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Comparing the Effectiveness of Mentalization Based Treatment and Positive Psychology Intervention in Mistrust and Alienation among Homeless Women

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ABSTRACT

Objective: The present investigation delves into the effectiveness of two distinct therapeutic modalities, namely Mentalization-Based Treatment (MBT) and Positive Psychology Intervention (PPI), in tackling issues of mistrust and alienation among homeless females.

Methods: The methodology employed in this study was of a semi-experimental nature, characterized by an experimental design utilizing a pre-test/post-test approach with a control group. Participant selection was carried out through a random sampling technique, resulting in the recruitment of 60 individuals who were subsequently allocated randomly into three groups, each comprising 20 participants. Data collection utilized the Early Maladaptive Schemas (EMS) instrument. To assess the research hypotheses, multivariate analysis of covariance and Bonferroni post-hoc tests were conducted.

Results: Following a meticulous analysis of post-intervention outcomes, a notable discrepancy in scores between the MBT and PPI cohorts was observed. Specifically, the MBT cohort exhibited a significant enhancement in contrast to the control group, while no substantial variance was detected between the PPI cohort and the control group.

Conclusions: As a result, it is deduced from this study that MBT surpasses PPI significantly in alleviating the mistrust and alienation schema prevalent in homeless women. In view of these findings, it is recommended that organizations supporting homeless women, particularly single mothers, contemplate the implementation of the Mentalization-Based Treatment strategy to augment their cognitive schemas and foster psychological well-being.

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Introduction

Unsupervised female household heads often experience various emotional challenges that underscore the significance of safeguarding their psychological well-being; hence, the advancement of human communities is intricately linked to the mental wellness of women within a given society (Wallerstein et al., 2017). Apart from the duties of managing the household and generating income to sustain it, women leading households also bear the crucial responsibility of nurturing their children (Walters & Whitehouse, 2012). Juggling multiple roles necessitates aligning work conditions with family status, and receiving support both occupationally and maternally. The fragile physical, mental, and social state of female household heads significantly impacts their overall quality of life, consequently affecting not only the mental and physical health of their offspring but also influencing the psychological, emotional, and social dynamics within the family unit and the broader community (Saravanan, 2016). Their challenges render them more susceptible to coping with issues, shaping their mental schemas.

Per Young, the origins of schemas can be traced back to the failure in adequately meeting fundamental emotional needs during childhood. These essential needs encompass: 1) the requirement for secure attachment to peers, 2) the necessity for self-regulation, self-sufficiency, and self-identity, 3) the freedom to express healthy needs and emotions, 4) the need for spontaneity and enjoyment, and 5) the need for realistic boundaries and self-discipline (D'Rozario & Pilkington, 2022). Individuals may develop early maladaptive schemas due to adverse childhood experiences, impacting their cognition, emotions, and various facets of their lives (Talarowska et al., 2022). Notably, among the primary maladaptive schemas, alienation and mistrust hold significance due to their distinct impact on social interactions, thus underscoring the criticality of addressing these schemas for female household heads. Consequently, psychological interventions are essential for correcting schemas, with positive psychology emerging as a therapeutic model that appears to influence mental schemas. It is crucial to highlight that positive psychology's focus on strengths does not negate the presence of weaknesses; likewise, the essence of positive psychology lies not in eradicating negative aspects but in fostering positive attributes alongside them (Seligman, 2011). Recent research has revealed the distinct psychological processes associated with positive emotions compared to negative emotions (Lopez & Snyder, 2009). Another effective treatment approach is mentalization-based therapy, a specialized form of

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psychodynamic therapy developed by Daubney and Bateman (2015). This method centers on the capacity to comprehend one's own and others' mental states, a skill shaped through early interpersonal relationships and attachment styles (Asen & Fonagy, 2012). Personality function involves establishing a contractual agreement with the patient and engaging them in the identification of their issues (Bender et al., 2014). The concept of mentalization is crucial for individuals who are vulnerable or have experienced trauma. Allen et al. (2008) delineated mentalization across eight dimensions, including self-directed mentalization, mentalization towards peers, implicit and explicit mentalization, cognitive and emotional mentalization, as well as internal and external mentalization. The primary aim of mentalization-focused treatment is to enhance the individual's cognitive capacities, enabling them to differentiate between automatic and controlled mental states, self-perceptions, and internal attributes (Fonagy & Target, 2006; Jacobsen et al., 2015). This approach proves particularly beneficial in couple relationships, where mutual transformation is desired, and self-awareness fosters relationship evolution.

