Relationship between Fear of Negative Evaluation, Self-Worth and Anger among Patients of Functional Neurological Symptom Disorder

Rameen Saeed[1], Muafia Bashir[2], Aneeza Ashraf[3]

1clinical psychologist at National Hospital Gujranwala Pakistan. (e-mail rameenmina12@gmail.com ;phone no 03049919864)

2clinical psychologist at National Hospital Gujranwala Pakistan

3clinical psychologist at National Hospital Gujranwala Pakistan

Abstract _ It is an evident fact that people with functional neurological symptom disorder have go through diverse mental states such as fear of negative evaluation, anger, low self-worth among their lives. The present study aims to investigate the relationship between fear of negative evaluation, self-worth and anger among patients of Functional Neurological symptom disorder. Cross-sectional research design was used. For data collection purposive sampling technique was used. The sample size was 130 above the age of 13. The findings of the current research revealed that there is positive association between fear of negative evaluation and anger, and self-worth has significant positive association with its domain but self-worth is negatively associated with anger among the patients of Functional Neurological Symptom disorder. The findings of the present study revealed that gender, age, education, residential status, marital status, family system, has significant mean differences among patients of Functional Neurological symptom disorder.

*Keywords_* Fear of Negative evaluation, Self-worth, Anger, Functional Neurological symptom disorder.

I. INTRODUCTION

Functional Neurological symptom disorder is described by the existence of (A) apparent disfunction of the tangible and engine frameworks in line with neurologic and ailments and (B) mental clashes and psychosocial stressors [1]. Seizures, spasms, and different spells could happen in functional neurological manifestation disorder. Therapeutically gullible people could manufacture conversion manifestations that blatantly damage the set-up standards of life systems and physiology analysis. The subject doesn't create the indications revealed in Functional Neurological symptom disorder. On the opposite individual with functional neurological symptom disorder genuinely believe the correctness of their according experiences. The manifestations and indications of functional neurological symptom disorder don't seem to be because of neurological or medical condition or the commanding of gear. The manifestations and indications of functional neurological symptom disorder don't seem to be in line with the culture of the topic. Hence, functional neurological symptom disorder isn't analyzed for impression of perished people that are typical events acknowledged as traditional in some cliques. Functional neurological symptom disorder is diagnosed on condition that the symptoms of the state lead to stamped trouble, disability in working, or therapeutic assessment [2]. Functional neurological symptom disorder is also called Conversion disorder (CD) was explained within the nineteenth century on the idea of analysis and examination evolved by Marcel Lajos and psychoanalyst. Functional neurological symptom disorder is portrayed as the misfortune or change of engine, tangible, and neuro-vegetative

framework capacities with no particular natural etiology. Later, around the mid-20th century, Functional neurological symptom disorder lessened in predominance in western and westernized networks. Before. twenty years enthusiasm for CD has re-rose because of familiarity with awful pressure and a precarious increment in neuroscience analysis [3]. Due to the big figures of admissions of patients with CD and divisible manifestations to neurology clinics, the state has been named functional neurologic symptom and syndromes (FNSS). Although the findings of electroencephalogram and fMRI researches are various, affirmation suggests that each neural structure and anterior foremost districts are influenced and cause dysregulation of feelings and adjusted system movement [4].

The most common signs of neurological disability are functional neurological disorders (FND). These conditions are defined by psychological and neural bases and this condition had a huge troublesome past of mind-body polarity. Pathophysiological, the neurobiological bases that challenge the old suppositions of mental variations from the norm as their sole reason [5].

II. SUBJECTS AND METHODS

A. Study Site

The patients of the Functional Neurological symptom disorder from Gujranwala city had been selected. Gujranwala is a sub-district of Punjab, Pakistan.

B. Study Design

The current cross-sectional study has been carried out from 2020 September to December to understand the fear of negative evaluation, self-worth an anger among the patients of functional neurological symptom disorder.

C. Participants

The quantitative research design was used, and 130 patients of functional neurological symptoms disorder have been Demographic performance. The demographical determinants that have been incorporated in the present survey were Gender, age, education, residential status, family system, and marital status.

