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EMOTIONAL REGULATION AND SOCIAL PHOBIA IN PATIENTS WITH PSYCHOGENIC NON-EPILEPTIC SEIZURES (PNES) AND TEMPORAL LOBE EPILEPSY

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Summary

The purpose of this study was to use the State Emotional Regulation Questionnaire (SERQ) and the State Social Phobia Questionnaire (SSAQ) to investigate the relationship between social phobia and difficulty controlling one's emotions in people with psychogenic nonepileptic seizures and temporal lobe epilepsy. This screening method has not been utilized with this population of patients. Fifty participants were included in the research after their medical records, diagnoses, and encephalograms were reviewed. Patients were gathered from Menoufia University's Psychiatry and Neurology Department at the School of Medicine. The median age was 31.8 and the standard deviation was 10.66 for the whole sample of (n=50), which was split evenly between (22) patients with TEL and (28) patients with PNES Participants' ages ranged from 18 to 50. Extra psychological evaluations were done to validate and address the problems. Participants filled out a questionnaire that included demographic questions as well as a series of items representing both administrative tools. Pearson's approach revealed a somewhat significant correlation (r = 0.528) between individuals with PNES and those with temporal lobe epilepsy (r = 0.754). Similarly, individuals with temporal lobe epilepsy and those with psychogenic nonepileptic seizures also showed a somewhat favorable connection between social phobia and emotional regulation. The results indicate that psychological and social variables are associated with emotional dominance more often than the opposite, emotional weakness.

Keywords: Temporal Lobe Epilepsy, Social phobia, Emotion Regulation, Expressive Suppression, Cognitive Appraisal, & Psychogenic Non-Epileptic Seizures (PNES).

1. INTRODUCTION

Involuntary convulsions define epilepsy, making it one of the most prevalent incapacitating neurological illnesses (Novakova, Hewlett, Baker & Reuber, 2015). Sixty-five to sixty-five percent of people with epilepsy have their seizures under control with long-term antiepileptic drug therapy, however one-third of individuals have seizures that do not respond to medicine (Bewley., Murphy., Mallows & Baker ,2005). Seizures themselves have a less effect on quality of life than do psychosocial issues such social isolation, sadness, and anxiety, at least until all seizures are under control (Myers., Matzner., Lancman., Perrine & Lancman ,2013).

PNES, or psychogenic non-epileptic seizures, do not include aberrant electroencephalographic electrical activity but instead are involuntary experiential and behavioral reactions to internal or external stimuli that superficially mimic epileptic seizures (Reuber & Brown., 2017). The DSM-5 categorizes PNES as a conversion disorder (or functional neurological symptom disorder) under the heading of Somatic Symptom and Related Disorders (American Psychiatric Association, 2013).

Epileptic neocortical events (PNES) are a major health concern that generate considerable expenses for the patient, the health system, and society, despite their modest occurrence in the general

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population (about 33 per every 100,000). Health care costs associated with PNES may be comparable to those associated with epilepsy (Szaflarski, Szaflarski & Hansen., 2018).

Research on people with PNES shows that they are more likely to have experienced abuse, trauma, and other pressures in their lives than those with epileptic seizures or people from healthy populations (Myers, Trobliger, Bortnik, Zeng, Saal & Lancman., 2019).

Having PNES is linked to experiencing a greater number of adverse life events, a greater propensity to view those events as highly stressful, a greater propensity to engage in dysfunctional cognitions and ruminations about stress, an increased risk of developing a disease related to stress, increased social pressures, increased health anxiety (in males), and decreased perceptions of parental care (insecure or disorganized attachment).

