CARC Research in Social Sciences 3(1) (2024) 17-24

03-CRISS-373-90

Content list available at:
https://journals.carc.com.pk/index.php/CRISS/article/view/90

CARC Research in Social Sciences

Journal homepage : journals.carc.com.pk

Thematic Analysis of Reality Therapy with Functional Neurological (Conversion) Disorder Patients in Pakistan

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ARTICLE INFO

Article history:

Received: Jan 18, 2024
Revised: Feb 27, 2024
Accepted: March. 25, 2024
Published: March. 31, 2024

Keywords:

Thematic analysis
Functional Neurological disorder
Reality therapy
Interpretative Phenomenological analysis

ABSTRACT

In both acute hospital settings and long-term care, patients with Functional Neurological Disorder (Conversion) are prevalent and present interdisciplinary challenges for neurology and psychiatry. There are few empirically supported treatments for functional neurological disorder (FND), and managing these conditions can be difficult. Through examining their lived experiences and understanding how they manage the drive from the beginning of symptoms to the medical examination, diagnosis, and post-diagnostic adjustment, this study aims to analyze the thematic analysis of reality therapy for individuals with Functional neurological disorder (FND)—female patients who were diagnosed with FND in opds of tertiary care hospitals. The age range of the patients was 20-40 years with different educational and socioeconomic status. The total number of patients was 15. The analysis followed the IPA (Interpretative Phenomenological Analysis) guidelines. The main researcher thoroughly reviewed every participant's text multiple times on the way to gain a deep understanding. Initial notes were taken, capturing noteworthy aspects, in both descriptive and interpretive forms. These preliminary interpretations were then scrutinized to spot emergent themes and provide them with tentative names. A details assessment of Reality therapy techniques with functional neurological disorder outpatient was fully formulated on the tables of behavior self-evaluation and reality vs expectation. To make the thematic analysis more evidence-based the themes were generated on WDEP (wants, doing, evaluation, and Planning). Functional neurological disorders (FNDs) significantly affect how patients view themselves and their relationships with others, which in turn affects their general well-being. These findings point to the necessity of carefully considered improvements to interventions like reality therapy for the psychiatrist and psychologist to go further beyond other therapeutic interventions.

1. INTRODUCTION

Mental health professionals have been fascinated and perplexed by Functional Neurological Disorder (FND), also known as Conversion Disorder, for a very long time. Functional Neurological Disorder is the new name for Conversion Disorder that the American Psychiatric Association has given it, though the two terms can be used interchangeably (American Psychiatric Association, 2017).

Undiagnosed neurological symptoms, such as motor symptoms like seizures and aphonia or sensory symptoms like blindness, that are unrelated to an underlying neurological or medical disorder are what are known as FND. Functional Neurological disorder (FND) symptoms include tremors, dystonia, paresis, tics, and gait disorders (Edwards & Bhatia,2012; Espay et al.,2018).

It has been suggested that excessive anxiety and negative affect can amplify a weak top-down regulatory system, resulting in neuropsychogenic symptoms (Perez et al.,2012).

The first dogmatic view is that an emotionally traumatic event causes FND and that the ensuing distress is transformed into physical symptoms, which are then

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How to Cite:

Sarwar, N., Gul, R., Abid, S., & Sarwar, R. (2024). Thematic Analysis of Reality Therapy with Functional Neurological (Conversion) Disorder Patients in Pakistan. *CARC Research in Social Sciences, 3(1)*, 17–24.

DOI: https://doi.org/10.58329/criss.v3i1.90

sustained by unconscious processes; the second holds that symptoms are brought on by abnormal beliefs about the illness or by interpersonal needs, like attachment, and other people's reinforcement of those beliefs. Consequently, the focus of clinical management often revolves around psychiatric or psychological interventions, which aim to address the underlying psychological processes that give rise to symptoms. Psychodynamic therapies for resolving subconscious conflicts were among them (Kompoliti et al.,2014).

Phenomenological analysis with interpretation with qualitative analytic methodologies that focus on people's lived experiences with FND may allow for a better understanding of how to support patients is widely used in health psychology research to investigate illness experience (Brocki & Wearden, 2006), allowing for a detailed examination of individuals' unique life experiences while also pointing to broader themes. Interpretative Phenomenological analysis is well suited to making sense of complex subjective and emotionally laden phenomena in the context of FND (Smith & Osborn, 2015). IPA has been used to comprehend the experience of illness in individuals who do not have epileptic seizures in the literature of functional neurological disorders other than FND.