Brief fear of negative evaluation. Brief Fear of negative evaluation is the dense adjustment of Fear of Negative Evaluation [6]. Brief fear of Negative Evaluations scale [7] contains only 12 things. Everything is assessed on a 5 – point Likert scale, running from Not at all trademark of me to Extremely typical for me. The scale has been seemed to have bewildering between thing constancy (α = .97) and fourteen-day test-retest steadfast quality (r = .94). This suggests the things of the scale all measure a comparable thought and that scores on the test are relentless after some time.

Contingency of Self-worth. The 35-things CSWS overviewed seven areas in which individuals can base their self-esteem [8]. Five things assessed self-esteem in the seven territories of academic wellness, family love and support, being a hopeful or great individual, and God's love. Five conceivable outcomes (F1, F2, F3, F5, and F7) are considered as assessing "external" wellsprings of self-esteem and the two others (F4 and F6) as evaluating "internal" sources. A Likert-type scale with seven stay centers is used for responding, with catches 1: Unequivocally contrast and 7: Strongly agree. A huge part of the things is switch coded. Each subscale score (the whole of its five thing scores) gives an extent of the relating probability of self-esteem. Possibility of self-esteem has seven subscales like family support, rivalry, appearance, God's adoration, Academic fitness, righteousness and endorsement from others. A few things of this scale are invert coded. To begin with, turn around score answers to things 4, 6, 10, 13, 15, 23, and 30, to such an extent that (1 = 7), (2 = 6), (3 = 5), (4 = 4), (5 = 3), (6 = 2), (7 =1).

Clinical anger scale. Beck's first instruments was used to structure the Clinical Anger Scale [9]. The going with indications of shock were evaluated by the CAS things: shock presently, shock about the future, shock about dissatisfaction, shock about things, angry adversarial feelings, bothering others, irate about self, enraged sadness, expecting to hurt others, hollering at people, aggravated now, social obstacle, decision impedance, irritating others, work hindrance, rest impedance, exhaustion, needing check, prosperity impediment, thinking deterrent, and sexual block. Subjects were requested to examine each from the 21 social occasions of proclamations (4 clarifications for each get-together) and to pick the single declaration that best portrayed how they felt

selected through purposive random sampling. Inclusive criteria. Only patients of functional neurological symptoms disorder have been included in the current study with the age range above 13. Exclusive criteria. The patients who were below 13 years of age range have been excluded from study.

D. *Measures*

(e.g., thing 1: A = I don't feel angry, B = I feel incensed, C = I am perturbed as a general rule by and by, and D = I am so irate all the time that I can't stand it). The four clarifications in each gathering changed in appearance control, with logically excellent clinical inconvenience being connected with decree "D." Each bundle of verbalizations was scored on a 4-point Likert scale, with A = 0, B = 1, C = 2, and D = 3. Subjects' responses on the CAS were summed with the objective that higher scores contrasted with increasingly essential clinical anger (21 things; expand 0 - 63).

E. Procedure

Permission had been granted from higher authorities of public or private hospitals and clinics of Gujranwala. The data had been collected from the male and female patients of functional neurological symptoms disorder above the age of 13. Questionnaires had been filled out by the instructions given by patients. Both male and female patients of functional neurological symptom disorder had been participated. The consent form was the first portion, and the demographic information form was the second portion of the questionnaire. Demographic information of the respondents in term of gender, age, education, residential status, family system, and marital status was defined. Also, they were asked to fill in demographic information and the given protocols. At that point information was gathered and examined. SPSS 21 was used for the measurable analysis of data.

III. RESULTS

A. Tables

Table 2.1 indicates the sample of the present study consisted of 130 patients. The number of patients varied in proportion, as 50% male and 50% female. A total of 25.4% of patient belong to the age group of 13-23, and 33.8% patient belong to the age group of 24-34, and 40.8% of the patients belong to the age group above 35. Majority of the patients were educated 53.8%. The study indicate that 53.1% patients belonged to urban area and 46.9% patients belonged to rural area. 45.4% of the patients were from nuclear family system and 54.6% of the patients of neurological symptoms disorder belonged to joint family system. The ratio of married patients in the present study were 56.2% and unmarried patients' ratio was 43.8%.