Stress and anxiety, as well as problems with emotional regulation and emotional cognitive functioning, have been linked to experiences of abuse and neglect, according to the literature (KozlowskaK, Walker, McLean & Carrive., 2015). Because the limbic system plays such a crucial role in seizure production in TLE and in the regulation of affect and mood, the condition has long been seen as a rather unique risk factor, particularly for affective disorders. Multiple studies have shown that people with TLE are more likely to have psychological disorders than those with other kinds of epilepsy. In 2000, researchers (Quiske, Helmstaedter, Lux& Elger.) Epileptic disorders that originate in the temporal lobes are collectively referred to as temporal lobe epilepsy (TLE), the most prevalent manifestation of which is mesial temporal epilepsy (MTLE). (Bertram., 2009) Poor seizure response to antiepileptic medicines (AEDs) is a common feature of MTLE, particularly in the presence of mesial temporal sclerosis (MTS). According to research (Engel, Williamson, and Wieser, 1997) many writers have favored the term "limbic epilepsy," which emphasizes a systemic rather than a structural component, over "medically irrational" epilepsy, another name for MTLE. 10 Additionally, research has highlighted the fact that the limbic system plays a crucial role in the regulation of emotions, mood, and behavior, making patients with TLE more likely to acquire mental problems. As stated by Kalinin and Polyanskiy (2005)

1.1. Social Phobia

Recurrent, unprovoked seizures are a hallmark of the neurological disorder known as epilepsy, which is a chronic, progressive condition. Epilepsy is the second most prevalent ailment treated in neurology offices, behind headaches. At any one time, between 4 and 10 people per 1,000 are living with active epilepsy. While there are 5.8 new cases of epilepsy per 1,000 people in wealthy nations, there are 10.3 new cases per 1,000 people among urban populations in underdeveloped nations. 1 Psychiatric comorbidities are common in patients with epilepsy, and they may have a negative impact on a patient's quality of life and their ability to function in their social, professional, and familial connections. Patients with epilepsy were shown to have a prevalence of mental comorbidities ranging from 19% to 27%, according to epidemiological research. References: (Karouni, Arulthas, Larsson et al., 2010; Silberman, Sussman, Skillings et al., 1994) Depression accounts for 30% of all mental comorbidities in people with epilepsy (24%-274), followed by anxiety disorders (10%-225%), psychosis (2%-27%), and personality disorders (1%-22%). To wit: (Gaitatzis, Trimble & Sander., 2004).

Emotion regulation refers to the processes through which a person controls the intensity and timing of their emotional responses to various situations (Gross 1998). Extreme discomfort in social contacts and a desire to avoid them due to a fear of being evaluated by others are hallmarks of social anxiety. Feelings might vary from slight annoyance to severe disability (Kollman et al., 2006; but see also Weeks et al., 2010). Emotional regulation issues keep social anxiety at bay. The correlation between social

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anxiety and distancing seems to strengthen with higher levels of both emotion control disorders and social anxiety. According to (Cook & Newins, 2021).

To varying degrees, the patient's cohabiting family will also be impacted by the epileptic's condition. Using the Beck Anxiety Inventory, the Beck Depression Inventory, the State-Trait Anxiety Inventory, and the Liebowitz Social Anxiety Scale, the researchers compared the anxiety, depression, social fear, and social avoidance levels of 48 adult patients with epilepsy and 48 family members to those of 43 healthy control subjects. Patients and first-degree relatives were shown to have greater rates of depression, state anxiety, trait anxiety, and avoidance than healthy participants. The most depressed and anxious people were the moms of epileptic children. To wit: (Altintas., Yerdelen, & Taskintuna V., 2015)

Dysfunctional social anxiety is defined as an overabundance of worries about being judged negatively by others that leads to isolation (American Psychiatric Association, 2013; Norton & Abbott, 2016). Those who suffer from social anxiety may see criticism from others as confirmation that they are flawed (Gregory & Peters, 2017; Moskovitch, 2009).

