Research Paper: Effectiveness of Metacognitive Therapy on Psychological Disorders in Sexual Harassment (A Single Case Study)

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ABSTRACT

Background: Unlike other hazards, impersonal work environments, insecurity is one of the dangers of personal nature. Employed females have always been exposed to sexual harassment, but most sexual harassment study focuses on the features of those who commit sexual harassment and less on those who have been sexually abused and their mental health effect. Therefore, the research was aimed to use a single case model to assess the efficacy of meta-cognitive treatment on psychological disorders in sexual harassment

Methods: A multi-base multi-drug therapy method on a topic was performed in single-case research. The Coprasmit self-esteem questionnaire, Bart's Impact Scale, Beck Depression Inventory, and Beck's Anxiety Scale, the Weiss and Margaret Impact Assessment Scale, and the Gharnovsky Cognitive Ordering Questionnaire were used to evaluate rehabilitation facilities, pretreatment, post-treatment, and 3-week follow-up.

Results: The findings of this research demonstrated that this therapy decreased impulsiveness, self-efficacy, depression, anxiety, rumination, or mental impotence. The therapy strategy based on the metacognitive model was efficient in treating post-traumatic stress disorder.

Conclusion: The results showed the efficacy of meta-cognitive treatment on sexual harassment, although this research was performed on one individual and without a control group, the research findings suggest that metacognition findings are generalized.

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Introduction

Sexual bullying is more essential and vulnerable among the kinds of abuse against females. Sexual harassment is one of the risks of private nature, unlike other risks of job settings that have a non-personal nature. Employed females have always been sexually harassed. Since the 1970s, owing to the growing presence of females in the workplace, the gender structure of the forces employed in organizations and offices, most nations in the globe have experienced many modifications, but there are still issues such as reduced wages for females, obstacles to career development, discrimination against females and, eventually, sexual exploitation and harassment of working women [1].

Due to the damage and psychological harm it creates, psychological abuse at job in the early 1990s is acknowledged as a work-breakdown phenomenon that decreases absenteeism's efficiency and efficiency. This phenomenon has been researched mainly in the Anglo-Saxon countries and in the Nordic countries, defined as "mobbing," meaning crushing, humiliation, pressure from a group of individuals against a individual, intimidation and intimidation. Sexual harassment is a phenomenon that rotates. There is no search for the source of the dispute and even the reasons are forgotten [2].

The scientists regarded the problem of sexual harassment as a social problem from the 20th century onwards. Legislators emphasize the need for executives and officials in the workplace to avoid and take action to eradicate sexual harassment of females. Despite the law's emphasis on this, sexual harassment still remains a mystery. Some think, among them, that the sexual harassment problem is restricted to only a few females. The presence of such perceptions and ambiguities makes talking about sexual harassment hard for females. Because it can result in loss and blame. Usually, when talking about sexual harassment against themselves, females have become discredited, dismissed, discredited, secluded, and accused. Despite these ambiguities, study indicates that this phenomenon is prevalent in working settings [3].

Sexual harassment in the environment is by people who have a higher degree of authority and authority than individuals, and most sexual harassment is partly based on the use of imams and hints that accompany the admission of sexual desires with rewards, or if these demands are not met, there is a form of punishment [4], often evidenced by expulsion, and according to Dodge and Rospenda [5] With regard to the significance of this problem, research on psychological disorders in persons who have been sexually abused has not yet been discussed and traces only the symptoms of post-traumatic disease individually and has not discussed other elements of this problem, and the magnitude and nature of sexual harassment, the type of setting in which these problems happen, the nature of women's encounters,

The Committee on the Collection of Reports and Reports from the Headquarters on Violence Women in Iran was published only in a research by friends and civil engineers, without mentioning the rampant incidence of female sexual abuse in the workplace of Iran [6]. Not only did the women surveyed in this report not deny the existence of sexual harassment in the workplace, but they were or were witnesses of such behaviors themselves [7].