TABLE 1

DEMOGRAPHICAL CHARACTERISTICS

Variable	Category	Frequency	Percentage
Gender			
	Male	65	50%
	Female	65	50%
Age			
	13-23	33	25.4%
	24-34	44	33.8%
	35 above	53	40.8%
Education			
	Educated	70	53.8%
	Uneducated	60	46.2%
Residential status			
	Rural	61	46.9%
	Urban	69	53.1%
Family system			
	Joint	71	54.6%
	Nuclear	59	45.4%
Marital status			
	Married	72	56.2%
	Unmarried	57	43.8%

TABLE 2

CORRELATION (PILOT STUDY)

Correlation between Fear of pessimistic evaluation, self-worth and anger among patients of functional neurological symptom disorder(N=60).

V	1	2	3	4	5	6	7	8	9	10	M	SD
FNE	-	-.58**	-.71**	-.69**	-.77**	-.76**	-.75**	-.75**	-.64**	.81**	35	14
SW		-	.94**	.94**	.83**	.92**	.82**	.92**	.86**	-.54**	144	45.12
FS			-	.95**	.85**	.95**	.87**	.95**	.93**	-.68**	22	8.96
Competition		-.90**	.94**	.80**	.91**	.88**	-.68**	2.25	7.545
Appearance		-	.88**	.85**	.87**	.80**	.75**	-.21	2.15	7.17
God love		-	.89**	.97**	.87**	.72**	-.68**	2.63	9.22
AC		-	.89**	.80**	-.72**	-.66**	2.16	7.66
Virtue		-	.87**	-.73**	-.47**	2.43	8.42
AFO		-	-.66**	-.82**	1.80	4.68
Anger		-	37	14

V=Variable, NE=Fear of Negative Evaluation: SW=Self-worth: FS= Family Support: AC=Academic Competence: AFO=Approval from Others

Correlation is significant at the level of 0.05 (2-tailed) *.

Correlation is significant at the level of 0.01 (2-tailed) **.

Table 2 indicate that fear of negative evaluation has significant negative association with self-worth. Fear of pessimistic evaluation has significant pessimistic correlation with family support, competition, appearance, God's love, academic competence, virtue and approval from others. Self-worth has significant positive correlation with family support, competition, appearance, God's love, academic competence,

virtue and approval from others. Self- worth has significant negative association with anger. Family support has significant positive correlation with competition, appearance, God's love, academic competence, virtue and approval from others. Family support has significant negative association with anger. Competition has significant positive correlation with appearance, God's love, academic competence, virtue and approval from others. Competition has significant negative association with anger. God's love has significant positive correlation with academic competence, virtue and approval from others. God's love has significant negative association with anger. Academic competence has significant positive correlation with virtue and approval from others. Academic competence has significant negative association with anger. Virtue has significant positive correlation with approval from others. Virtue has significant pessimistic correlation with anger. Approval from others has significant negative association with anger.

TABLE 3

CORRELATION

Table 3 reveal FNE has significant negative association with self-worth. Fear of negative evaluation has significant negative association with family support, competition, appearance, God's love, academic competence, virtue and approval from others. Fear of negative evaluation has significant positive association with anger. Self-worth has significant positive association with family support, competition, appearance, God's love, academic competence, virtue and approval from others. Self-worth has significant negative association with anger. Family support has significant positive correlation with competition, appearance, God's love, academic competence, virtue and approval from others. Family support has significant negative association with anger. Competition has significant positive correlation with appearance, God's love, academic competence, virtue and approval from others. Competition has significant pessimistic correlation with anger. God's love has significant positive correlation with academic competence, virtue and approval from others. God's love has significant negative association with anger. Academic competence has significant positive correlation with virtue and approval from others. Academic competence has significant negative association with anger. Virtue has significant positive correlation with approval from others. Virtue has significant negative association with anger. Approval from others has significant negative association with anger.