Social anxiety disorder (SAD) is the third most common mental condition in the United States, with a lifetime prevalence rate of about 12% and a 12-month prevalence rate of about 7% (Kessler et al, 2012; Ruscio et al, 2008). Those who suffer from SAD often try to avoid social or performance settings, and when they cannot avoid them, they endure them with severe worry and discomfort (Beidel & Turner, 2007). People who suffer from social anxiety to a significant degree are often unable to avoid very uncomfortable social contacts, but must endure them anyway (Beidel & Turner, 2007). Mindfulness-based cognitive therapy and training in emotional regulation may help at-risk adolescents avoid developing an addiction (Kashefinishabouri et al., 2021).

There is a correlation between social anxiety and an interpersonal style characterized by a reluctance to reveal emotion (Davila & Beck, 2002; Grant, Beck. Farrow & Davila, 2007). (Kashdan & Breen, 2008; Kashdan & Steger, 2006).

1.2. Emotional Regulation

Emotional regulation is the process of controlling one's emotional responses so that they are appropriate for social situations and productive in dealing with one's experiences. Emotion regulation is the use of both automatic and deliberate processes to modify components of emotional experience or behavior. Many theories of PNESs and many theories of conversion and dissociation include emotional regulation as a key component, if not a stated one (Roberts & Reube., 2014). Emotional dysregulation is associated with a wide range of pathologies in the mind. Few studies have examined how people with PNES take in and make sense of emotional data. Although individuals with PNES show better conscious awareness during their seizures than epilepsy patients, both impaired awareness and poor self-control are hallmarks of most PNESs. Little is known about the neurobiology of PNES or the awareness shifts that accompany it. Emotion processing, such as knowing the sensory, situational, and emotional stimuli of PNES; knowing the emotional and physiological changes during attacks; and knowing the emotional reaction patterns and organizational ability, could help explain the discrepancies between the subjective impairment of consciousness and the lack of objective neurobiological changes in PNES (Roberts & Reube., 2014).

The purpose of this research (Krámskáa, Hrekováa, Vojtchb, Krámskc, & Myers. 2020) was to examine the prevalence of maladaptive emotional regulation in people with PNES vs healthy volunteers. Patients were evaluated while staying at the Epilepsy Center at the Na Homolce Hospital in Prague (N=64; F: M 52:12; mean age 35.5%; duration > 2 years). Normal electroencephalogram results, regular seizure capture, suggestive seizure provocation, cognitive evaluation, and patient history all

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contributed to the diagnosis of PNES. To complement the clinical sample, healthy volunteers (N=64; F:M 52:12; mean age 35.8 years) were also analyzed. The Czech research versions of the ASQ and DERS were used to examine the existence of maladaptive emotional regulation. Conclusions Patients with PNES exhibited more severe deficits in emotion regulation compared to a healthy control group.

However, the effectiveness and relevance of people's approaches vary. People who have a strong need for personal growth are more likely to experience intense and long-lasting dysregulated emotions and a variety of mental health issues, including depression (CampbellSills & Barlow, 2007; Gross & Munoz, 1995), personality disorders (Putnam & Silk, 2005), and anxiety (Putnam & Silk, 2005). (Mennin,., Heimberg., Turk, & Fresco, 2005). It is believed that people with psychotic disorders have difficulty maintaining emotional stability (Opoka Sundag., Riehle., & Lincoln., 2021).

The term "emotion regulation" refers to more than just one unified process; it's a catchall term for a wide range of related behaviors. Skills in emotional awareness, evaluation, and action are only a few examples (Gross, 2015).

Research suggests that poor or inflexible ER is associated with, if not causal of, the development of psychopathology (Aldao et al., 2010). Depression (Betts et al., 2009), generalized anxiety disorder (GAD) (Mennin, 2006), and social anxiety disorder (SAD) are just a few examples of psychopathologies that have been linked to ER complexity (Turk et al., 2005). Individuals who are socially hesitant may limit the expression of their experiences and feelings in order to prevent rejection. A lack of emotional display makes for less content that might be rejected by others. Authors: Spokas, Luterek, and Heimberg Year: 2009).

