailment that interferes with identity formation, emotion regulation, and interpersonal functioning (Ain, 2024; Layne et al., 2017). Such disruptions often manifest in maladaptive emotional patterns including chronic rejection sensitivity and feelings of inferiority, both of which have been identified as core psychological vulnerabilities in bereaved youth.

Bereavement in childhood and adolescence is a widespread yet underrecognized phenomenon with significant psychological consequences. Evidence shows that losing a loved one during early life increases the risk of internalizing problems, emotional dysregulation, and difficulties in social functioning (Hanauer et al., 2024; Rezaei Kangarshahi et al., 2023). The psychological impact of loss often extends beyond acute grief reactions, shaping an adolescent's worldview, self-perceptions, and sense of safety. Worden's task-based model of grief argues that adolescents must engage in cognitive and emotional tasks—such as accepting the reality of loss and adjusting to life without the deceased—to achieve adaptive mourning (Worden & Winokuer, 2021). However, developmental constraints often hinder adolescents' capacity to complete these tasks, leaving them vulnerable to unresolved grief and associated functional impairments. Research also indicates that traumatic grief overlaps significantly with posttraumatic stress symptoms, complicating the developmental demands of adolescence (Layne et al., 2017).

One of the most consequential psychosocial outcomes in bereaved adolescents is perceived rejection. Rejection sensitivity has been defined as the tendency to anxiously expect, readily perceive, and intensely react to rejection cues (Leary, 2001). Scholars argue that loss, especially when

sudden or traumatic, may activate cognitive schemas of abandonment, which can generalize into heightened interpersonal vigilance and misinterpretation of social cues (Penhaligon et al., 2009; Rajabi et al., 2016). Meta-analytic findings confirm that early adverse experiences, including bereavement, are prominent risk factors for rejection sensitivity, which subsequently increases vulnerability to depression, aggression, and interpersonal conflict (Gao et al., 2024). Moreover, adolescents experiencing loss often withdraw socially, perceiving others as unavailable or unsupportive, thereby reinforcing cycles of rejection and loneliness (Ozdemir et al., 2020; Rajchert et al., 2019). These patterns can be particularly damaging in adolescence, a period in which social belonging and peer validation are crucial for healthy identity consolidation (Avedissian & Alayan, 2021).

Alongside rejection sensitivity, feelings of inferiority frequently emerge in bereaved adolescents. Rooted in Adlerian psychology, inferiority feelings evolve from perceived personal shortcomings and can manifest as chronic self-doubt, social comparison, and a sense of inadequacy (Adler et al., 1956). Subsequent psychological research has demonstrated that early relational losses often intensify self-critical beliefs and diminish perceived self-worth (Issawi & Dauphin, 2020). Yao's empirical work established inferiority as a measurable and clinically relevant construct associated with social phobia and obsessive-compulsive tendencies (Yao et al., 1998), and later studies have shown its strong relationship with negative self-schemas, maladaptive cognitions, and emotional dysregulation (Rahim et al., 2009; Sayadi et al., 2017). In the context of bereavement, adolescents may internalize the loss as a personal failure or perceive themselves as incapable of coping effectively, fostering chronic inferiority (Mohammadkhani et al., 2023; Panahi et al., 2023). These feelings become even more pronounced when grief is accompanied by changes in family dynamics, reduced parental support, or social withdrawal (Hendrickson, 2009; Jaleh et al., 2022).

Given the emotional complexity of adolescent bereavement, researchers have emphasized the need for targeted psychological interventions that address both the cognitive and emotional consequences of loss. Psychosocial interventions have shown promising results in reducing grief intensity and improving emotional functioning among bereaved youth (Hanauer et al., 2024). Trauma-focused cognitive-behavioral therapy, for instance, has demonstrated efficacy in reducing grief symptoms and behavioral

problems in bereaved children (Rezaei Kangarshahi et al., 2023). Mindfulness-integrated cognitive-behavioral therapy has also been found effective in improving mourning experiences and emotional well-being in traumatized adolescents (Mohammadkhani et al., 2023). Additionally, spiritually oriented and acceptance-based interventions have yielded reductions in grief severity and enhanced psychological resilience (Derakhshan et al., 2022; Panahi et al., 2023; Soleimani & Talebzadeh, 2019). However, despite these advances, the literature still highlights a lack of interventions that specifically target rejection sensitivity and inferiority feelings, both of which are closely tied to adolescents' social and emotional functioning after loss.