Correlation between fear of pessimistic evaluation, self-worth and Anger among patients of Functional neurological symptom disorder. (N=130)

V	1	2	3	4	5	6	7	8	9	10	M	SD
FNE	-	-.66**	-.76**	-.76**	-.78**	-.79**	-.81**	-.77**	-.67**	.82**	34.97	13.99
SW		-	.94**	.94**	.80**	.93**	.84**	.89**	.83**	-.55**	140.54	43.13
Family support			-	.93**	.81**	.95**	.85**	.92**	.88**	-.68**	22.28	8.98
Competition				-	.88**	.93**	.83**	.86**	.83**	-.66**	22.11	7.37
Appearance					-	.84**	.83**	.79**	.78**	-.73**	21.59	7.23
God love						-	.88**	.95**	.84**	-.72**	26.48	9.13
Academic competence							-	.90**	.78**	-.76**	21.30	7.67
Virtue								-	.85**	-.77**	23.86	8.51
Approval from others									-	-.68**	17.70	4.70

Anger			38	1
	-		.8	5.
			3	1
				0

FNE=Fear of Negative Evaluation; SW=Self-Worth

Correlation is significant at the level of 0.05 (2-tailed) *.

Correlation is significant at the level of 0.01 (2-tailed) **.

TABLE 4

GENDER DIFFERENCES

Table 4 indicates that there is a no significant mean difference of gender on FNE scale, self-worth, family support, competition, appearance, academic competence, virtue and approval from others domains and anger scale because significant level is > 0.05.

Factors	Males (N=65)		Female (N=65)		t (128)	p
	M	SD	M	SD		
FNE	33.52	14.38	36.43	13.53	-1.17	.23
Self-worth	137.46	42.35	143.63	44.01	-.81	.41
Family support	22.12	9.29	22.43	8.74	-.19	.84
Competition	22.09	7.56	22.13	7.24	-.03	.97
Appearance	21.46	7.35	21.72	7.17	-.20	.83
God love	26.23	9.33	26.73	9.00	-.31	.75
Academic Competence	21.76	7.61	20.84	7.76	.68	.49
Virtue	23.53	8.60	24.18	8.47	-.43	.66
Approval from others	17.66	4.85	17.73	4.58	-.09	.92
Anger	36.73	15.20	40.92	14.83	-1.58	.11

FNE= Fear of Negative evaluation: SW=Self-worth

TABLE 5

EDUCATION DIFFERENCE

Variable	Educated (N=70)		Uneducated (N=60)		t (128)	p
	M	SD	M	SD		
FNE	34.14	9.65	33.38	10.79	.423	.67
Self-worth	174.32	17.29	164.51	21.00	2.92	.00
Family support	26.31	3.98	24.78	4.89	1.96	.05
Competition	27.04	3.64	25.93	4.71	1.51	.13
Appearance	22.81	5.26	22.10	4.82	.80	.42
God love	29.52	4.63	28.21	5.00	1.55	.12
Academic Competence	24.40	4.71	19.31	6.31	5.24	.00
Virtue	25.87	4.90	24.56	5.72	1.40	.16
Approval from others	18.31	4.81	19.43	4.91	-1.30	.19
Anger	46.38	11.68	46.88	12.07	-.23	.81

FNE=Fear of Negative Evaluation

Table 5 indicate that there is no significant mean difference of educated and uneducated patients on FNE because significant level is >0.05, but there is a significant mean difference on self-worth and its domain family support because significant level is <0.05. The other domains like competition, Appearance, God's love, virtue, and approval from other have no significant mean difference but Academic competence has significant mean difference. There is no significant difference on anger scale.

TABLE 6

RESIDENTIAL STATUS

Variable	Rural (N=61)		Urban (N=69)		t (128))	p
	M	SD	M	SD		
FNE	31.70	10.13	35.63	9.89	-2.23	.02
Self-worth	164.08	22.48	174.85	15.18	-3.23	.00
Family support	24.70	5.03	26.41	3.77	-2.19	.03
Competition	26.00	4.64	27.00	3.72	-1.36	.17
Appearance	21.37	5.41	23.46	4.53	-2.39	.01
God love	27.93	5.71	29.79	3.72	-2.22	.02
Academic Competence	21.62	6.213	22.43	5.92	-.762	.44
Virtue	23.98	5.46	26.40	4.941	-2.65	.00
Approval from others	18.22	4.913	19.36	4.81	-1.32	.18
Anger	47.85	12.28	45.52	11.38	1.12	.26

FNE= Fear of Negative evaluation: SW=Self-worth

Table 6 reveal that there is a significant mean difference of residential status on FNE scale. Self-worth has significant mean difference and its domains like family support, appearance, God's love and Virtue has significant difference because significant level is <0.05. but there is no significant mean difference of residential status on self-worth domain, approval from others and Anger scale.