Sexual harassment protects females from realizing their potential, so much so that many prefer to leave their job environment in such conditions, but their minds have long been engaged in the unpleasant experiences of the job environment [8] and the effects Negative are individuals ' mental and physical health [9]. The effects of sexual harassment, creating pessimism and suspicion and an adverse attitude towards society and the workplace, depression, anxiety and anger that can interrupt their daily lives [10], and these individuals have low self-esteem and self-esteem. Come and have suicidal or impulsive behaviors associated with other Comorbid risk behaviors. Of these, only a few with depression such as severe depression and high anxiety refer to a psychologist, and most of them complain about the inadequacy, inefficiency and suicidal ideas after sexual abuse.

They have taken a big group over the previous two decades with an increasing metacognitive treatment. In reality, metacognitive treatment is an evolving strategy, resulting from a systematic test hypothesis that led to different techniques being applied [11]. This therapeutic approach has been able to understand the causes and treatment of illnesses like general anxiety, post-traumatic stress, obsessive-compulsive disorder, social anxiety, and depression [12].

Meta-cognitive therapy is based on the concept that metacognition is very crucial in knowing how our cognition operates and how our conscious experiences are created about ourselves and the world around us [13], and a fresh step forward in understanding the causes and treatment of mental health issues. This strategy is based on self-regulating performance's basic theory [14, 15]. Metacognitive therapy's primary objective is to enhance the control and understanding of metacog-

nitive information and to stop processing as a problem and rumination and threat tracking [16,17].

With regard to the problems presented, this therapy has been efficient in decreasing depression and rumination symptoms in depressed individuals. The objective of this research was to explore the efficacy of metacognitive treatment on self-esteem, impulsivity, self-affirmation, depression, anxiety, rumination, mental regulation in the sexual abuse of women working in a single case model.

Methods

The current research is an experimental study with a multi-lingual single-line strategy to evaluate the efficacy of metacognitive treatment on self-esteem, impulsivity, self-affirmation, depression, anxiety, rumination, mental ordering, general discomfort in sexually abusive female adolescent. The study sample consisted of a 26-year-old woman, a Master of Accounting degree, who worked for 7 months in a private accounting firm and was chosen through targeted sampling.

The authorities initially contacted a telephone counselor for the cause of depression and after several occasions he asked for a psychiatric clinic, an unconfirmed girl's appearance, a pale girl's color, and when he spoke he had no eye contact. She attempted to conceal the problem of sexual harassment, and after every phrase of tears she rang in her eyes, her stress and anxiety so much that she shook her arms and legs and swirled her lips as she interviewed her lover and suffered from an absence of oxygen in her counseling room. At the first hearing, the use of defense mechanisms and emotional pain prevented communication and, after 20 minutes because of the respiratory issue, the therapy session was discontinued and at the second session, the psychologist was able to break the resistance of officials and officials when speaking about sexual abuse at the site.

At first, the authorities were told to look for another job after the consultation and consider resigning from the present working setting. Luckily, he discovered work in the semi-private industry for five days owing to work experience, which had a reduced wage than the prior job. But he had a greater moral standard, and his mood was significantly enhanced by the fresh work, but he was excited to get near to others, and he did not deserve himself yet. Following a two-way choice between counseling and counseling, it was decided that meta-cognitive treatment should be finished and the forms and questionnaires should be filled out together with the authorities ' approval to publish the study outcomes.

Measures

Cooper's Self-Responsibility Questionnaire (1967), This questionnaire was given to evaluate self-feedback in social, family, school and private regions, including 58 sub-scale papers describing a person's emotions, views or responses. From: the general scale of the 26 articles, the social scale of the 8 articles, the family scale of the 8 articles, the school scale of 8 articles and the scale of falsehood 8 articles [18] scores of subscales, as well as overall scores, the ability to identify the context in which people with images provide a positive self. For the general test score, Weed and Gülen [19] recorded an alpha of 0.88.