Mindfulness-based therapy stands out as an effective intervention for bolstering ego resilience and diminishing neurotic defense mechanisms, as highlighted by Sharp (2014)

Søndergaard et al. (2023) conducted a qualitative exploration of therapists' encounters with short-term mindfulness-based therapy for borderline personality disorder. Their study aimed to scrutinize therapist interactions with short-term mentalizing therapy for outpatients grappling with borderline personality disorder within Danish mental health institutions. Through semi-structured qualitative interviews with seven therapists post a one-year pilot phase of short-term mindfulness practice, a detailed analysis was carried out. The transcripts were meticulously examined via thematic analysis, revealing four predominant themes in therapists' encounters with short-term mentalizing therapy: (1) the efficacy of prolonged therapy, (2) the nature of transformative processes as either cognitive or experiential, (3) challenges posed by short-term therapeutic interventions, and (4) the complexities of termination in short-term mentalizing treatments. Abdullahi (2023) demonstrated a significant reduction in primary maladaptive schemas among drug addicts undergoing cognitive therapy based on mindfulness, signifying the impact of this approach on individuals' entrenched schemas.

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In light of the aforementioned considerations, the present research endeavors to compare the efficacy of mentalization-based treatment and positive psychology-based interventions on the schemas of distrust and alienation among homeless women in Isfahan city.

Materials and Methods

The research design utilized in this study can be categorized as a semi-experimental approach, implemented in an experimental fashion, particularly following a pre-test/post-test framework with the incorporation of a control group. The independent variables introduced in this investigation encompassed Mentalization Based Treatment (MBT) and Positive Psychology Intervention (PPI), which were exclusively dispensed to the experimental cohorts. An essential aim of this research was to assess the influence of these treatments on the post-test results of the experimental groups. The target population for this particular study consisted of single mothers who were acting as household heads in Isfahan throughout the year 2023. It is crucial to highlight that these single mothers had generally experienced separation from their partners for over six months and had an educational background below a diploma level. Participant selection was carried out through a random sampling technique, leading to the inclusion of 60 individuals who were subsequently randomly allocated into three groups, each comprising 20 participants. The MBT and PPI interventions were delivered weekly for a period of two months, with each session lasting 90 minutes, exclusively within the experimental groups. Conversely, the control group did not partake in any instructional activities. A detailed outline of the intervention sessions can be found in Tables 1 and 2. Prior to the initiation of the research, participants were tasked with completing a consent form.

Table 1. The summary of the MBT sessions

Session	Content
1	Getting to know the goals and process of the group, getting to know the rules and norms of the group, getting to know the members of the group with each other, introducing an educational program based on a positive cognitive-behavioral approach, emotional and intellectual investment regarding the amount of participation in group activities, the need to provide feedback to other members, adherence to homework
2	Familiarity with thoughts, feelings and behavior, members' familiarity with thoughts and feelings and recognition of beliefs, the role of thoughts in behavior, recording daily reports of spontaneous negative thoughts, cognitive errors related to each spontaneous negative thought, practicing the distinction between thoughts and feelings and healthy thinking behavior.
3	Teaching ten methods for healthy thinking and explaining the benefits of using it
4	Completing home worksheets, studying group pamphlets

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5	Comparison of usual thoughts and behaviors with the criteria of healthy thinking
6	Encouragement to identify rejected needs and aspects of self that have been denied. Drawing the attention of couples to the way they interact with each other and reflecting their interaction patterns with respect and empathy, expressing attachment needs and identifying denied needs and increasing acceptance.
7	Positive mental imagery, positive mental imagery training and its role in increasing positive emotions and motivation in life, optimism, hope, daily mental imagery about future success and favorable possibilities
8	Personal abilities, strengthening the strengths of the index and positive feelings and emotions, recalling the use of personal abilities in the past and reviewing its results, narrating personal abilities to key persons, recording the feelings arising from the narration of a personal story.