Dialectical Behavior Therapy (DBT), originally developed by Linehan for individuals with chronic emotional dysregulation, has increasingly been adapted for use with adolescents exhibiting complex emotional and behavioral symptoms (Van Dijk, 2013). DBT's focus on distress tolerance, emotion regulation, interpersonal effectiveness, and mindfulness aligns directly with the key developmental challenges posed by adolescent bereavement. Evidence suggests that DBT effectively reduces maladaptive emotional responses, improves emotion regulation, and enhances interpersonal functioning in adolescents across various clinical populations (Goldstein et al., 2024; Villalongo Andino et al., 2024). The model's structured skills training provides adolescents with tools to navigate the intense emotional fluctuations that accompany grief, as well as maladaptive cognitions such as rejection interpretation biases and self-critical beliefs (Miller et al., 2006). Recent research has also shown that school-based DBT programs are both acceptable and effective, offering a practical approach for adolescents who may otherwise lack access to supportive services (Whitener et al., 2025). Similarly, DBT skills training has demonstrated benefits across diverse behavioral and health-related outcomes, including smoking cessation and coping with chronic illness (McCall et al., 2025).

Within the Iranian context, DBT has shown efficacy across numerous psychological conditions relevant to youth emotional functioning. Studies indicate that DBT effectively reduces emotional dysregulation, aggression, loneliness, and internet addiction among adolescents (Abdollahi et al., 2023; Cherati et al., 2023). DBT has also been found comparable—or in some cases superior—to cognitive-behavioral therapy in addressing distress, attention difficulties, and interpersonal challenges among clinical populations (Amighi et al., 2025; Badanfiroz, 2025). Moreover, studies

in the domain of family and interpersonal trauma highlight the potential for DBT to alleviate feelings of rejection, maladaptive coping patterns, and negative self-beliefs among individuals facing emotionally disruptive life events (Esmaeili & Golparvar, 2024; Moeeni et al., 2022; Zakerzadeh et al., 2020). These findings underscore DBT's suitability as an intervention for adolescents who struggle with chronic emotional pain and interpersonal sensitivity following significant losses.

Furthermore, sociocultural changes have reshaped the ways adolescents process grief. Digital environments and online mourning cultures can distort grief expression, exacerbate identity confusion, and intensify self-critical tendencies among adolescents (Zhao, 2023). Additionally, increasing family fragmentation and social stressors have contributed to rising rates of emotional vulnerability among youth, including high-risk behaviors, emotional dysregulation, and diminished social self-efficacy (Rezaei Kangarshahi et al., 2023; Yousefi, 2025). As societal expectations intensify and youth face heightened academic and interpersonal pressures, adolescents who have experienced bereavement may become especially prone to internalizing distress, exhibiting increased rejection sensitivity and inferiority feelings (Hanauer et al., 2024; Thompson, 2011). These patterns, if left untreated, may impede healthy identity formation and contribute to long-term psychological impairment.

Theoretical perspectives also underscore the importance of addressing maladaptive emotion regulation in bereaved adolescents. Emotion regulation theories suggest that chronic difficulties in managing emotional experiences may amplify grief reactions and increase susceptibility to negative cognitive schemas (Siegel, 2015; Thompson, 2011). Interpersonal rejection models indicate that loss-related disruptions undermine adolescents' perceptions of belonging, making them hypersensitive to social cues and vulnerable to subsequent interpersonal difficulties (Leary, 2001; Penhaligon et al., 2009). Similarly, Adlerian and schema-based frameworks highlight how emotional trauma can solidify feelings of inferiority and perpetuate maladaptive coping strategies (Adler et al., 1956; Rajabi et al., 2016). Within this theoretical landscape, DBT offers a comprehensive approach that integrates mindfulness, cognitive restructuring, and interpersonal skills—precisely the domains implicated in the emotional and cognitive sequelae of adolescent bereavement (Van Dijk, 2013).