The validity coefficient of this experiment in Iran was recorded at four and twelve intervals respectively at 0.77 and 0.47. In different research, the Durrani coefficient of variation ranges from 0.89 to 0.83 [20].

Bart's Impulsivity scale

This scale is a suitable instrument for measuring different kinds of impulsive behaviors. In 1994, Bart produced the eleventh edition of the questionnaire, which has 30 quadrants, with three impulsivity variables (including cognitive choices) of engine impulsivity (including no-thought-action) and bribery (as an instant orientation or absence of predictability). Evaluates. The structure of the issues gathered shows the dimensions of rapid decision-making and the absence of foresight. [21] Bart's impulsive scale Persian translation, performed by Attiari et al. In 2008, it is valid and reliable in a desirable sense [22]. The reliability acquired in this research is 0.83, which is based on Bart et al. [21]'s results. The counts (0.81) and other variants were better in the English version, such as the Italian version (0.79), and the alpha ratio of the Cronbach was between 40% and 83% [22].

Depression Questionnaire (Second edition)

One of the most suitable instruments for depression reflection [23]. This questionnaire contains 21 items that assess the symptoms of depression physically, behaviorally and cognitively. Each substance has four alternatives ranging from mild to severe to differing degrees of depression. This questionnaire is more about depression psychological features, correlating with physiological and physiological defects and the 75 percent Hamilton questionnaire. 21 items of Beck Depression Inventory are categorized into three groups of emotional symptoms, cognitive symptoms and phys-

ical symptoms. The findings of the Beck Depression Inventory meta-analysis indicate that its inner consistency ratio ranged from 73% to 93% with an average of 86%, and the alpha ratio was 86% for the patient group and 81% for non-aboriginal patients. In a student study conducted by Tehran University and Allameh Tabatabaei University, which assessed the validity and validity of the second edition of the Beck Depression Inventory on Iranian inhabitants, the findings showed that Cronbach's alpha was 78% and that the re-test validity was 73% within two weeks. [24].

Beck Anxiety Inventory

The Beck Anxiety Test was developed in 1988. This test is made up of 21 signs and anxiety symptoms. These items should be replied by the topic. Severe, moderate, mild, never mapped to 0 1 2 3, respectively in the form these alternatives are. A score of 0 to 23 in this exam is a sign of slight anxiety, a score of 24 to 28 moderate symptoms of anxiety, a score of more than 29 signs of anxiety. Lotf Ali Zadeh and Gomari Givi transferred the Beck Anxiety Test in Iran to the Persian. The coefficient of correlation between this experiment and the physiological elements is 0.89 [20].

The Revised Scale of the Effects of the Weiss and Marmi Event: This scale has 22 questions and aims to assess the dimensions of mental helplessness when confronted with certain events in life (avoidance, unwanted thoughts, and arousal). In terms of predictive validity and content, according to Weiss & Marmer (1997), the traumatic hyperactivity subscale has a good predictive validity and the unpredictable and avoidable subscales of IES (main form) content are content-based. Up to 85% supported. Also, in the research of Weiss and Marmer (1997), reliability of the questionnaire or its reliability was calculated using Cronbach's alpha. Usually, the range of the confidence coefficient of the alpha of Cronbach from zero (0) means instability, until the positive one (+ 1) means complete stability, and the higher the value obtained to the positive number of one is closer, the reliability of the questionnaire becomes greater. [25].

Garanovsky et al. Cognitive Order Censorship Questionnaire (2001). The questionnaire has 36 questions and seeks to evaluate emotional ordering (self-denial, recognition, rumination, positive re-focus, planning re-focus, positive re-evaluation, observation, catastrophe, blame). Garnowski et al. [26] developed this questionnaire to assess the cognitive strategies that each person utilizes after experiencing life stress or threatening occurrences.