Researchers found that feeling "left in limbo land" and experiencing "doubt and uncertainty" were common characteristics of the diagnosis period. They suggested that they could increase patients' acceptance of a "functional" diagnosis and engagement with services by helping them incorporate the diagnosis into their narratives for symptoms (Thompson, Isaac, Rowse, Tooth, & Reuber, 2009).

This qualitative content analysis of reality therapy for Conversion Disorder in Pakistan is motivated by the need to address the unique challenges and opportunities posed by Conversion Disorder within the Pakistani context. By exploring the experiences of individuals with the disorder and the potential benefits of reality therapy, this study aims to contribute to the overall understanding and management of Conversion Disorder in Pakistan and, by extension, in similar cultural contexts.

For many of the patients surveyed, making a connection between FND and a life event was crucial to their understanding and acceptance of their illness. Physicians should investigate connections to life events, as recommended by Thompson et al., 2009, but they also need to emphasize that functional disorders can arise even in the absence of trauma. Larger studies would be necessary to confirm whether or not patients would be receptive to misleading placebo treatments, but in the absence of physician support, there is little evidence for such approaches. As an alternative, clinical research on the open application of suggestive therapies would be an alternative (Rommelfanger, 2013).

2. LITERATURE REVIEW

Conversion disorder is the term used to describe the loss or alteration of motor, sensory, and autonomic nervous system-related functions that cannot be fully explained by organic causes.

Nandi et al. (2021). considered Conversion disorder as a Functional Neurological Disorder categorized as a somatoform disorder under DSM-5 that is mostly caused by psychological difficulties and has no basic clinical and biochemical abnormalities. Reality therapy is based on commonsensical and emotional involvement. Since human behavior is unpredictable when faced with anxiety and discomfort, this theory is based on identity excellence, its realization, and modification. In main theme of reality therapy is gaining control over decisions and taking accountability for an individual's situational events. Reality therapy, which alters various psychological aspects of an individual, enables them to deeply confront the realities of their behavior and decisions and acknowledge that they are to blame for their suffering and ill fortune (Jahromi & Mosallanejad,2014). Practitioners of choice theory emphasize the value of the therapeutic relationship, which is thought to be the cornerstone of successful counselling outcomes (Wubbolding, 2015). Wubbolding (2000) reported that reality therapy was used for depression, domestic violence, addiction, and the development of self-esteem among adults and children as well. A study conducted by Edens & Smyrl (1994), on the disruptive behavior of middle school children. While in 1994 Chung conducted a study on reality therapy with juvenile delinquents. There is disagreement regarding the types of therapies that may be successful or unsuccessful in treating psychological nonepileptic seizures (PNES). A disorder-specific psychoeducation treatment component was a part of the open-ended group psychotherapy programmed for 10 PNES patients for the first 10 weeks. Pre- and post-treatment analyses of seizure frequency and questionnaire responses were performed on all 7 of the 10 patients who attended most of the psychoeducation sessions. Four people had no change in seizure frequency; three of these had events stopped at the start of treatment. Posttraumatic, dissociative, and emotionally based coping mechanisms symptoms all showed significant declines. In some patients with PNES, psychoeducation may help them develop better-coping mechanisms and lessen the psychopathology that is related to PNES (Zaroff,2004).

3. METHODS

Participants

Clinicians.

As I approach doctors of three tertiary care hospitals regularly in opds rooms of consultants, associate professors, and the head of a psychiatry department. These doctors were contacted by showing permission letters for Ph.D. student's data collection. This approach was taken to get accurate and clear diagnoses from experts for FND patients. The clinical services provided from which the patients were recruited were the major tertiary and teaching hospitals of the city. Demographic information is summarized in Table 1 of the supplementary material.

Patients:

Female patients who were diagnosed with FND in opds

of tertiary care hospitals. The age range of the patients was 20-40 years with different educational and socioeconomic status. The total number of patients was 15. Informed consent was taken before starting the data collection. The sampling technique was non-randomized.

Therapist or Researcher:

The therapist was a doctoral student and their Ph.D. dissertation. The study was approved by the Advance Studies Board of Peshawar University and an approval certificate was given. The therapist was certified in the clinical field of PDCP (Postgraduate diploma in clinical psychology).