Despite the importance of these issues, there remains limited empirical work examining the effectiveness of DBT

on rejection sensitivity and inferiority feelings specifically among bereaved adolescent girls—a group uniquely vulnerable to emotional distress due to gendered socialization patterns and heightened sensitivity to relational dynamics (Ain, 2024; Ozdemir et al., 2020). This study therefore addresses a critical gap in the literature by evaluating how DBT may contribute to improving emotional functioning in this population.

Accordingly, the present study was conducted with the aim of determining the effectiveness of Dialectical Behavior Therapy on reducing perceived rejection and feelings of inferiority among bereaved adolescent girls.

2. Methods and Materials

2.1. Study Design and Participants

The present study was an applied, quasi-experimental investigation using a pretest–posttest design with a control group and a one-month follow-up period. The statistical population included all bereaved adolescent girls in District 4 of Isfahan City during the fall of 2024. District 4 was selected due to the researcher's access, school administrative cooperation, and feasibility of conducting regular group therapy sessions. Sampling in the first stage was carried out through convenience sampling among 300 students who, based on school counselor referrals or self-report, had experienced bereavement and completed the Bereavement Experience Questionnaire. From among those who obtained above-average scores on the questionnaire and met the inclusion criteria, 40 individuals were selected. In the next stage, these 40 participants were randomly assigned to the experimental and control groups (20 in each group) using simple randomization through the Randomizer.org website. Inclusion criteria consisted of willingness and informed consent to participate in the study, absence of severe physical problems preventing attendance, absence of severe psychological disorders based on self-report and school counselor confirmation, not receiving simultaneous psychological or psychiatric treatments, and obtaining above-average scores on the researcher-developed bereavement questionnaire. Exclusion criteria included failure to complete questionnaires, absence from more than two therapy sessions, initiation of concurrent psychological or psychiatric treatment during the intervention period, emergence of physical or family issues preventing continued participation, failure to complete session assignments, and unwillingness to continue participation at any stage of the study.

To conduct the experiment, after obtaining the necessary permissions from the university and coordinating with the Department of Education, sampling was performed according to standard procedures for experimental research, and participants were assigned to two groups: experimental and control. Following coordination with secondary schools in District 4 of Isfahan City, 40 bereaved adolescent girls who met the inclusion criteria were selected and randomly assigned to the two groups (20 in each group). The questionnaires (Perceived Rejection Scale, Inferiority Feeling Scale, and Bereavement Experience Questionnaire) were administered as the pretest. The Dialectical Behavior Therapy (DBT) sessions were then implemented for the experimental group in eight weekly 90-minute sessions delivered by a therapist, while the control group received no intervention. After completing the sessions, the same questionnaires were administered as the posttest, and two months later both groups completed the questionnaires again as the follow-up assessment. Ethical principles—confidentiality, anonymity, and providing the control group with access to the intervention after study completion—were upheld.

2.2. Measures

The Bereavement Experience Questionnaire is a researcher-developed 7-item instrument designed to screen the level of bereavement experience among adolescents. Items include: "Someone close to me has recently left my life," "I am very upset because of losing someone or something recently," "I cannot forgive myself for losing them," "I think that if I had behaved differently, I would not have lost them," "I blame myself a lot for their departure," "Losing them has made me depressed," and "I wish I could bring them back." The scale is rated on a five-point Likert continuum from 1 = strongly disagree to 5 = strongly agree. Content validity was evaluated by several experts in psychology and counseling. Findings showed that the content validity ratio (CVR) of the items ranged from .60 to 1.00, with a mean CVR of .82, which was assessed as acceptable given the nature of the tool. The content validity index (CVI) for the items ranged from .80 to 1.00, with a mean CVI of .91. Based on these results, the questionnaire demonstrated satisfactory content validity for use in the present study. In addition, internal consistency reliability using Cronbach's alpha was .88, indicating desirable internal coherence among the items. This instrument was used solely for participant screening.

