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Comparing the Effectiveness of Mentalization Based Treatment and Positive Psychology Intervention in Emotional Deprivation and Abandonment Among Homeless Women

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ABSTRACT

Objective: This study investigates the efficacy of two distinct therapeutic approaches, Mentalization-Based Treatment (MBT) and Positive Psychology Intervention (PPI), in addressing emotional deprivation and abandonment issues within the vulnerable demographic of homeless women.

Methods: The design of this research was a semi-experimental type, as it was conducted in an experimental manner, in a pre-test/post-test with a control group. The process of participant selection involved a random sampling method, which resulted in the inclusion of 72 individuals who were then randomly assigned to three groups, with each group consisting of 24 individuals. The Early Maladaptive Schemas (EMS) was used to collect data. In order to test the research hypotheses, multivariate analysis of covariance and Bonferroni post-hoc tests were employed.

Results: Through a rigorous examination of post-intervention results, we identified a significant disparity in scores between the MBT and PPI groups. Notably, the MBT group demonstrated a marked improvement compared to the control group, while no substantial difference was found between the PPI group and the control group. Consequently, this study concludes that MBT significantly outperforms PPI in mitigating the emotion deprivation and abandonment schema in homeless women.

Conclusions: In light of these findings, organizations supporting homeless women, especially single mothers, are encouraged to consider the adoption of the Mentalization-Based Treatment approach to enhance their mental schemas and promote emotional well-being.

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Introduction

Homelessness and mental illness are intrinsically connected, mutually reinforcing each other. This relationship is bidirectional, trapping those affected in a relentless cycle that is extremely challenging to break free from (Perry & Craig, 2015). The homeless population is diverse, encompassing individuals on the streets, those living in inadequate and unstable conditions, and even those in institutionalized settings (Greenberg & Rosenheck, 2008). Within mental health care settings, certain clients are compelled to undergo extended psychiatric hospitalization in closed wards due to financial constraints, rejection by their families, societal stigma, and discrimination. Reintegrating them into their homes has always presented a significant challenge for mental health professionals. With a shortage of community-based rehabilitation (CBR) facilities, many of these patients ultimately find themselves in government or non-government shelter care homes, which address their basic needs.

Early maladaptive schemas (EMSs) are overarching and enduring patterns related to one's self-concept and interpersonal connections, stemming from adverse experiences during childhood (Janovsky et al., 2020). Although initially developed to address personality disorders, research has explored the links between EMSs and various other mental health conditions. According to Young et al. (2003), EMSs are defined as "comprehensive, pervasive themes encompassing memories, emotions, thoughts, and bodily sensations regarding self and relationships, established in childhood or adolescence, elaborated over a lifetime, and significantly dysfunctional". These schemas are believed to result from the interplay between inherent temperament and recurrent adverse childhood experiences, where fundamental psychological needs like safety, secure attachment, and autonomy were not met (Young et al., 2003).

Young et al. (2003) compiled a list of EMSs based on clinical observations, covering common themes seen in individuals with personality difficulties and disorders. To assess EMSs, they developed the self-report Young Schema Questionnaire (Kriston et al., 2013). EMSs, by their nature, are dysfunctional and can give rise to various psychological issues, including depression, loneliness, addictions, and psychosomatic disorders (Bishop et al., 2022). Similar to Beck's cognitive model of psychological disorders (Beck & Haigh, 2014), it is theorized in Young's model that the activation of EMSs by events tied to their developmental origins can lead to mental distress and disorders (Young et al., 2003). Although Beck's schema model has garnered substantial

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empirical support, Young's model places more emphasis on maladaptive coping strategies for handling schema activation, such as resignation, avoidance, and inversion (Bay & Novinrouz, 2022). Hawke and Provencher (2011) reviewed the research literature and suggested that the defectiveness and insufficient self-control schemas are specific to depression, while anxiety disorders share the vulnerability to harm schema. Additionally, they found that posttraumatic stress disorder (PTSD) was characterized by the emotional inhibition schema, obsessive-compulsive disorder (OCD) and emotional deprivation schema was associated with social isolation.

Emotional deprivation schema is a complex psychological concept that explores the deep-seated beliefs individuals hold about their own emotional needs and their expectations of receiving emotional support from others (Pilkington et al., 2021). This schema can significantly influence one's thoughts, emotions, and behaviors, often resulting in patterns of behavior that can impact various aspects of their lives, including relationships, self-esteem, and overall well-being (Bach et al., 2018). To provide you with a comprehensive introduction to the emotional deprivation schema, let's delve into the concept, its origins, and its implications with the support of ten citations from prominent sources in psychology and related fields. The emotional deprivation schema is a crucial aspect of schema therapy, a therapeutic approach designed to address and transform these deeply ingrained emotional beliefs. Understanding the nature and impact of this schema is essential for mental health professionals and individuals seeking personal growth and emotional healing. In this introduction, we will explore the definition, origins, and therapeutic implications of the emotional deprivation schema, drawing from a wealth of scholarly research and clinical expertise (Arntz et al., 2021).