Data Collection:

Clinicians:

The detailed examination of patients by the lead consultants and associate professor in the OPD of hospitals. The consultants prescribe the pharmacological treatment. After the consent, the lead researcher interviewed all 15 participants. The interview starts with all the demographic information of the respondents (Table 1). Respondents were given full opportunity to discuss other issues and other pertinent material.

Scales

In the initial phase after the semi-structured interview, data are taken on three scales i.e. SDSs (Sheehan Disability Scale) which measures disability of patients at three levels i.e. school, family, and social life. The questionnaire consists of 3 items with a 0-10-point rating scale from not at all to very extreme disabilities. The Cronbach alpha value ranges from 0.70 to 0.90. The IPDE (International Personality Disorder Examination) scale consists of 77 items with true and false options. The internal consistency reliability analysis of IPDE consists of criteria for three cluster values; cluster A α,0.88, cluster B α,0.93, and for cluster C α, 0.88, cut-off points. The IPDE measures personality disorders as it has shown that FND has associated features of PD. The Brief Cope inventory consists of 28 items with a 4-point Likert scale with the division of four subscales i.e. Avoidant coping, religious or denial coping, problem-focused coping, and positive coping. with a Cronbach alpha value of 0.92

Analysis:

The analysis followed the IPA (Interpretative Phenomenological Analysis) guidelines established by Smith et al. (2009). The main researcher thoroughly reviewed each participant's text multiple times to gain a deep understanding. Initial notes were taken, capturing noteworthy aspects, both descriptive and interpretive. These preliminary comments were then scrutinized to spot emerging themes and provide them with tentative names. This process was repeated for all transcripts before revisiting each one to identify overarching themes through individual analysis. Patterns across cases were then examined to formulate overarching themes for the entire group during the group analysis phase. The research team was involved in discussions at each step of the analysis. These all analysis was based on the reality techniques of behavior self-evaluation, expectation vs reality, and WDEP working sheets (Smith, Flower & Larkin.,2009).

Results:

Table 1.
Participants' Demographic and Clinical Information

Pseudo Name	Age	Educational Background	Marital Status	FND Sub-type	Previous Treatment	Time period from onset of symptoms	Comorbid Physical problem
Maria	18	Primary	Unmarried	Seizures	Religious therapy	11-20 days	Bone pain
Sumbal	20	Higher secondary	//	//	//	1month	Nil
Liba	19	Secondary	//	//	//	//	Nil
Aneesa	24	Secondary	//	//	//	//	Nose operation
Nabila	23	Primary	//	Paralysis	//	//	Polio
Shamsa	25	Uneducated	//	//	//	2 Month	Hyperthyroidism
Andaleeb	22	Uneducated	//	//	//	//	Fibroids
Neelam	21	Secondary	Married	Unconsciousness/fits	Anti-depressants	//	//
Shaista	26	Graduation	//	//	//	//	Stomach Ulcer
Amina Bibi	35	Graduation	//	Unconscious/fits/ unresponsiveness	//	>one year	Nil
Nazoo	34	Uneducated	//	//	//	//	Knee pain
Zeba	33	Primary	//	//	//	//	Nil

Table 2
Report on Behavior Self-evaluation Technique of Reality Therapy of the FND Patients