1.3. Expressive Suppression

When anxious, ES refers to suppressing one's expressions of emotion, such as "putting on a grin" or "putting on a stone face" to hide one's happiness (Gross, 2014). In the process model of emotion regulation, ES is classified as a kind of response modulation. It is dubbed a response-focused approach because it is often used to control emotions after they have already been established (i.e., late in the emotion generative process; Gross, 2014). Although ES is intended to regulate outward displays of emotion, it may not be as successful in moderating interior states of arousal. Applying ES to mitigate negative feelings like sadness or worry has been demonstrated to amplify such emotions, while applying it to mitigate positive emotions like happiness has been shown to lessen their intensity (Campbell-Sills et al., 2006; Gross, 2014; Gross & John, 2003; Kalokerinos et al., 2014). Learning and memory in social interactions have also been shown to be negatively impacted by emotional suppression, with higher rates of emotional suppression associated with worse social memory (Richards & Gross, 2000) and greater distraction when interacting with others (Butler et al., 2003).

1.4. Cognitive Reappraisal

Cognitive reappraisal signifies an effort to adjust one's judgment of a mood setting in order to alter its psychological resonance (Gross, 2014; Gross & John, 2003). (Gross, 2014; Gross & John, 2003). For example, if a person is worried before a business meeting, he could remind himself that the meeting is "an chance to develop further with regard to company," which helps inspire him to deal with part of his anxiety (Gross, 2014). (Gross, 2014). CR is characterized as an antecedent-focused method in Gross's process model of emotion regulation, since it is applied early in the emotion-generation process before the emotional response is totally activated (Gross & John, 2003). (Gross & John, 2003).

Emotional control lessens the power of unpleasant emotions and replaces them with even more positive sensations. Emotional regulation has been characterized in a number of approaches. Some researches focus on finding key regulatory abilities that are absent in clinically recognized disorders

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(Gratz & Roemer, 2004). (Gratz & Roemer, 2004). Yet, in terms of social anxiety, the Revised Process Paradigm of Emotion Regulation (RPMER; Gross, 2015) is the paradigm that has gotten the most attention (Dryman & Heimberg, 2018). (Dryman & Heimberg, 2018).

When a scenario is judged as directly relevant to one's objectives, and emotional state is produced. Emotions are formed up by a mix of sensory, Behaviorioural, and physiological processes. The aim of being accepted by others causes anxious feeling in social anxiety. Because the individual feels he or she is unable to gain such approval, this yearning is linked with a fear of adverse assessment. (Bates et al., 1996; Schlenker & Leary, 1982).

Adults with elevated amounts of insecurely anxious attachment have been significantly more likely than individuals with low levels of attachment anxiety to express their emotions, experience more strong emotions, and control feelings of discomfort within interpersonal interactions by using emotion-focused coping (Black et al., 2005; Grabill C. & Kems K. 2000; Safarstein et al., 2005). (Black et al., 2005; Grabill C. & Kems K. 2005). Such efforts simply serve to deepen their agony.

The ability to manage one's emotions develops in infancy and continues to increase throughout one's life (Cole et al., 2004). (Cole et al., 2004). Emotion regulation in newborns and early children is highly effected by direct family connection (e.g. parents soothing their kid, however, older children depend on peer effects rather than their parents (Thompson, 1994). (Thompson, 1994). Children's emotion regulation gets more differentiated as they enter elementary school, and they obtain stronger capacities for employing cognitive emotion management approaches in particular (Morris et al., 2011; Thompson, 1994). (Morris et al., 2011; Thompson, 1994). Butler et al. classified cognitive-Behavioral therapy (CBT) as one of the well-validated psychosocial interventions for psychological diseases (Butler et al., 2006), notably anxiety and mood disorders (Hofmann & Smits, 2008). (Hofmann & Smits, 2008).