Table 2. The summary of the PPI sessions

Session	Content
1	Focusing on mental states in explaining one's actions involves the ability not to focus so much on mental states that one might become trapped in a world of imagination with little connection to social and physical reality.
2	A state of not knowing or a position of safe uncertainty (this means that one can never be sure, but at best one can make intelligent guesses about one's needs, desires, thoughts, and feelings.)
3	Pondering and thinking curiously about oneself, taking a point of view in relation to one's situations, being aware of internal conflicts
4	Emotion management, an emotional reaction is created by a specific situation, attention to internal or external aspects is triggered and the background of those cognitive processes is to evaluate the situation. Responsiveness is organized that aligns emotional response with concurrent goals and evaluation
5	Responsibility for words and actions Based on the assumption that actions are mainly guided by the inner states of the individual even when the individual is not aware of their origin. People with effective mentalization resist the temptation of not accepting responsibility to reduce shame and maintain self-esteem
6	Ability to distinguish between feelings and thoughts The ability to move flexibly between feelings and thoughts is essential to creating a human experience that necessarily encompasses both.
7	The ability to create a historical or narrative continuity that refers to the coherence of one's own narratives Modesty and humility - taking a point of view - empathy - curiosity about the minds of others - reflective thinking about colleagues - developmental perspective
8	Acceptance of new and emerging views position of not knowing a relationship about common intentions Non-paranoid responsiveness Ability to take turns in interactions Trust in variability Trust capacity

For the purpose of data collection, the Early Maladaptive Schemas (EMS) created by Young (1998) were employed. It is noteworthy that Young (1998) formulated this survey based on the original Form 205, consisting of 75 items utilizing a Likert scale with six degrees, ranging from completely incorrect (rated as 1) to completely correct (rated as 6). A total score of 75 signifies the minimum level of initial dysfunctional attitudes, whereas a score of 450 indicates the maximum

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level of initial dysfunctional attitudes. EMS was explicitly developed to evaluate 15 early maladaptive schemas, with each disposition assessed through a series of inquiries. Two early maladaptive schemas were scrutinized and examined for this study. The psychometric characteristics of the questionnaire were explored by Saariaho et al. (2009), and the questionnaire's reliability was assessed in Iran by Ali Reza Agha Yousefi and Borzoo Amirpour (2012), who documented a Cronbach's alpha coefficient of 0.81. Multivariate analysis of covariance and Bonferroni post-hoc tests were utilized to examine the research hypotheses. Subsequently, the data gathered from this investigation was analyzed using the SPSS_26 software.

Results

The mean and standard deviation of the Mistrust and alienation scores in the experimental and control groups in the pre-test and post-test stages are presented in Table 3. Also, in Table 4, the skewness and kurtosis indices of the variables are provided.

Table 3. The mean and standard deviation of the scores of the dependent variables in the pre-test and post-test stages

Variable	Group	Pretest		Posttest	
		Mean	SD	Mean	SD
Mistrust	PPI	22.95	2.48	18.95	2.89
	MBT	22.70	3.15	14.60	2.04
	Control	20.90	2.31	20.70	2.43
Alienation	PPI	21.60	2.72	19.35	2.96
	MBT	21.95	2.98	14.60	2.41
	Control	21.45	2.72	21.05	2.56

Table 4. Skewness and kurtosis of scores of dependent variables in pre-test, post-test and follow-up stages

Variable	Group	Pretest		Posttest	
		Skewness	Kurtosis	Skewness	Kurtosis
Mistrust	PPI	-0.006	-0.963	-0.771	-0.954
	MBT	0.049	-1.216	0.525	-0.082
	Control	0.135	-1.639	.316	-1.074
Alienation	PPI	0.366	-1.021	-0.137	-1.475
	MBT	0.054	-1.541	-0.198	-0.449
	Control	0.425	-1.386	0.271	-1.315

According to the skewness values observed for the studied variables, it is in the range of (2, -2). That is, in terms of the skewness of the investigated variables in the pre-test and post-test, it was normal. The kurtosis of the variables is also in the range (2, -2). This shows that the distribution of the variables had a normal curve. Also, the test of assumptions of linear relationship between dependent variables and covariate, homogeneity of variances and homogeneity of covariance matrix showed that these assumptions were confirmed. As a result, multivariate covariance

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analysis can be used to test hypotheses. Table 5 reports the results of multivariate covariance analysis on post-test scores with pre-test control of dependent variables.

Table 5. Results of multivariate covariance analysis

Test	Value	F	p	Eta
Pillai's Trace	1.139	8.51	0.001	0.57
Wilks' Lambda	0.0719	16.10	0.001	0.719
Hoteling's Trace	8.920	27.39	0.001	0.817
Roy's Largest Root	8.598	55.27	0.001	0.896

According to Table 5, all four tests are significant and the effect size shows that 72% of the changes in the dependent variables were due to the application of the treatment methods of this research. The present findings show that there is a significant difference between the sample groups in terms of at least one of the dependent variables, but the exact location of the difference is not evaluated. For this purpose, the results of covariance analysis for all dependent variables are reported in the following tables.

Table 6. Results of covariance analysis to compare the effectiveness of treatment methods on Mistrust schema.