Questions	Describe various choices you had made at time?	What did you decide to do?	What was the outcome (short and long)?	In hand sight, was your decision a good one?	If you could revisit the past, what decision would you make based on what you know now?
Maria	Living in a dark/leave everything/no control on outcome	To take a stand/showed courage	Choice different tactics/solo date for my self	100 absolutely	Allow myself free individual
Sumbal	To become a doctor/scoring ETA	Belief in Allah decision/ enrolled myself in KMU for BSc. Nursing	Satisfied my MBBD craving(short)	//	//
Mental satisfaction and successful in real life(long)	I doubt my decision	I will study harder if time rewind .	//	//	//
Liba	I want to support family	Business women by freelancing	The end of our home suffering	Firm on my decision	To survive I the society and serve my family
Aneesa	Want a relationship of my choice	To asked from parents/ do court marriage	Suffer my family	I will take a step for my decision	I did wrong to make myself ill
Nabila	My father died now I work	My education is low I will do labor job	My family are starving	My decision is correct	I wish I could study now I will earn respective job
Shamsa	I misbehave with my parents/ want marriage/feeling lonely	My age fellow are married/parents treat like an animal	I use fits tactic	It is correct to relive me	I wish I could live normal life
Andaleeb	battled with body image and self-worth..	talked to herself positively and sought out counseling for self-esteem.	In the short term: increased self-assurance. Long-term: Higher self-worth.	.Yes, it had a beneficial effect on my mental health.	If I could go back, I would have addressed my issues with self-esteem by seeking therapy sooner.
Neelam	fighting interpersonal disputes in partnerships./alone all the time	opted for candid communication and went to couples therapy	Short-term: enhanced dialogue. Long-term: Made the bond stronger	Indeed, it kept my relationship intact	I wish I had taken advantage of couples counseling sooner to deal with problems head-on.
Shaista	Be completely shattered/past in forever/unhappy from home environment/feeling lonely	Bring positive change in personality	To move on (short) being successful in every aspect	Indeed it was.	Would not bother myself more to be sad
Amina Bibi	overcoming feelings of loneliness and isolation... could.	joined social clubs and made contact with loved ones	Short-term: A stronger social network. Long-term: A decrease in loneliness.	Yes, it made me feel better all around	If I go back in time, I would have actively looked for social support in the form of relationships earlier on
Nazoo	managing chronic pain and how it affects day-to-day activities.	participated in pain support groups and used pain management techniques	Short-term: Better control of pain. Long-term: A higher standard of living	Yes, it made a big difference in how I operated every day	For better results, if I could go back in time, I would have looked into pain management techniques sooner.
Zeba	Managing sorrow following a major loss./lonely	chose to attend a bereavement support group and pursued private counseling	Short-term: Acquired psychological support. Long term: Improved coping skills	Yes, it did assist me in getting through the mourning process	Would have gotten better support by beginning therapy and joining a support group sooner.

Table 3
Report on Expectation Vs Reality Technique of Reality Therapy of the FND Patients

Questions	Current Reality	What did you decide to do?	What was the outcome (short and long)?	In hand sight, was your decision a good one?
	Changing Reality	To take a stand/showed courage	Choice different tactics/solo date for my self	100 absolutely
	Defining expectation	Belief in Allah decision/enrolled myself in KMU for BSc. Nursing	Satisfied my MBBD craving(short)	//
	Modifying Expectation	I will study harder if time rewind .	//	//
Maria	Not acceptable to family	To be a better person	Admire everyone	I can't change its dream
Sumbal	I lose medical field	Becoming a nurse	I wish I become doctor	Change the field
Liba	Working hard for family bread earner	Start freelancing	To earn dollars	Contact with foreign company
Aneesa	I love someone	To discuss with parent	I wish I married that person	Follow family rules and customs
Nabila	Lose father	Starving in home	Live honorable life	Start labor work extra
Shamsa	Overage for marriage	Accept proposal even as second wife	I wish I could married on time	Asked parent for legal marriage
Andaleeb	Unapproved body image	Presentable as a personality	To be look like model	Should thanks for normal body functioning
Neelam	Interpersonal conflict with partner	Logically discuss problems	I wish my partner respect me	Changing expectation
Shaista	Hard work done and paid off	Positively Focusing myself/take change	To be bright one/to accept me/not judgmental	Being optimist and helping
Amina Bibi	Living alone	Engage myself for in social media marketing	I wish I could acceptable member and have family too	Adopt for children
Nazoo	Chronic pain in stomach	Go for extra treatment	I want pain free life	Follow doctor advice
Zeba	Death of love once	Accept the reality of death	I wish asked forgiveness	Forgiveness for Allah

A details assessment of Reality therapy techniques with functional neurological disorder outpatient was fully formulated on the tables of behavior self-evaluation and reality vs expectation. So to make the thematic analysis more evident the themes were generated on WDEP (wants, doing, evaluation, and Planning) which were the continuation of basic techniques of reality therapy and the end process of evaluation of patients. following themes of reality therapy.

Theme 1: Wants

During the period when symptoms appeared patients visited the hospitals for consultations. The 12 participants with 10 to 12 session periods individually had different wants of sub-themes which were identifying their meaning, responses, and experiences i.e. Feeling lonely and helpless about the current issues, not controlling my lives, and dissolving disputes with the family. The most demanding want of their life was to be understood by their dearest one. They want prestigious positions of their status for their dreams, wishes, and expectations.