Recurrent, spontaneous seizures are an indication of epilepsy, a chronic neurological condition. After headaches, epilepsy is the second most frequent disease encountered in neurology clinics (Altintas et al., 2015). (Altintas et al., 2015). Epilepsy has varied degrees of effect on not only the sufferer, but also the patient's cohabiting family. Individuals suffering from epileptic seizures report considerable levels of stress, while mothers of epilepsy patients commonly express despair and diminished family activities. Social anxiety disorders must be evaluated and treated as they might result in social impairment, loss of self-esteem, adrenergic aversion, a restricted livelihood, fear of having a seizure in public, and social stigmatization.

Because the limbic system is involved in both seizure genesis and effect and mood regulation, temporal lobe epilepsy (TLE) is typically regarded to be a relatively separate risk factor, especially for affective disorders (Swinkels., van Emde Boas., Kuyk., Van Dyck, & Spinhoven., 2006). (Swinkels., van Emde Boas., Kuyk., Van Dyck, & Spinhoven., 2006). TLE is associated to cognitive dissonance (Oyegbile., Dow, Jones, Bell, Rutecki, Sheth, Seidenberg & Hermann., 2004) and depression, social anxiety, the subjectivity of stigmatization, social isolation, and interpersonal issues are all instances of psychosocial obstacles (Moore & Baker, 2002). (Moore & Baker, 2002).

PNES are ictal episodes that aren't caused by epilepsy or other physiological apoplexy. Spontaneous, unexpected changes in Behavior, sensations, muscular action, cerebral processing, or immunological modulation define them. In roughly a quarter of patients screened at epilepsy referral centers, the diagnosis is confirmed by teleradiology (Benbadis 2004). (Benbadis 2004). PNES has been associated to a defect in the processing of emotional or Behavioral pain on an etiological level (La France & Barry, 2005; Baslet, 2011). (La France & Barry, 2005; Baslet, 2011).

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Individuals with PNES may have abnormalities in particular regions of the brain. Emotion processing and movement control may be engaged in regions with hypo-connectivity, while suppression of unwanted movements and cognitive processes may be involved in areas with hyper-connectivity (Amiri., Mirbagheri., Asadi-Pooya., Badragheh., Zibadi & Arbabi., 2021). (Amiri., Mirbagheri., Asadi-Pooya., Badragheh., Zibadi & Arbabi., 2021).

There is no distinct epileptological or brain pathology profile that puts epilepsy patients at risk for increased PNES. Individuals with epilepsy and PNES, on the other hand, exhibited inferior educational achievement and more mental comorbidities than those with epilepsy alone (Liampas ., Markoula., Zis & Reuber., 2021). (Liampas ., Markoula., Zis & Reuber., 2021).

Positive findings are connected to awareness of one's psychological reaction to stress, as well as habits of emotion regulation. Those with PNES, on the other hand, are a heterogeneous population with various extents of neuropsychiatric symptoms and somatic symptoms (Baslet., Roik & Prensky.,2010; Quinn, Schofield & Middleton., 2008). (Baslet., Roik & Prensky.,2010; Quinn, Schofield & Middleton., 2008). According to a recent research, persons with PNES and solely patients with PNES with epilepsy are at the same risk of dying prematurely as patients with epilepsy (Nighscales., McCartney., Auvrez., Tao, G., Barnard., Malpas., ... & O'Brien., 2020).

Because PNES may be viewed as an externalized type of faulty emotion regulation, additional study into mood synthesis, perception, modulation, and manifestation mechanisms in PNES patients, as well as the interplay of emotion processing difficulties with other psychological variables, is clearly needed (Novakova et al., 2015). (Novakova et al., 2015). This research, therefore, intends to offer literature and statistically analyzed data on the connection between social anxiety and emotion control in individuals with psychogenic non-epileptic seizures (PNES) (PNES). The major purpose of this research is to determine the association between social anxiety and emotional control in psychogenic non-epileptic patients than patients with temporal lobe epilepsy and healthy people. Based on this we offered following hypothesis;

- 1. There will be a relationship between Emotion Regulation and Social phobia in Patients with psychogenic non-epileptic seizures.
- 2. There will be a relationship between Emotion Regulation and Social phobia in Patients with Temporal Lobe Epilepsy.