The Perceived Rejection Scale was developed by Penhaligon et al. (2009) based on McDonald and Leary's conceptualization of rejection and consists of four items. Responses are rated on a five-point Likert scale from 1 (never) to 5 (almost always). The minimum score on this scale is 4 and the maximum is 28, with higher scores indicating higher perceived rejection. Penhaligon et al. (2009) administered this questionnaire to 142 employed individuals at a university, reporting convergent validity with a depression questionnaire at .79 and Cronbach's alpha reliability of .85 (Penhaligon et al., 2009). In Iran, Rajabi et al. reported high convergent validity with the disconnection and rejection schema among retired older adults ($r = .516$), with Cronbach's alpha reported at .83 (Rajabi et al., 2016).

The Inferiority Feeling Questionnaire developed by Yao et al. (1998) contains 34 items. This self-report scale includes 17 items assessing self-perceived inferiority and 17 items assessing inferiority related to others' judgments. Of the 34 items, 15 reflect negative events such as weakness, fatigue, error, and criticism, while 15 items reflect positive events such as worthiness, success, and praise, and 4 items represent unconditional assumptions. Yao et al. (1998) reported a test-retest reliability coefficient of .84, indicating suitable temporal stability. Internal consistency reliability using Cronbach's alpha was .95, demonstrating very strong item coherence (Yao et al., 1998). Exploratory factor analysis identified four major factors explaining approximately 38.8% of the total variance. In Iran, Rahim et al. (2009) found test-retest reliability of .76 and internal consistency reliability of .89 using Cronbach's alpha (Rahim et al., 2009).

2.3. Intervention

The intervention was delivered in eight 90-minute weekly group sessions based on Dialectical Behavior Therapy (DBT) grounded in Linehan's (1993) model and structured according to the session content outlined by Miller et al. (2006). In Session 1, participants were introduced to one another, initial rapport and trust were established, and maladaptive self-harm coping strategies were reviewed while core acceptance practices and attention-shifting skills—including distraction through pleasant activities and compiling individualized weekly activity lists—were taught. Session 2 focused on developing competence and familiarity with emotions through various attention-shifting techniques such as redirecting attention to tasks, changing thoughts,

leaving triggering situations, engaging in daily routines, and using counting methods, followed by creating individualized attention-shifting plans. In Session 3, participants practiced labeling emotions and understanding their functions while learning self-soothing skills using sensory modalities including smell, hearing, taste, and touch, and they developed personalized cognitive relaxation plans for use at home and in daily environments. Session 4 emphasized emotional observation through imagery of a safe place, guided visualization, cue-controlled relaxation, rediscovery of personal values, and practicing committed action. In Session 5, competencies for reducing vulnerability were targeted through cognitive coping skills, completion of coping-thought worksheets, emotion identification, and addressing obstacles to emotional processing such as self-deceptive and other-deceptive behaviors. Session 6 centered on problem-solving skills and foundational distress-tolerance techniques—including radical acceptance, attention redirection, self-soothing, and structured relaxation planning. Session 7 strengthened mastery over one's internal emotional world using radical acceptance, affirming self-talk, and developing new interpersonal and intrapersonal coping strategies for distressing situations. Finally, Session 8 focused on opposite-action strategies for harmful emotions, creating crisis-survival and coping plans for essential conditions such as illness, physical pain, and sleep hygiene, identifying self-destructive behaviors, practicing non-judgmental self-monitoring, reducing cognitive vulnerability, increasing positive emotions, and completing the posttest while reinforcing the use of coping thoughts, positive self-statements, and newly developed adaptive strategies.