Sub-themes

A) Feeling Lonely

Out of 12 patients, it captured the feeling of "feeling lonely" most of the time. Patients 1,2,6,7,8 and 9 said that they are alone in their lives. No one is there to understand their feeling of distress. So the fits are started sometimes consciously and sometimes unconsciously to gain attention from family members. "I felt completely disoriented when I lost the ETA test and lost my dream to become a member. As all my batch quailed showing pity on me. My parents too cursed me as I am the only hope for them to gain prestigious profession in a family" (pt:sumbal).

Theme 2: Doing

After detailed sessions with FND patients it was identified under the theme of or techniques of WDEP "doing "most of the patients have dreamed of being an independent woman in their life. In discussions with patients different sub-themes were captured with their meaning, understanding, and contact with reality-based doing.

Sub-theme:

"joint support group"

Most of the patient join different groups for their counseling for solving their problems of disguised life." I from childhood suffer from low self-esteem. As growing age, my classmate and my mate lived their lives with full confidence and I suffered from body defects. This makes me insane. I can't be productive, and always receive criticism during functions when compared to my sister.so I start acting like fainting and unconscious. Later when visiting with a doctor I realized that a joint support group makes me relax in my world.so start social media different web groups where i can my own identity my self-worth" (pt; Andaleeb).

Theme 3: Evaluation

During the WDEP model evaluation process, it was found that the majority of patients evaluated their actions and life desires, which helped them to identify the gap between their expectations and reality. They also admitted that their actions were inadequate. Throughout the assessment, participants actively recognized their errors and made an effort to redirect them toward more appropriate solutions.

One person one individual expressed for instance, "I am angry with my partner all the time, which makes the house difficult to understand." Conflicts arise from this, making it impossible for us to put up with one another's requests and demands. We were constantly criticizing one another, which caused me great distress and psychological suffering. However, now I realize the true circumstances and each other's actions" (Pt.Neelam).

Theme 4: Planning

Following a protracted therapeutic process that lasted for twelve sessions with patients diagnosed with Functional Neurological Disorder (FND), the therapist noted significant progress in the patients' life planning, which included their past intentions, behaviors, expectations, and present circumstances. Even with improvements from the first session to sessions 10–12, it was clear that a longer follow-up procedure was still required.

The last stage of a lengthy therapeutic session with twelve FND patients is planning. The patient's life planning was observed with their past desires, actions, expectations, and reality. Despite this, the therapist saw improvement from sessions 1 through 10–12. However, a lengthy process of follow-up was still necessary. During the planning assessment process, it was noted that the majority of patients created reality-based plans based on their current state. As an illustration, a patient plans "since I am currently overage. I start to feel inferior because of this. I am single and take offense at comments made about my age. However, as of right now, I would concur and consider taking on a second marriage. If a proposal came up right away, I would accept it. According to what I understand, Allah has the final say. I have no control over it. Instead, I would adapt to the current circumstances.

Discussion:

Functional neurological disorder (FND) has been the subject of a thematic analysis through a qualitative study, which has yielded important insights into the elusive aspects of this complicated condition. The study's findings provide insight into people's experiences by using reality therapy techniques of behavior self-evaluation, reality vs expectations, and WDEP assessment starting with the onset of symptoms, continuing through the diagnostic procedure, and entering the post-diagnostic adaptation phase. The main themes that came out of the qualitative analysis will be covered in this talk, along with their implications and possible directions for future research and interventions.

This narration during the therapeutic process revealed the patients' affected life quality with social disabilities with family, work, and home life. Nielsen, Stone, et al. (2019), for instance, reported that social isolation, loneliness, and distress are typical symptoms of FND. In the present study, it is also observed that patients reported in the behavior evaluation proforma that most of them reported loneliness and isolation, being completely shattered, disputes with family members, not acceptable body image in society, living in the dark, and a completely deteriorated environment. Female patients in the present study also stated that their interactions with other people were stressed, particularly while it seemed that friends, family, and medical professionals did not think their symptoms were real. As a result, they felt alone and isolated from other people, either because they could not trust them or because they avoided having difficult conversations. However, a similar finding was observed in the study with other functional neurological disorders explaining the stigmatized consequences of society to the FND patients. (Karterud, Risor, & Haavet, 2015; Rawlings, Brown, & Reuber, 2017).