2. RESEARCH METHODOLOGY

2.1. Subjects

Participants' ages ranged from 18 to 50, and there were a total of fifty of them in the study's sample. Those with psychiatric non-epileptic seizures (n = 28): patients, 16 male Patients and 12 female while patients diagnosed with temporal lobe epileptic conditions also made (n = 22): 5 male Patients and 17 female of the participants. The outpatient clinic that is part of the Department of Psychiatry and Neurology in the Faculty of Medicine at Menoufia University was where this study's participants were seen on a regular basis. And done Adopt the diagnosis in their medical records A roll of medical history and EEG Presented to psychiatrists, where people with seizures showed in the temporal lobe epilepsy And why Those with active non-epileptic seizures appear Epileptoid figure during EEG recording However, they show symptoms similar to seizures epileptic, and addresses all patients with epileptic seizures antispasmodics,

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During the selecting process, we took into account the following criteria for patient's epileptic groups:

- 1. Obtaining verbal consent from the epilepsy patient to participate in the treatment.
- 2. Diagnose the patient according to the medical history and electroencephalogram.
- 3. The period of illness is two years or more.
- 4. The frequency of seizures is 1 or more per month.
- 5. Educational level, diploma, or higher.
- 6. He does not suffer from learning difficulties, head injury, or any brain surgery to treat epileptic seizures.

2.2. Design & Procedure

Patients were recruited for the research from the Department of Psychiatry and Neurology at the Faculty of Medicine at Menoufia University. The study was a cross-sectional one. The medical history of the occupants of the premises was collected, and further screens were carried out to check for the existence of PNES and temporal lobe epileptic. The participants were given drafts of the test that included sufficient information about the examination. Before the test, the psychotherapist only scheduled a few examinations of the participants in order to ensure that they did not have any major issues relating to their mental health or psychiatric problems. Prior to beginning the survey, verbal agreement after proper explanation was obtained. Participants who were willing to participate were given the administrative tools they needed to properly follow the instructions and fill out the form..

2.3. Measures

2.3.1. Demographics

The data was acquired via the use of questionnaires that were filled out by both the participants and the nurse who referred them. On the questionnaire, the referral questions were answered first, before any of the topic issues. Because of the need to maintain anonymity, names were not gathered. In the demographics survey, more information was requested, including gender, age, and level of education. Both patients diagnosed with PNES and those diagnosed with Temporal Lobe Epilepsy had their frequency of seizures recorded on the demographic sheet.

Statewide Questionnaire on Social Anxiety and Emotional Regulation of the State

When the results of the individual studies were pooled, they revealed that participants who had higher levels of dispositional social phobia also had lower levels of positive affect and a greater propensity to suppress their emotions. People who said they experienced less social discomfort were more likely to be open to accepting emotionally challenging events.

A (5) point scale consisting of (7) items that measure social phobia over one day. 0.91 is the acceptable reliability of the scale that demonstrates The State Social phobia Questionnaire (SSAQ) and strong convergent validity. On the other hand, a (7) point scale consisting of (8) items that measure both two factors of State Emotion Regulation Questionnaire (SERQ) i.e. emotion suppression (item 2, 4, 5, and 7) and cognitive reappraisal (item 1, 3, 6, and 8). 0.97 is the acceptable reliability of the scale that demonstrates The Emotion-Regulation.

2.4. Statistical Analyses

After the data were collected in their entirety, an analysis was carried out using SPSS to determine whether or not there was a correlation between social anxiety and emotional control. The descriptive method was used in order to conduct an analysis on the mean and frequency of the demographic

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parameters. Two-tailed on the PNES, the technique of Pearson's Correlation was used to analyze the relationship between the two variables, social anxiety (SA) and emotion regulation (ER). The significance of the relationship between the dependent and independent variables was determined via the application of linear regression.