TABLE 7

FAMILY SYSTEM

Variable	Joint (N=71)		Nuclear (N=59)			
	M	SD	M	SD	t (128)	p
FNE	31.61	9.57	36.40	10.31	-2.74	.00
Self-worth	166.83	21.46	173.37	16.68	-1.90	.05
Family support	25.17	4.80	26.14	4.01	-1.22	.22
Competition	26.19	4.22	26.93	4.15	-.99	.32
Appearance	21.80	5.11	23.30	4.90	-1.69	.09
God love	28.52	5.30	29.40	4.18	-1.04	.30
Academic Competence	21.63	6.25	22.55	5.81	-.86	.38
Virtue	24.52	5.03	26.16	5.54	-1.77	.07
Approval from others	19.00	4.69	18.62	5.11	.43	.66
Anger	45.80	12.12	47.59	11.47	-.85	.39

FNE= Fear of negative evaluation: SW=Self-worth

Table 7 reveal that FNE and Self-worth has significant mean difference because the level of significant is <0.05. There is no mean significant difference on self-worth domains like family support, competition, appearance, God's love, academic competence, virtue, approval from other and anger.

TABLE 8

MARITAL STATUS

Variable	Married (n=73)		Unmarried (n=57)			
	M	SD	M	SD	t (128)	p
FNE	35.08	13.60	34.84	14.58	.09	.92
Self-worth	142.80	42.98	137.64	43.53	.67	.50
Family support	22.29	8.86	22.26	9.92	.01	.98
Competition	22.49	7.36	21.63	7.42	.65	.51
Appearance	21.94	6.99	21.94	7.57	.62	.53
God love	26.56	8.84	26.38	9.58	.10	.91
Academic Competence	22.98	7.36	21.71	8.09	-.53	.59
Virtue	23.75	8.33	24.00	8.81	-.16	.87
Approval from others	17.42	4.64	18.05	4.79	-.75	.45
Anger	39.30	14.25	38.22	16.24	.40	.68

FNE=fear of negative evaluation

Table 8 reveal that there is no significant difference on FNE scale, self-worth and its domain like family support, competition, appearance, God's love, academic competence, virtue and approval from others. There is no significant difference on anger because significant level is > 0.05.

TABLE 9

AGE DIFFERENCE

Variable	Age 13- 23 (N=33)		Age 24-34 (N=44)		Age 35 above (N=53)		F	p
	M	SD	M	SD	M	SD		
FNE	35.12	14.08	36.02	13.72	34.01	14.34	.24	.78
Self-worth	134.24	44.81	143.79	41.50	141.77	43.80	.49	.61
Family support	21.67	9.59	21.89	8.35	22.98	9.23	.27	.75
Competition	21.12	7.62	22.06	6.81	22.77	7.73	.50	.60
Appearance	21.30	7.66	21.31	6.98	22.00	7.29	.14	.86
God's love	25.75	9.87	26.11	8.33	27.24	9.41	.32	.72
Academic competence	21.24	7.88	20.79	7.76	21.77	7.58	.19	.82
Virtue	23.60	9.07	22.95	8.11	24.77	8.54	.56	.57
Approval from others	17.66	5.02	17.56	4.67	17.83	4.60	.03	.96

Anger	39.2 7	16. 35	42.3 6	14. 29	35.6 2	14. 54	2. 46	.0 8

FNE= Fear of Negative evaluation

Table 9 reveal that there is no significant mean difference of age on self-worth, family support, competition, appearance, God's love, academic competence, virtue, approval from others domains and there is no significant mean difference of age on anger scale because significant level is >0.05.