2.4. Data Analysis

For data analysis, descriptive and inferential statistics were employed. Descriptive statistics included frequency, percentage, mean, and standard deviation for demographic and main variables. Inferential analyses involved testing the study hypotheses and comparing the groups. Data analysis was conducted using SPSS version 26.

3. Findings and Results

Table 1 presents the mean and standard deviation scores for the pretest, posttest, and follow-up stages for the variables of rejection and feelings of inferiority in the study groups.

Table 1

Mean and Standard Deviation of Rejection and Inferiority Feelings in the Study Groups Across Three Time Points

Variable	Time	DBT Group Mean	DBT Group SD	Control Group Mean	Control Group SD
Rejection	Pretest	13.25	2.02	15.85	1.66
	Posttest	8.35	1.72	14.55	1.93
	Follow-up	5.85	1.50	14.60	2.54
Inferiority Feelings	Pretest	100.20	6.44	98.65	11.91
	Posttest	81.65	11.00	98.35	13.06
	Follow-up	77.60	9.02	102.80	26.02

As shown in Table 1, for both variables—rejection and feelings of inferiority—the Dialectical Behavior Therapy (DBT) group demonstrated substantially greater changes than the control group in the posttest and follow-up stages. To examine the significance of these differences, and considering that each participant was measured three times, a repeated-measures analysis of variance (ANOVA) was used to control for the effects of time and group. The Shapiro–Wilk test was applied to assess data normality. The results indicated that the data were normally distributed ($p > .05$).

The Box's M test for the assumption of homogeneity of variance–covariance matrices was obtained as 9.75 ($p = .18$) for rejection and 18.75 ($p = .08$) for feelings of inferiority, confirming that the assumption of equal covariance matrices was met. Additionally, Levene's test for rejection in the posttest ($F = 0.03, p = .87$) and follow-up ($F = 3.53, p = .07$),

and for feelings of inferiority in the posttest ($F = 1.58, p = .22$) and follow-up ($F = 5.55, p = .31$), indicated that the homogeneity of variances assumption was satisfied in both stages.

Mauchly's test showed that the covariance of the dependent variable rejection across the three measurements did not significantly differ ($p > .05$). However, the covariance of the dependent variable feelings of inferiority differed significantly across the three measurements ($p < .05$), indicating a violation of this assumption. Because the sample sizes in the groups were equal, this issue did not pose a problem, and the Greenhouse–Geisser correction was applied for this variable. Table 2 presents the repeated-measures ANOVA results examining the effects of DBT on rejection and feelings of inferiority across the three time points.

Table 2

Repeated-Measures ANOVA Results for the Effect of Dialectical Behavior Therapy on Rejection and Inferiority Feelings

Source of Effect	Sum of Squares	df	Mean Square	F	Sig.	Effect Size (η^2)	Power
Rejection							
Within-group: Time	397.550	2	198.77	129.30	.001	.77	1
Time × Group	190.95	2	95.47	62.11	.001	.62	1
Error (Time)	116.83	76	1.54	—	—	—	—
Between-group: Group	1026.67	1	1026.67	127.36	.001	.77	1
Error	306.32	38	8.06	—	—	—	—
Inferiority Feelings							
Within-group: Time	2319.62	1.17	1985.92	12.55	.001	.25	.96
Time × Group	3736.25	1.17	3198.77	20.21	.001	.35	.99
Error (Time)	7024.80	44.38	158.27	—	—	—	—
Between-group: Group	5427.07	1	5427.07	12.57	.001	.25	.93
Error	16408.06	38	431.79	—	—	—	—

Based on the information in Table 2, for both variables—rejection and feelings of inferiority—the main effects of time and group membership were statistically significant at the 99% confidence level ($p < .001$). Additionally, the

interaction effect of time and group membership (i.e., the experimental condition) was statistically significant at the 99% level ($p < .001$). Significant differences were observed between the control and experimental groups from pretest to

posttest and follow-up for rejection ($\eta^2 = .62$, $p = .001$, $F = 62.11$) and feelings of inferiority ($\eta^2 = .35$, $p = .001$, $F = 20.21$).