Another maladaptive schema is abandonment schema. An abandonment schema is a profound psychological construct that revolves around an individual's fear, belief, or anticipation of being abandoned or rejected by significant others in their life (D'Rozario & Pilkington, 2022). This schema often stems from early life experiences and can profoundly influence one's thoughts, emotions, and behaviors, shaping their relationships, self-perception, and overall well-being (Jafari Harandi, 2021). Understanding the abandonment schema is crucial in the fields of psychology and mental health, as it sheds light on the complexities of human attachment and vulnerability. In this introduction, we will delve into the concept of the abandonment schema, exploring its origins,

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manifestations, and the impact it has on an individual's life and relationships. The abandonment schema, deeply rooted in attachment theory and emotional development, plays a pivotal role in shaping an individual's perceptions and responses to relationships and interpersonal interactions. It can manifest as a pervasive fear of rejection, an intense need for constant reassurance, or a pattern of pushing others away before they have the chance to abandon the individual (Ahmadpanah et al., 2017). These maladaptive patterns can significantly impact one's quality of life, making the abandonment schema a central focus in therapeutic interventions aimed at fostering healthier, more fulfilling relationships and emotional well-being. Throughout this exploration, we will draw on insights from psychological research, clinical practice, and personal narratives to provide a comprehensive understanding of the abandonment schema, its various facets, and the therapeutic approaches used to address and heal the emotional wounds associated with it. By examining the abandonment schema, we can gain valuable insights into the intricate dynamics of human emotions and relationships, ultimately empowering individuals to work towards more secure, satisfying, and resilient connections with others (D'Rozario & Pilkington, 2022).

Mentalization, or more precisely, the act of mentalizing, refers to the cognitive process through which we comprehend both ourselves and others, both implicitly and explicitly, in terms of their subjective states and mental processes (Freeman, 2016). It is fundamentally a social phenomenon, entailing our capacity to pay attention to the mental states of those we engage with, whether in physical proximity or within psychological interactions. Given the breadth of this definition, it becomes apparent that most mental disorders will inherently involve challenges related to mentalization (Liljenfors & Lundh, 2015). Indeed, one can conceptualize most mental disorders as instances where the mind misinterprets its own self-experiences, essentially representing a disruption in the process of mentalization. Nonetheless, the crucial question revolves around whether this dysfunction is integral to the disorder itself and whether a focus on enhancing mentalization serves as a valid and beneficial domain for therapeutic intervention.

Mentalization theory is currently finding application in various disorders, such as posttraumatic stress disorder (PTSD), eating disorders, and depression, in diverse treatment settings including inpatient, partial hospitalization, and outpatient facilities, and across different patient

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demographics, encompassing adolescents, families, and individuals grappling with substance abuse (Freeman, 2016).

The inception of the positive psychology movement arose as a response to the prevailing dominance of psychology's focus on mental disorders. Csikszentmihalyi et al. (2014) noted that, following the conclusion of World War II, the field of psychology had primarily concentrated on the examination of mental illnesses. They contended that while the study of pathology was indeed important, an almost exclusive preoccupation with diseases and their treatments primarily benefited a minority of individuals grappling with mental health issues. Csikszentmihalyi et al. (2014) perceived this as a deviation from psychology's initial mission, which aimed to enhance the well-being of all individuals, prompting the launch of the positive psychology movement. Positive psychological interventions (PPIs) refer to a range of practical activities crafted to enhance "positive resources" (Carr et al., 2021). PPIs introduce a distinctive perspective within the realm of applied psychology (Parks & Titova, 2016). In the traditional context of applied psychology, interventions were primarily developed to address shortcomings and alleviate symptoms, aiming to assist individuals and communities in recovering from setbacks and healing from injuries (Seligman, 2002). Nonetheless, such approaches have inherent limitations, as they tend to define individuals and communities primarily in terms of their deficiencies and. To address these limitations, PPIs are constructed around the recognition and utilization of personal strengths, serving as a means to foster personal development, enhance community functioning, and promote the thriving of organizations (Kiarostami et al., 2022).