3. RESULTS

The information from all fifty of the participants was written down. The findings were based on the responses of 21 men (n = 49.3%) and 29 females (n = 50.7%) who were between the ages of 18 and 50 (median = 27, interquartile range = 10.5) 25.3% of the patients reported having seizures once every month, 37.3% of them reported having seizures once every week, 29.3% of the participants reported having seizures twice every week, and the remaining 9% sample indicated that they had seizures every day.

Items		Mean	Variance	Std. Deviation				
Emotion Regulation								
When I wanted to feel more positive emotions (such as	50	3.48	1.32	1.15				
joy or amusement), I changed what I was thinking about.								
I kept my emotions to myself.	50	3.75	1.39	1.18				
When I wanted to feel less negative emotion (such as		3.57	1.52	1.23				
sadness or guilty), I changed what I was thinking about.								
When I feel positive emotions, I was careful not to		3.71	1.38	1.17				
express them.								
I controlled my emotions by not expressing them.	50	3.48	1.61	1.27				
I controlled my emotions by changing the way I thought		3.43	1.55	1.25				
about the situation I was in.								
When I was feeling negative emotions, I made sure not		3.49	1.56	1.25				
to express them.								
When I wanted to feel less negative emotion, I changed		3.51	1.42	1.19				
the way I was thinking about the situation.								
Social phobia								
I worried about what other people thought of me.	50	3.69	1.33	1.15				
I was afraid other people noticed my shortcomings.		3.83	1.26	1.12				
I was afraid that others did not approve of me.		3.49	1.53	1.24				
I was worried that I would say or do the wrong things.		3.77	1.30	1.14				
When I was talking to someone, I was worried about		3.60	1.47	1.21				
what they were thinking of me.								
I felt uncomfortable and embarrassed when I was the		3.85	1.46	1.21				
center of attention.								
I found it hard to interact with people.	50	3.51	1.58	1.26				

Table 1: Item Descriptive analysis of the variables

Table 1. Displays the number of times each item was used in the research for either of the variables. For each component of the research, a total of 75 answers were gathered from participants. With a total average of 3.16 of each item, none of the tasks were skipped through or neglected in any way.

Table 2. Demonstrates that the correlation between Social phobia and Emotion Regulation in patients with PNES, when evaluated using Bivariate Pearson's technique, is 0.528, which is regarded to be favorably moderate. In individuals diagnosed with PNES, the resultant digit indicates that there is a positive moderate link between the two factors, namely social phobia and emotion control. The computed association between social anxiety and emotion control in patients with TLE is 0.754, which

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is regarded to be of a moderately strong strength. [Citation needed] As a result, there is a positive and significant association between social phobia and patients' ability to regulate their emotions while dealing with TLE.

Table 2: Bivariate Correlation between Social phobia and Emotion Regulation (SERQ) in Patients
with Psychogenic Non-Epileptic Seizures (PNES), &Temporal Lobe Epilepsy (TLE)

Variables	n	Mean	Std. Dev	1	2	3	4	5
Social phobia in PNES patients	28	3.5886	.93161					
Emotion Regulation in PNES patients	28	3.4300	.95612	0.528				
Social phobia in TLE patients	22	3.4229	.73480	-0.007	-0.186			
Emotion Regulation in TLE patients	22	3.4050	.70275	-0.053	-0.191	0.754		

All values are standardized. All bold values are statistically standardized (* ρ < 0.01).