Source	SS	DF	MS	F	P	Eta
Group	439.493	9	48.833	8.003	0.0001	0.590
Error	305.090	50	6.102			
Total	744.583	59				

According to Table 6, the value of the statistical index was significant (F=8.003 and P=0.0001). Based on this, there is a significant difference between the Mistrust scores of at least two groups participating in the research. Also, the eta coefficient shows that 59% of the changes in the Mistrust variable were due to the application of the treatment methods of this research. Table 7 shows the results of Bonferroni's post hoc test to compare the three groups.

Table 7. Bonferroni test results for pairwise comparison of research groups in Mistrust variable

Reference factor	Comparison case	Mean difference	p
Post-test	PPI-Control	-1.75	0.088
	MBT-Control	-6.10	0.0001
	MBT-PPI	4.35	0.0001

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The results of the Bonferroni test show that MBT was effective on the Mistrust compared to PPI and the control group, while this effectiveness was not observed for PPI.

Table 8. Results of covariance analysis to compare the effectiveness of treatment methods on alienation schema

Source	SS	DF	MS	F	P	Eta
Group	509.708	9	56.634	8.338	0.0001	0.600
Error	339.625	50	6.793			
Total	849.333	59				

According to Table 8, the statistical index is significant (F=8.338 and P=0.0001). This finding means that there is a significant difference between the scores of alienation at least two groups participating in the research. Also, the eta coefficient shows that 60% of the changes in the alienation variable were due to the application of the treatment methods of this research. Table 9 shows the results of the Bonferroni post hoc test to compare the three groups.

Table 9. Bonferroni test results for pairwise comparison of research groups in the variable of alienation

Reference factor	Comparison case	Mean difference	p
Post-test	PPI-Control	-1.70	0.143
	MBT-Control	-6.45	0.0001
	MBT-PPI	4.75	0.0001

The results of the Bonferroni test show that MBT was effective on alienation compared to PPI and the control group, while this effectiveness was not observed for PPI.

Discussion

In the context of the notable impact of interventions centered on mentalization and the absence of a significant impact of interventions based on positive psychology on the distrust experienced by homeless women, research investigations have indicated that this outcome is partially in line with prior research findings. Studies by Asen and Fonagy (2012), and Folmo et al. (2022) corroborate this observation. The significant influence of mentalization-based interventions and the non-significant impact of positive psychology-based interventions on the distrust experienced by homeless women are elucidated through the experimental framework and the theoretical rationale provided by researchers. Distrust is characterized as an internal sense of insecurity and doubt concerning the sincerity, dedication, and truthfulness of others in interactions, resulting in the

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emergence of cognitive, emotional, and behavioral reactions that hinder communication and impede the establishment of close relationships (Jacobsen et al., 2015). Unsupervised women ensnared in the cycle of distrust harbor negative sentiments towards others and hold the belief that fostering intimacy and trust with others is counterproductive for maintaining their well-being and equilibrium. According to the conceptual underpinnings of the mentalization theory, distrust represents a self-perception that leads individuals to question their own worthiness of receiving care and commitment from others (Folmo et al., 2022). In the course of mentalization-based interventions, participants initially assimilate the notion that absolute certainty is unattainable, yet introspection into one's thoughts and emotions, as well as their alignment with reality, is feasible. A core belief that participants internalize is distrust, which is reframed within the context of its subjectivity, prompting participants to recognize that this belief is constructed based on personal interpretations and can be modified through altering cognitive frameworks rather than sensory experiences. Allen et al. (2008) highlighted in their study that individuals undergoing mentalization therapy relinquish absolute imperatives and perspectives in favor of a relative and realistic mindset, facilitating a deliberative process that enables them to consciously choose their responses to individuals or situations after thorough deliberation. The intervention in this study revolved around addressing the entrenched belief of distrust. Participants came to understand that distrust should not be regarded as an absolute truth, and decisions should not be solely guided by it. The enhancement of relative thinking skills empowered participants to assess all facets of a situation and determine the trustworthiness of individuals, instead of reacting impulsively based on distrust.

The gradual reduction in the intensity of individuals' mistrust towards others also decreased its frequency. A considerable number of participants held the belief that their lack of trust in others stemmed from personal experiences and behaviors, leading them to perceive others, communication, and the external environment as unreliable. Nonetheless, within the process of mentalization, the significance of mental interpretations in shaping and escalating mistrust became evident. The process enlightened members to the fact that the emergence or absence of mistrust is entirely shaped by their own mental interpretations of mental states, particularly those related to others. Consequently, the group's focus on mental interpretations heightened, and they addressed

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it in a more intentional manner. Collaborating with the therapist and employing cognitive restructuring processes, members refrained from relying on former entrenched interpretations. Instead, they interpreted situations and events in real-time and adapted their cognitive, emotional, and behavioral responses accordingly. This approach effectively curbed unfounded mistrust expressions, significantly diminishing both the frequency and intensity of mistrust among participants.