Table 3

Bonferroni Post Hoc Test Results for Time Comparisons in Rejection and Inferiority Feelings

Variable	Row	Reference Group	Comparison Group	Mean Difference	Standard Error	Sig.
Rejection	1	Pretest	Posttest	3.10	0.26	.001
	2	Pretest	Follow-up	4.32	0.32	.001
	3	Posttest	Follow-up	1.22	0.25	.001
Group	4	DBT	Control	-5.85	0.52	.001
	1	Pretest	Posttest	9.42	0.85	.001
Inferiority Feelings	2	Pretest	Follow-up	9.22	2.60	.003
	3	Posttest	Follow-up	-0.20	2.52	1.00
	4	DBT	Control	-13.45	3.79	.001

As indicated in Table 3, for the variable of rejection, significant differences were found between the pretest and posttest, pretest and follow-up, and posttest and follow-up. This means that rejection significantly changed from pretest to posttest and follow-up, and also significantly changed between posttest and follow-up.

For the variable of feelings of inferiority, significant differences were found between pretest and posttest, and between pretest and follow-up. This indicates that feelings of inferiority significantly changed from pretest to posttest and follow-up; however, the change remained stable from posttest to follow-up.

4. Discussion and Conclusion

The purpose of this study was to investigate the effectiveness of Dialectical Behavior Therapy (DBT) on perceived rejection and feelings of inferiority among bereaved adolescent girls. The findings showed that DBT led to significant reductions in both perceived rejection and inferiority feelings from pretest to posttest, and these improvements were largely maintained at follow-up. The significant interaction effects of time and group membership indicate that the observed changes cannot be attributed to natural recovery or repeated testing but rather to participation in the DBT intervention. These results highlight that DBT, with its structured focus on emotion regulation, mindfulness, distress tolerance, and interpersonal effectiveness, is well suited to address the complex emotional challenges experienced by bereaved adolescents, particularly the internalization of rejection and inferiority beliefs.

Table 3 displays the results of the Bonferroni post hoc test comparing the three time points (pretest, posttest, follow-up) for both variables.

The significant decrease in perceived rejection among participants in the DBT group aligns with theoretical and empirical findings about the underlying mechanisms of rejection sensitivity. The interpersonal rejection model posits that individuals high in rejection sensitivity tend to interpret ambiguous social cues as rejecting and respond with heightened emotional reactivity (Leary, 2001). DBT's mindfulness and distress-tolerance components help reduce this reactivity by teaching adolescents to observe their emotional responses without immediate judgment, thereby disrupting automatic negative interpretations of interpersonal interactions. This aligns with prior studies demonstrating that psychological interventions targeting emotional awareness and acceptance can alleviate rejection perception among emotionally vulnerable individuals (Esmaeili & Golparvar, 2024; Moeeni et al., 2022). Additionally, meta-analytic evidence has shown that early adverse experiences, including bereavement, increase the likelihood of developing rejection sensitivity (Gao et al., 2024). Therefore, the significant reduction in rejection sensitivity in the current study suggests that DBT may effectively buffer the relational consequences of early loss by strengthening adaptive emotion-regulation skills.

Furthermore, these findings support previous empirical studies showing that DBT reduces maladaptive interpersonal patterns in adolescents. For example, research has confirmed the efficacy of DBT in improving emotional functioning, distress tolerance, and interpersonal effectiveness in adolescent clinical populations (Goldstein et al., 2024; Villalongo Andino et al., 2024). The improved interpersonal functioning facilitated through DBT skills likely contributed to decreases in rejection perception. Similarly, school-based DBT adaptations have demonstrated high acceptability and

increased emotional resilience among adolescents (Whitener et al., 2025), supporting the idea that DBT can be effectively implemented in environments similar to the schools in which bereaved adolescents in this study were recruited. Moreover, DBT has been shown to reduce loneliness and dysregulation in youth (Abdollahi et al., 2023), which may be relevant given that rejection sensitivity often co-occurs with loneliness and social withdrawal.