IV. DISCUSSION

Current research was used to find out the association between fear of negative evaluation, self-worth and anger among patients of Functional Neurological symptom disorder. Pilot study was conducted on 60 patients of functional neurological symptom disorder. The results show that all scales have good reliability. The correlation show that fear of negative evaluation has significant negative association with self-worth and significant positive association with anger. The current study was aimed to the predictive correlation between Fear of Negative Evaluation, Self-worth and Anger among patients of functional Neurological symptom disorder. Sample was 130 patients of Functional Neurological symptom disorder which was taken from the different hospitals of Gujranwala. Fear of Negative evaluation was measured by using the 12- item scale, Leary M developed Brief Fear of Negative Evaluation scale [10]. Contingency of Self-Worth scale was used to measure Self-worth which is constructed by Crocker, J [11]. It consists of 35 items. Self-worth scale has subscales which consist of Family support, Competition, Appearance, God's love, Academic competence, Virtue and Approval from others. Snell constructed Clinical Anger scale which was used to measure anger [12]. This research was carried out to discover the connection into Fear of Negative assessment, Self-worth and Anger among Functional Neurological symptom disorder. The basic purpose of this research was to assess the consequence of fear of negative evaluation on self-worth and anger among patients of Functional Neurological symptom disorder by assessing the demographic variables gender, age, education, residential status, family system, and marital status. The main hypothesis of the present study is that there will be a negative correlation between fear of negative evaluation and self-worth. The finding of our results shows that there is significant negative association between fear of negative assessment and self-worth. The research and their findings support my current research that there is a negative association into self-worth and fear of negative assessment. Positive association between fear of negative evaluation and anger in current research [13]. Research was supported by previous study which show that there is positive correlation between fear of negative assessment and anger. The primary motive of the fear of negative evaluation is the ability to justify which drive them to stay aside from others and create problem for others by as an outcome of ill-mannered behavior [14]. In smothering anger, people manage their sentiments in

their brains; for instance, they pull back from others, frown, or sulk. Research conducted in 2015 and their research support my present study that there is positive association between fear of negative evaluation and anger [15]. The result of current research was justifying by existed article that family support is positively correlate with self-worth. Parental support and encouragement are related positively to the person self-worth[16]. Previous researches support present findings that self-worth and appearance have significant positive correlation. Self-esteem present in all human beings. Humans need to assess and test their nature, and if they find themselves lacking appearance, they are more likely to take steps to create something that makes them feel satisfied and gain a complete self [17]. The literature suggests the relationships, that lowered self-liking is related to low self-worth [18]. There is a positive association into self-worth and academic competence in present study. The finding was supported by literature which reveal that there is a positive association between self-worth and academic competence [19]. Self-worth has significant optimistic association with God's love and previous findings support present findings. Researches have shown that this inner religious belief is moderate Positively associated with self-worth and mental health [20]. The results of current research reveal, significant negative association between self-worth and anger. Finding was supported with the previous one which reveal that the low self-worth individuals experience more anger from those who have negative feelings toward themselves [21]

The second objective of the research was to determine the difference of demographics in fear of negative assessment, self-worth and anger among patients of Functional neurological symptom disorder. The findings of the present research reveal that there is no significant mean difference of fear of negative evaluation scale among gender. Results of the researches conducted it can reveal that girls particularly have a more susceptible and fragile nature compared to men since the adolescence period. Similar results have been obtained on Fear of Negative Evaluation in previous researches [22]-[23]. So, my findings are not supported by previous researches. The findings of the present research indicate that there is no gender difference on self-worth but previous research rejected that and does not support our research. Past research has built up that self-worth is higher in men than in ladies [24]. There is no gender difference found in our research but previous research does not support our findings [25]. There is significant mean difference on self-worth among different age group and our findings are not supported by previous findings that self-worth increments from immaturity to center adulthood [26].

V. CONCLUSION

The main purpose of the research was to find the connection between Fear of Negative evaluation, self-worth and Anger among patients of Functional Neurological symptom disorder. The results showed that there is a significant negative correlation between Fear of negative evaluation and

self-worth and positive correlation between anger and fear of negative evaluation. The findings of the present research reveal that there is a significant mean difference on fear of negative evaluation among different age groups and our findings are supported by previous finding [27].

VI. LIMITATION AND RECOMMENTATIONS

1) The data was collected from the hospitals of Gujranwala due to limited access of the patients. The data should be collected from different cities in order to generalize on the population of Pakistan.
2) The data size was short in order to generalize; more patients of functional neurological symptom disorder from different hospitals should be visited.
3) The available literature was limited, and the existed literature on demography was hard to find because researches conducted on the demographics were few or rare.

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