Examining the notable impact of mentalization-based therapy versus the limited effect of positive psychology-based treatment on the estrangement of unaccompanied women, research findings revealed partial alignment with earlier studies conducted by Stoffers-Winterling et al. (2022) and Rossouw and Fonagy (2012). To elucidate the contrasting effects of mentalization-based therapy and positive psychology-based treatment on the alienation of unaccompanied women, researchers drew upon the experimental framework and theoretical rationale. Alienation or social isolation represents a prevalent cognitive framework characterized by the perception of lacking connection with others and their sphere of interaction. This perception gradually isolates an individual, fostering diverse forms of emotional and psychological strain. The unaccompanied women involved in the study exhibited a heightened level of alienation due to their unique circumstances, a schema that significantly diminished following mentalization therapy. Throughout the therapy sessions, participants recognized the absence of cognitive certainties while acknowledging the ability to identify immediate perceptual thoughts and emotions.

Social isolation and the perception of not fitting into the realm of communication and the external environment were embraced by individuals as certainties. The therapist elucidated to them that such a belief lacks certainty and requires scrutiny of its documentation, prompting the individuals to delve into its analysis. They came to realize that while they may not resonate with certain individuals, this sentiment is not absolute and does not signify a lack of value or place in general. This realization significantly diminished and unsettled the dominance of the alienation schema in the individuals' mental realm. Rossouw and Fonagy (2012) highlighted in their studies that grasping the relative nature of beliefs and thoughts is a key aspect of the mentalization approach, enabling individuals to comprehend that instead of hasty cognitive conclusions based solely on core and schematic beliefs, they should assess the circumstances and draw logical inferences. According to these scholars, such capacity gradually diminishes the strength and recurrence of

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deeply ingrained destructive beliefs and ineffective schemas in individuals' mental world, altering their perception of themselves, others, and the external world. Throughout the course of mentalization therapy, the therapist prompted the individuals to explore the origins of the alienation schema. Many believed that this notion was imposed upon them by external entities and the world of communication, with consistent rejection from all quarters fostering its inception and perpetuation. This notion is restrictive and obstructs any potential for change. The therapist stressed the importance of identifying the cognitive mechanisms and mental states underpinning this belief. Upon recognizing these processes and their contribution to the alienation, the therapist confronted the individuals with the reality that it was their internal mental landscape, not external influences, that engendered and perpetuated the alienation schema.

During the therapeutic process, participants came to the realization that their mental interpretations of various experiences led to the development of deep schemas within themselves. Instead of attempting to change external factors, such as others or the surrounding environment, they acknowledged the importance of correcting personal interpretations. Stoffers-Winterling et al. (2022) emphasized in their study that erroneous interpretations of communication and environmental encounters are major contributors to cognitive and emotional distress. By enhancing an individual's mentalization skills, the groundwork is laid for dismantling these tensions and fostering positive inner experiences. Furthermore, the researchers demonstrated that rectifying cognitive processes and interpretive frameworks can significantly weaken destructive beliefs like alienation, ultimately promoting a healthier psychological state. As the mentalization therapy continued, participants became more adept at distinguishing between thoughts, feelings, and objective reality. They recognized that thoughts do not always align with reality and that emotions are influenced by one's cognitive processes. By examining the underlying thoughts behind feelings of alienation, individuals gained insight into how false beliefs and superficial thoughts fuel emotions like anxiety and sadness. This newfound awareness empowered participants to shift from destructive interpretations to healthier ones, reducing feelings of distrust and negativity. By guiding individuals towards constructive mental interpretations, the therapy sets the stage for cognitive correction. Identifying the thought patterns contributing to alienation and addressing them through reinterpretation gradually diminishes the intensity of this schema,

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leading to a more positive mental outlook. Despite the significant role of mentalization therapy in addressing alienation, positive psychology therapy did not yield the same results. Alienation, a deeply ingrained mental schema, consists of both conscious and unconscious components .

Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Ethics statement

The studies involving human participants were reviewed and approved by ethics committee of Islamic Azad University.

Author contributions

All authors contributed to the study conception and design, material preparation, data collection and analysis. The author contributed to the article and approved the submitted version.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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