The reduction in inferiority feelings observed among participants is also consistent with established psychological theories and empirical studies. The concept of inferiority feelings, rooted in Adlerian psychology, emphasizes that individuals who experience early adversity or relational failures are more prone to internalize negative self-beliefs and perceive themselves as inadequate (Adler et al., 1956). Adolescents experiencing bereavement may be especially vulnerable to such self-evaluations because the loss may activate beliefs about personal worth, control, and responsibility. The present findings support this theoretical connection, demonstrating that DBT can effectively counter these maladaptive self-schemas by promoting emotional acceptance, self-validation, and cognitive reframing through structured skills training. This result aligns with empirical studies showing that DBT is effective in reducing self-critical cognitions, negative self-schemas, and emotion-driven behaviors in young populations (Amighi et al., 2025; Cherati et al., 2023).

The effectiveness of DBT in addressing inferiority feelings is also consistent with research on structured grief and trauma interventions. Studies have shown that grief in adolescents is often accompanied by negative self-evaluations, guilt, confusion about self-worth, and impaired identity development (Ain, 2024; Hanauer et al., 2024). By providing adolescents with tools to regulate intense emotions and manage negative beliefs, DBT supports healthier self-perceptions and contributes to emotional recovery. In addition, DBT's grounding in mindfulness helps adolescents detach from rigid self-critical thoughts, thereby addressing the cognitive components of inferiority feelings. This interpretation is consistent with findings from schema and acceptance-based therapies that have similarly reduced inferiority and maladaptive self-beliefs in emotionally distressed populations (Derakhshan et al., 2022; Sayadi et al., 2017; Soleimani & Talebzadeh, 2019).

The results also resonate with broader research on adolescent grief. Grief in adolescence is complex due to simultaneous developmental tasks related to identity formation, interpersonal expansion, and emotional

independence (Blakemore, 2018; Siegel, 2015). Bereavement during this period may create a sense of helplessness and disrupt the normative processes of self-construction. DBT's multi-component approach offers practical strategies for managing grief-related emotional instability, consistent with the recommendations of grief theorists who emphasize enhancing emotional awareness, building coping skills, and restoring a sense of agency in adolescents (Layne et al., 2017; Worden & Winokuer, 2021). For example, trauma-focused interventions have shown efficacy in reducing grief intensity and behavioral problems in bereaved children (Rezaei Kangarshahi et al., 2023), and spiritually multidimensional psychotherapy has been found to decrease grief severity during the COVID-19 pandemic (Panahi et al., 2023). These findings, along with the current study's results, suggest that psychological flexibility and emotion-regulation enhancement are key components in supporting bereaved adolescents.

The present results further align with studies addressing the societal and cultural challenges that influence adolescent grief. Contemporary digital environments expose youth to online mourning cultures that may distort identity formation and intensify emotional distress (Zhao, 2023). In such settings, bereaved adolescents may increasingly compare themselves to peers, reinforce negative self-beliefs, or develop heightened sensitivity to rejection. The reduction in inferiority feelings and rejection perception in the present study may reflect DBT's capacity to counteract such harmful cognitive patterns by providing healthier alternatives to emotional regulation and interpersonal processing. Additionally, adolescents today face elevated academic stress, social pressures, and family-related stressors, all of which increase the likelihood of emotional vulnerability and high-risk behaviors (Yousefi, 2025). These pressures may exacerbate feelings of worthlessness or social disconnection following loss. DBT's focus on distress tolerance and interpersonal skills directly addresses these vulnerabilities, making it a particularly relevant intervention.