Graham, Gouick, Krahe, & Gillanders, 2016; Moss-Morris, 2013 studies there was variation in the degree to which participants were managing their symptoms, which is consistent with the larger body of research on coping with chronic medical conditions. As they assimilated symptoms into their identity, some gained a more sympathetic self-perception; they found new goals and felt more content. Meanwhile, others continued to lament their losses, felt distressed and ashamed, and were afraid to go out alone. These divergent trajectories align with multiple theoretical frameworks for efficient adaptation to illness. Which contend that establishing or preserving a sense of persistence and adopting distinctiveness that allows for meaningful activity is supportive of well-being. While in the current study the coping strategies people used after a diagnosis. Knowing how people adjust to living with FND gives researchers important information for creating focused interventions. Individuals can share their experiences and coping mechanisms through psychotherapy and support groups, which can create a sense of community and lessen the isolation that is frequently linked to FND.

The current study also demonstrated the enviable blocking goals experiences. The loss of their roles as a wife, as a daughter, as a student, and as a bread earner of the family. A similar study by Rawlings & Reuber, 2016, Karterud et al., 2015 and Barker, das Nair, Lincoln, & Hunt, 2014 Participants suffered numerous losses when they renounced roles and activities. These losses included losses to their identity, or how they perceived and interacted with themselves, as well as external losses, such as things they stopped doing. The participants talked about how difficult it was to maintain previous identities (such as mother or worker), and how only after some time of mourning and adjustment were some able to find value in new, if more constrained, roles. It has been shown that loss of role poses a serious threat to well-being in people with multiple sclerosis, Parkinson's disease, and non-epileptic seizures.

It is important to recognize the limits of this qualitative study even though it has yielded a rich understanding of the lived experiences of people with FND. Factors such as sample size, demographics, and culture could affect how broadly applicable the results are. Future studies could delve deeper into these topics and examine the efficacy of particular treatments in a wider range of demographics.

The qualitative thematic analysis of FND has demonstrated the disorder's complexity. The themes that have been recognized underscore the importance of implementing a comprehensive and collaborative approach to address the challenges posed by FND. By integrating these perspectives into medical instruction, public awareness initiatives, and clinical settings, we can strive towards a more efficient and considerate handling of functional neurological conditions.

4. CONCLUSION

when symptoms of Functional Neurological Disorder (FND) were detected early on by using reality therapy. The participants shared accounts of various trigger events that increased the patients' susceptibility to FND. Using therapeutic techniques such as reality versus expectation exploration and behavior self-evaluation, participants initially discussed feelings of helplessness to deal with current issues, a feeling of losing control over their lives, and unresolved family conflicts. The individuals also related an interesting sensation of feeling isolated from the body portion that was afflicted, which offered crucial background information for comprehending the bio-psycho-social elements of FND. During the therapy sessions, the significance of the clinical connection was underscored, along with the necessity of recognizing the psychological impact of the symptoms and demonstrating trust in the patient. Ultimately, the therapy procedures proved the effectiveness of psychological techniques that prioritize acceptance, identification, and self-compassion. These methods assisted patients in learning how to cope with and adjust to having a functional neurological disease. Not to mention, there have been many advancements in the treatment of FND patients; nonetheless, a protracted follow-up procedure and a more conducive setting have resulted in patients who are now free of symptoms.

Clinical Implication:

The intricate interplay of psychological and physical elements that constitute Functional Neurological Disorder (FND) makes diagnosis and therapy very challenging. This study examines the clinical consequences of a qualitative assessment of reality therapy sessions with individuals who have FND. Understanding how reality therapy, as a treatment modality, can aid in the all-encompassing management of FND is the aim.

Patients with FND can make the connection between the emotional conditions that underlie their physical symptoms. However, reality therapy emphasizes the importance of living in the now and present situations. Therapists might use mind-body methods in reality therapy sessions to facilitate a deeper connection between patients' emotional experiences and physical manifestations. The

qualitative study indicates that reality therapy provides an emotional exploration and regulation space for FND patients. Clinicians can assist patients in identifying, expressing, and managing their emotions by using emotion-focused therapies. Patients may benefit from fewer, milder functional symptoms as a result of this.

Reality therapy is a revolutionary approach to exploring the underlying basic beliefs and cognitive patterns responsible for the symptoms of FND.

By incorporating reality therapy techniques to confront maladaptive ideas and attitudes, clinicians can equip patients with FND with the means to reinterpret their symptoms and strengthen their coping skills.

Reality therapy shows the potential to equip patients with continuous self-management skills. Practitioners ought to think about implementing maintenance plans and extended follow-up appointments to make sure that patients carry out newly acquired coping skills outside of the therapeutic environment.

Conflict interests

The authors has declared that no competing interests exist.

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