4. DISCUSSION

The purpose of this research is to investigate whether or not individuals diagnosed with PNES and TLE have a link between social phobia and the ability to regulate their emotions. The findings provide credence to the idea that guided our research. The correlation that was determined between the two variables suggests that there is a moderate to strong positive association. Emotion management strategies have a significant impact on the social lives of those who suffer from high levels of social phobia. Using a method that is directed toward a continuous process, we came to the conclusion that social phobia has an effect on the number of times, the kind, and the effects of reported emotion management approaches. Those with high degrees of social anxiety were more likely to employ positive suppression, which led to less intense happy sentiments and slightly less positive social interactions. Those who did not suffer from social phobia used positive suppression less often (Farmer et al., 2012).

The cognitive reappraisal approach, which is a generic adaptive emotion management strategy, did not help those with high degrees of social anxiety since it is not specific enough to their condition. People who suffered from low levels of social anxiety experienced a spillover benefit of fewer negative social experiences in the days following the use of cognitive reappraisal to relieve discomfort. On the other hand, people who suffered from high levels of social anxiety experienced the same number of negative social events regardless of whether or not they used cognitive reappraisal. This gap may be related to a lack of experience in effectively executing the approach or to a biological variance in how the brain responds to social pressures. Another possible explanation is that there is a genetic component to how people respond to adversity (Goldin, Manber-Ball, et al., 2009; Goldin, Manber, et al., 2009).

Patients diagnosed with PNES had a positive connection with the intensity of their own self-reported seizures. To a similar extent, an individual's ideas about how emotions work are connected to the degree of distress that is caused by their seizures. This corroborates the findings of previous studies that discovered a connection between a high frequency of seizures, somatic symptoms, and associated problems (Ruber et al., 2003). The results of the current study indicated that patients with PNES regulated their feelings to a considerably greater extent than those in the control condition, which corroborated the findings of earlier research (Robert et al., 2012; Prigatano., Kirlin., 2009). According to the available research, patients who have PNES are more likely to report physical symptoms than those brought on by stress or other psychological factors (Stone., Binzer & Sharpe., 2004).

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Patients who suffer from PNES, as well as patients who suffer from other psychosomatic conditions such as pain, have a strong tendency to suppress their feelings and avoid situations that can bring them to the surface. Even if they do their best, people periodically experience feelings that are too much for them to handle and cannot be contained. This demonstrates that the fear of experiencing feelings that are intolerable may be at the root of the desire to avoid experiencing them and processing them, and that, on the other hand, emotions that are not confronted, identified, and processed may pile up until they are out of control if these steps are skipped (Novakova et al., 2015).

There are a variety of factors that might have a role in the onset of anxiety disorders and the activation of neurotransmitter pathways in epilepsy patients. Problems finding work and being stigmatized for having the disease, a decline in self-esteem, overprotective behavior on the part of family members, and conditioning from earlier experiences with unexpected seizures are all factors (Gaitatzis et al., 2015).

5. CONCLUSION

Last but not least, this study discovered a tenuous connection between social phobia and patients' ability to manage their emotions. Patients who have PNES have poor emotion processing, which is associated to emotional discomfort, a negative perspective of their disease, and a larger number of somatic complaints in addition to seizures. Patients also have a higher severity of somatic complaints. Individuals with PNES had a positive correlation between social phobia and the ability to regulate their emotions, while impairments in the ability to process emotions were shown to have a significant association with diminished mental health efficiency. Based on the findings, it seems that psychosocial factors are more often linked to an excessive level of emotional control than to an inadequate level of emotional control. According to the findings of certain studies, epileptic patients and their family experience higher levels of anxiety than persons in healthy control groups (Altintas et al., 2015). The human race places a strong emphasis on the need of identifying and addressing these groups so as to prevent them from becoming excluded within the framework of society. Aside from our study, most of the prior research has concentrated on people who have epilepsy. As a result, future research that includes a wider range of epilepsy patients' relatives and a greater number of participants will provide more conclusive evidence on anxiety experienced by epilepsy healthcare professionals...

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8. CONFLICTS OF INTEREST

The authors declare that no conflicts of interest related to that work

9. CONSENT FOR PUBLICATION

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