Garnowski and peers evaluated the accuracy of the test when examining the psychometric characteristics using Cronbach's alpha coefficient equal to 0.91, 0.87, and 0.93 respectively. In Iran, the test's validity was assessed by correlating the complete score with the test subscales results, ranging from 0.41 to 0.68 with an average of 0.56, all of which were important. In 1382, Yousefi's accuracy of the questionnaire for all cognitive scales in Iranian culture using the Cronbach alpha coefficient was 0.82.

Metacognitive therapy training: For 8 weeks, this therapy was one week for 60 weeks. This therapy was instructed according to the Wells therapy protocol.

Table 1. Metacognitive Therapy Training

First session:	Metacognition call, metacognitive impairment, explanation of treatment logic
Second session:	Teaching the technique of emancipation from the busy mind
Third session:	Teaching technique postponement
Fourth Session:	Review the progress of references
Fifth meeting:	Attention training technique, attention-shifting focus shift technique
Session Six:	Modifying Positives and Negatives by Using the Question and Answer Technique with Yourself
Seventh Session:	Verbal Sentiments
Eighth Session:	Monitoring progress, recovery, preventing recurrence

Results

Tests on remission, impulsiveness, depression, anxiety, mental helplessness, and emotional ordering were conducted at first. Tests were re-tested at the end of each stage (pre-test, post-test, follow-up), the scores were combined and recovered and the total effectiveness of the number of scores decreased and the total recovery rate of each subscale was combined and the average recovery percentage of each variable and variable was taken.

Table 2 findings demonstrate metacognitive therapy's efficacy on the variables used. On the scale of self-esteem (self-esteem), the general self-esteem score was 19, indicating bad self-esteem, which was mild at 23

on post-treatment. The complete score was 84 in the impulsivity variable, showing a elevated impulse which fell to 52 after therapy.

Table 2. Comparison of the scores of meta-cognitive therapy in spasticity scales, impulsivity and its subscales in the pre-test, post-test and the effectiveness of treatment

Variables		pre-test	post-test	effectivity level	Follow up	Effectiveness after follow-up
Selfesteem	General	11	14	0.81	18	0.86
	Family	3	5	0.63	5	0.63
	social	3	4	0.32	5	0.39
	Career /Education	2	5	0.79	4	0.79
Impulsive	Cognitive	28	16	0.80	16	0.80
	A move	24	16	0.67	12	0.67
	Disorganization	32	20	0.80	20	0.80

Table 3. Comparison of meta-cognitive metacognitive scores in depression scales, anxiety and its subscales in pre-test, post-test and therapeutic efficacy

Variables		Pre-test	Post-test	Effectivity level	Follow up	Effectiveness after follow-up
Depression	Emotional	18	15	0.43	12	0.51
	Cognitive	15	6	0.79	9	0.61
	Physical	12	6	0.53	6	0.53
Anxiety	Mentally	15	6	0.79	6	0.79
	Physical	9	6	0.43	3	0.87
	Panic	15	9	0.32	6	0.41

With regard to Table 3 scores, it can be concluded that the factors of depression and anxiety improved after metacognitive treatment and that this improvement was maintained during the follow-up period.

Table 4 findings demonstrate the efficacy of meta-cognitive treatment on rumination and variables of mental order.

Table 4. Comparison of the scores of meta-cognitive management in the scales of mental helplessness and emotional regulation and its subscales in the pre-test, post-test and the effectiveness of treatment

Variables		Pre-test	Post-test	Effectivity level	Follow up	Effectiveness after follow-up
Mental distress	Avoid	11	7	0.43	8	0.37
	Unwanted thoughts	26	19	0.49	18	0.58
	More arousal	22	18	0.43	16	0.55
Ordering Emotion	Blame for you	20	12	0.56	13	0.49
	The reception	20	11	0.62	10	0.58
	Rumination	16	9	0.56	9	0.56
	Positive rebound	5	11	0.67	12	0.73
	Re-focus planning	7	11	0.48	10	0.41
	Positive reassessment	6	9	0.39	9	0.39
	Viewpoint	5	12	0.73	13	0.39
	Catastrophe	18	13	0.49	11	0.68
	Blame others	9	11	0.31	6	0.64

Discussion

The findings of this research showed that metacognitive treatment improves mental health and reduces the seriousness of symptoms of post-stress disorder (abuse), self-esteem, impulsiveness, self-harm, depression, anxiety, rumination, and emotional control.