Homeless women, particularly those experiencing emotional deprivation and abandonment, face unique and severe psychological challenges (Finfgeld-Connett, 2010). Despite this, there is a significant gap in the literature regarding the most effective therapeutic approaches for addressing their mental health needs. This study seeks to address this gap by comparing the effectiveness of Mentalization Based Treatment (MBT) and Positive Psychology Intervention (PPI) in alleviating emotional deprivation and abandonment issues among homeless women in Isfahan. The problem lies in the lack of clarity on which of these therapeutic approaches, if any, offers superior outcomes in improving the emotional well-being and overall quality of life for this vulnerable population.

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Material and Methods

The design of this research can be classified as a semi-experimental type, as it was conducted in an experimental manner, specifically in a pre-test/post-test format with the inclusion of a control group. The independent variables in this study were Mentalization Based Treatment (MBT) and Positive Psychology Intervention (PPI), which were exclusively administered to the experimental groups. The primary objective of this study was to examine the impact of these interventions on the post-test scores of the experimental groups. The statistical population for this research was comprised of single mothers who served as the heads of households in Isfahan during the year 2023. It is important to note that these single mothers had mostly been separated from their spouses for a period exceeding six months and possessed an education level below a diploma. The process of participant selection involved a random sampling method, which resulted in the inclusion of 72 individuals who were then randomly assigned to three groups, with each group consisting of 24 individuals. The MBT and PPI were presented on a weekly basis for a duration of two months, with each session lasting 90 minutes, exclusively in the experimental groups. In contrast, the control group did not receive any form of training. The summary of the sessions of both interventions is presented in Tables 1 and 2. Prior to the commencement of the study, participants were required to complete an informed 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
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.

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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), developed by Young (1998), was utilized. It is worth mentioning that Young (1998) designed this questionnaire based on the original form (Form 205) which includes 75 questions with a six degrees Likert scale ranging from completely wrong (assigned a value of 1) to completely correct (assigned a value of 6). A score of 75 represents the lowest level of initial dysfunctional attitudes, while a score of 450 indicates the highest level of initial dysfunctional attitudes. EMS was specifically designed to assess 15 early maladaptive schemas, with each attitude being evaluated through a set of questions. For the purpose of this research, two early maladaptive schemas were examined and analyzed. It is worth mentioning that the psychometric properties of the questionnaire were investigated by Saariaho et al. (2009), and the reliability of the questionnaire was also tested in Iran by Ali Reza Agha Yousefi and Borzoo Amirpour (2012), who reported a Cronbach's alpha value of 0.81. In order to test the research hypotheses, multivariate analysis of covariance and Bonferroni post-hoc

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tests were employed. Finally, the data obtained from this study was analyzed using the SPSS_26 software.

Results

The mean and standard deviation of the emotional deprivation and abandonment 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
Emotional deprivation	PPI	22.25	3.04	18.35	2.38
	MBT	23.55	2.14	14.30	2.86
	Control	21.05	2.14	19.95	2.14
Abandonment	PPI	22	2.87	18.35	3.01
	MBT	22.75	3.23	13.18	3.50
	Control	21.80	2.69	20.45	2.48

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
Emotional deprivation	PPI	-0.21	-1.23	0.49	-0.58
	MBT	0.013	0.39	-0.30	-1.37
	Control	0.11	-0.95	0.04	-1.12
Abandonment	PPI	0.19	-0.83	0.06	-1.19
	MBT	0.34	-1.22	0.36	-1.60
	Control	0.22	-1.23	0.43	-0.67

According to the 4 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 emotional deprivation schema

Source	SS	DF	MS	F	P	Eta
Group	362.23	9	40.24	5.64	0.001	**0.504**
Error	356.69	50	7.13			
Total	718.93	59				

According to Table 6, the value of the statistical index was significant (F=5.64 and P=0.001). Based on this, there is a significant difference between the emotional deprivation scores of at least two groups participating in the research. Also, the eta coefficient shows that 50% of the changes in the emotional deprivation 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.

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

Reference factor	Comparison case	Mean difference	p
Post-test	PPI-Control	-1.60	0.16
	MBT-Control	-5.65	0.001
	MBT-PPI	4.05	0.001

The results of the Bonferroni test show that MBT was effective on the emotional deprivation 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 abandonment schema

Source	SS	DF	MS	F	P	Eta
Group	580.10	9	64.56	7.96	0.001	**0.589**
Error	204.83	50	8.09			
Total	984.93	59				

According to Table 8, the statistical index is significant (F=7.961 and P=0.001). This finding means that there is a significant difference between the scores of abandonment at least two groups participating in the research. Also, the eta coefficient shows that 59% of the changes in the abandonment 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 abandonment

Reference factor	Comparison case	Mean difference	p
Post-test	PPI-Control	-2.1	0.09
	MBT-Control	-6.65	0.001
	MBT-PPI	4.55	0.001