Cultural perspectives also provide context for interpreting the results. In societies where emotional expression is constrained or where bereavement may not be openly discussed, adolescents may internalize grief more intensely, increasing vulnerability to feelings of inferiority and rejection. The current findings support previous work showing that culturally adapted psychological interventions can improve grief experiences and facilitate emotional adjustment (Jaleh et al., 2022). DBT's adaptability, structured format, and skill-based orientation make it

compatible with diverse cultural settings, including those with limited openness to emotional discourse. Furthermore, DBT's grounding in behavioral and mindfulness principles may provide a less stigmatizing framework for addressing emotional difficulties compared to traditional psychotherapy models (Van Dijk, 2013).

Importantly, the findings also replicate and extend research showing DBT's robust impact in school and community settings. Studies of adapted DBT programs demonstrate that adolescents can acquire core emotion-regulation and mindfulness skills in relatively brief interventions (McCall et al., 2025; Whitener et al., 2025). This is highly relevant for bereaved adolescents, who often struggle with persistent emotional fluctuations and perceived social instability. By stabilizing emotional responses and strengthening cognitive coping strategies, DBT reduces the intensity and intrusiveness of grief-related emotions, thereby mitigating maladaptive reactions such as rejection sensitivity and inferiority beliefs. Other studies have also reported that DBT improves multiple dimensions of emotional functioning in high-risk youth and those with depressive or anxiety symptoms (Cherati et al., 2023; Ozdemir et al., 2020), giving further support to the present study's outcomes.

Taken together, the results suggest that DBT can effectively support bereaved adolescent girls by reducing key maladaptive emotional processes associated with grief. The intervention's positive effects on rejection sensitivity and inferiority feelings highlight the importance of emotion-regulation frameworks in grief treatment and underscore the relevance of DBT as a comprehensive intervention. The findings contribute to the growing body of literature supporting DBT as a youth-focused intervention applicable across emotional, behavioral, and trauma-related contexts (Goldstein et al., 2024; Villalongo Andino et al., 2024). They also emphasize the necessity of addressing cognitive and interpersonal dimensions of grief, which have historically received less attention in adolescent bereavement research.

Ultimately, the convergence of these findings with both theoretical models and empirical evidence reinforces the importance of DBT as a practical, culturally adaptable, and developmentally sensitive intervention capable of addressing the complex emotional needs of bereaved adolescent girls.

5. Limitations & Suggestions

This study has several limitations. First, the sample size was relatively small, which may limit the generalizability of the results. Second, participants were selected through screening in a specific school district, which may not reflect the broader population of bereaved adolescents. Third, the study relied on self-report questionnaires, which may introduce response biases. Fourth, the follow-up period was relatively short, limiting the ability to assess long-term stability of the intervention effects. Finally, the study did not collect qualitative data that could provide deeper insights into participants' subjective experiences with DBT.

Future studies should consider using larger and more diverse samples to enhance generalizability. Longer follow-up periods would help determine the durability of DBT's effects on rejection sensitivity and inferiority feelings. Researchers may also incorporate qualitative or mixed-method approaches to gain a deeper understanding of participants' lived experiences during treatment. Examining cross-cultural differences or comparing DBT with other grief-specific therapies would also enhance the evidence base. Finally, future studies could explore mediators such as emotion regulation, mindfulness, or interpersonal functioning to clarify the mechanisms through which DBT exerts its effects.

Clinicians working with bereaved adolescents may consider incorporating DBT skills training as a structured approach to reduce emotional vulnerability, strengthen coping skills, and address maladaptive beliefs. Schools and community centers could adopt DBT-informed group programs to provide early intervention for grieving youth. Practitioners should emphasize emotion-regulation skills, distress-tolerance techniques, and strategies that support healthier interpersonal functioning. Integrating DBT principles into school mental health services may enhance accessibility and provide adolescents with practical tools to navigate complex grief reactions.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. This study received ethics approval from Islamic Azad University, Isfahan (Khorasgan) Branch, under the code IR.IAU.KHUISF.REC.2024.266

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contributed to this article.

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