Metacognition is a notion of many facets. This idea includes understanding, procedures and strategies for evaluating, monitoring or controlling knowledge [27, 28]. The meta-cognitive model of depression disorder

shows that rumination is an significant characteristic of depression and the goal of metacognitive treatment is to comprehend the causes of mental rumination and eliminate this maladaptive process [29]. This model assumes susceptible individuals are profoundly worried with depression, influenced beliefs, and meta-cognition. The primary trait of mental disorders such as depression is regarded in the therapy of ruminant meta-cognitive thinking, therefore the decrease of depression symptoms was emphasized on the removal of ruminant. Wales thinks that the meta-cognitive model of depression treatment should attack the cycle of rumination [30].

This therapeutic approach has been able to understand the causes and treatment of illnesses such as omnipresent anxiety, post-traumatic stress, obsessive-compulsive disorder, social anxiety, and depression [31]. Research has also shown that metacognitive convictions are linked to depression, psychosis, post-traumatic stress disorder, alcoholism, obsessive-compulsive disorder, tobacco smoking, testing anxiety [32].

Metacognitive treatment in the variance of self-esteem improved the score by 9 and reduced by 32 results in the impulsive variable, which decreased by 4 points in the follow-up period.

Mental retardation factors in meta-cognitive treatment led in more unwanted ideas, more anxiety and order avoidance. As the study shows, depression is correlated with both beneficial and negative problems such as rumination and meta-cognition. Therefore, if therapy is done on elements such as mental rumination decrease and meta-cognitive modification, the symptoms of depression can be reduced. The references also enhanced emotional tension.

One of the developments in this study is that metacognitive treatment training on individual depression, anxiety and signs of posttraumatic stress disorder has been studied because the interaction of such organizations decreases the excitement and discomfort created by the issue.

The results of this research may have meant significant consequences for enhancing the mental health of people suffering from emotional distress and mood disorder avoidance, emotional stress and stress. It is essential to consider constraints such as the tiny size of the samples studied and the absence of control group when concluding the findings of the current study. It is therefore proposed that numerous case studies be repeated or empirical studies be conducted with a control group and a large sample to conclude.

Conclusion

This research showed that metacognitive treatment increases self-efficacy, impulsiveness, self-efficacy, depression, anxiety, rumination or anxiety disorder, anthropometric regulation in a sexually harassed woman using a single case layout, and consideration of the efficacy of metacognitive treatment to improve mental health. This approach can be introduced as part of a continuous plan for the therapy of patients, and the findings suggest that girls and females who are victims of sexual harassment are more likely to have reduced age, reduced secondary education, low revenue, single, low employment status and low work experience. However, to better comprehend the factors influencing sexual harassment and enhance the status quo, the following strategies are suggested: 1-Examining the magnitude of female sexual abuse in the workplace by occupation. 2-Examining the potential social and psychological impact of sexual harassment. Victims ‘ occupation and lives. 3. Conducting longitudinal studies on the practice and impact of females working on sexual harassment on the extent of workplace sexual harassment experience; 4. Conducting research on the effect of the type of job setting (government, private) on sexual harassment occurrence, the manner in which sexual harassment is initiated, the features of sexual harassment perpetrators.

Ethical Considerations

Compliance with ethical guidelines

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Authors′ contributions

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Conflict of interest

The authors declared no conflict of interest.

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