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

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Discussion

The primary aim of this study was to assess the effectiveness of Mentalization Based Treatment (MBT) and Positive Psychology Intervention (PPI) in dealing with issues related to emotional deprivation and abandonment among homeless women. The results of the study revealed significant disparities in post-intervention scores between the groups undergoing mentalization and positive psychology interventions. Additionally, a notable variance in average scores was observed between the mentalization group and the control group, although no significant distinction emerged in the mean scores between the positive psychology group and the control group. As a result, the study confirmed the efficacy of mentalization-based treatment while failing to support the effectiveness of positive psychology intervention. These findings underscore the superior performance of mentalization-based treatment in addressing the challenges of emotional deprivation and abandonment among homeless women. Our results are in line with numerous previous studies (Bateman et al., 2007; Gohari et al., 2022; Luyten et al., 2020; Montgomery-Graham, 2016).

Mentalization represents a distinct psychotherapeutic approach that revolves around comprehending and modifying individuals' mental states, thereby providing a foundation for enhancing cognitive and emotional well-being and reevaluating these mental states (Ridenour et al., 2019). Throughout this therapeutic journey, individuals gain awareness that their self-concept lacks absoluteness, and their perception of themselves cannot be unequivocal. In essence, it implies that comprehensive and absolute self-knowledge is unattainable. Nevertheless, the potential for recognizing moment-to-moment needs, desires, and interests remains intact. During this therapeutic process, the individuals' focus shifts towards self-awareness, empowering them to address various cognitive and emotional deficiencies, including emotional deprivation. Emotional deprivation, in this context, pertains to an individual's limited insight into their emotions and their struggle to express them in a healthy manner. Concurrently, there exists a prolonged neglect of their emotional needs, including the fundamental requirements for validation, love, and attention (Gohari et al., 2022). Notably, single mothers exhibited a significantly elevated level of emotional deprivation, resulting in emotional and psychological insecurity. Throughout this therapeutic process, members' awareness of these unmet needs significantly increased, emphasizing the

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imperative need to address them. The process of fulfilling these needs received considerable attention, with an emphasis on self-care and genuine emotional interaction with family members, guiding these individuals toward fulfillment.

Moreover, our findings indicated significant disparities in post-intervention scores between the mentalization and positive psychology groups. Additionally, a noteworthy distinction in mean scores was observed between the mentalization group and the control group, although no substantial difference surfaced in the mean scores of the positive psychology group when compared to the control group. As a result, the effectiveness of mentalization-based treatment was validated, while the efficacy of positive psychology intervention was not substantiated. In light of these outcomes, it becomes apparent that mentalization-based treatment surpassed positive psychology intervention in addressing emotional deprivation and abandonment among homeless women.

The concept of abandonment represents one of the most widespread and detrimental mental constructs deeply ingrained in an individual's psyche from their early personal and interpersonal experiences, evolving into a fundamental belief (Rajabi et al., 2018). Homeless women, who have encountered loss, had notably internalized this construct. They carried a profound sense of abandonment and isolation, which triggered a range of emotional, cognitive, and behavioral challenges, especially impacting their ability to form meaningful relationships. Within the mentalization therapy process, the therapist fostered an environment that encouraged introspection and inquisitiveness, with a primary focus on the cognitive and emotional experiences of the participants. This process heightened the participants' consciousness of their internal perception of abandonment. Essentially, the therapeutic approach revolved around acknowledging that being an abandoned individual did not imply possessing absolute knowledge but allowed for an awareness of moment-to-moment needs, desires, and interests. The process promoted a shift in participants' self-awareness, empowering them to address various cognitive and emotional deficits, including emotional deprivation. In this context, emotional deprivation referred to the participants' limited understanding of their emotions and their challenges in expressing them in a healthy manner. Simultaneously, they endured a protracted absence of emotional attention to their needs, including the need for validation, love, and affection (Darabi et al., 2022; Karimi et al., 2020).

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It's essential to note that this research was conducted in Isfahan city; therefore, the generalizability of these findings to other social contexts and cultural backgrounds may be restricted. The research design employed is semi-experimental, which lacks full control over all intervention-related variables. Consequently, the results may be influenced by intervention-related and concealed variables. Given these findings, it is advisable to compare the effectiveness of mentalization-based treatment and positive psychology intervention on the mental schemas of single mothers in different cities and cultural settings, while meticulously controlling for intervention-related variables. The outcomes of this study have underlined the effectiveness of the mentalization approach in addressing emotional deprivation and abandonment constructs. Therefore, it is recommended that organizations supporting single mothers consider the adoption of mentalization-based therapy to enhance the mental constructs of this particular group of women.

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