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Psychological and Sociological Problems in Individual Diagnosed with Neuropathy: A Mixed Method in Ankara Sample

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ABSTRACT: This study aims to examine the psychological and sociological problems experienced by individuals diagnosed with neuropathy. In the study conducted in Ankara, the emotional difficulties experienced by the participants, the difficulties faced by social relations and the changes in the quality of life were discussed. The findings show that neuropathy is not only physical but also in spiritual and social fields. These results offer significant inferences in terms of access to support systems of patients, psychological counseling needs and social awareness.

KEYWORDS: neuropathy, psychological effects, social insulation, quality of life, chronic illness experience, social support, mental health.

I.INTRODUCTION

Neuropathy is a health problem that is often characterized by the damage of the peripheral nervous system, often with symptoms such as chronic pain, numbness, burning, tingling and motor coordination disorders (Callaghan et al., 2012). Generally, diabetes develops due to underlying causes such as autoimmune diseases and chemotherapy and deeply affects the psychological and social life of the individual as well as the physical functionality of the individual (Jensen et al., 2011). In individuals living with chronic diseases, continuous and difficult symptoms such as pain cause psychiatric problems such as depression, anxiety, stress disorders and social isolation over time (Gureje et al., 1998; Fishbain et al., 2000). In particular, neuropathic pain, unlike other types of pain, can create more helplessness, burnout and emotional depression in the individual; This may cause the individual to withdraw and lonely in his social relations (Smith & Torrance, 2012). The fact that neuropathy is a “invisible olur disease can prepare the ground for the fact that individuals are not noticed by their environment and therefore lack of social support (Hadjistavropoulos et al., 2011). Social support acts as an important task in cope with chronic diseases. However, complex health problems that do not appear to be neuropathy may cause both physical and emotional needs of patients to be ignored (McParland et al., 2011). This may adversely affect not only the psychological health of the individual, but also social participation, productivity and life satisfaction. Studies on psychosocial difficulties experienced by neuropathy patients in Turkey are very limited. However, such ailments are not only individual; It also creates effects at family, economic and social level. This study aims to reveal the problems faced by individuals diagnosed with neuropathy in their emotional, relational and social lives.

II. AIM

The main purpose of this research is to examine the psychological and sociological problems experienced by individuals diagnosed with neuropathy. The study aims to evaluate the effects of neuropathic individuals on emotions, social relations, life satisfaction and perceptions of social support. However, understanding the invisible but deepening effects created by neuropathy on individuals aims to provide important data for both mental health services and social policy practices. In this respect, it is aimed to mapping the changes in the emotional burden, loneliness, social exclusion and quality of life of the patients. The study also aims to contribute to the development of holistic and awareness -oriented approaches for the needs of individuals who have been diagnosed with neuropathy for health professionals, social workers and psychological counselors.

III. METHOD

This study, conducted under the leadership of Prof. Dr. Kürşat Şahin Yıldırımer on behalf of St. Clements University, was carried out in Ankara. The research process began in January 2025 and was completed in March 2025, including data collection and analysis stages. A mixed-methods approach was used to evaluate the psychological and sociological problems experienced by individuals diagnosed with neuropathy. The sample of the study consisted of a total of 257 individuals diagnosed with neuropathy in the province of Ankara. Among them, 217 participants provided data through a structured questionnaire, while 40 participants took part in one-

on-one semi-structured interviews. Participants were selected through purposive and convenience sampling methods. All participants were informed about the research and voluntarily participated by providing written consent.

Table-I

Scale	Cronbach's Alpha
DASS-21 (Depression, Anxiety, and Stress Scale)	0.89
UCLA Loneliness Scale – Short Form	0.85
Perceived Social Support Scale (PSSS)	0.91
WHOQOL-BREF (Quality of Life Scale)	0.88

The above table shows the levels of internal consistency of the scales used in the research according to Cronbach's Alpha values. The fact that all scales have alpha value on .85 reveals that they are highly reliable psychometric.

Data Collection Tools: The data collection tools used in this study were chosen to evaluate the psychological and sociological experiences of individuals who have been diagnosed with neuropathy in a multidimensional way. The tools are both determined according to the validity and reliability in the literature and structured to measure the processes of individuals related to the mental, social and quality of life of individuals. Applied data collection strategy; Demographic features are designed to consider mental symptoms, social support level and quality of life extensively. The tools used include the Demographic Information Form, Depression-Answer-Stress Scale (DASS-21), UCLA Loneliness Scale-Short Form, Social Support Perception Scale (SSAÖ) and Quality of Life Evaluation Form (WHOQOL-BREF). In addition, individual interviews with 40 participants were carried out by a semi -structured form and were analyzed by the thematic analysis method.

Semi -structured interview form: This form was created to collect in -depth data about the daily lives, spiritual processes, social relations and support systems of individuals diagnosed with neuropathy. The form was tested by pilot interviews and finalized in line with feedback. The interviews were made one -to -one, registered with the consent of the participant and took an average of 30–45 minutes. The data obtained were evaluated with thematic analysis.

Objectives of interview questions:

Question 1: Discovery of changes in life after the diagnosis of neuropathy
Question 2: Evaluation of psychological and social obstacles encountered in daily life
Question 3: Questioning the impact of social support and environmental factors
Question 4: Pain and physical limitation of coping strategies
Question 5: Learning of Access to Health System, Treatment Experience and Satisfaction Levels
Question 6: Deepening of the effects of neuropathy on mental health through individual narratives
Question 7: Attitudes encountered in society and possible exclusion or stigmatization experiences
Question 8: Life Satisfaction of the Participants, Future expectations and resources of coping

Demographic Information Form: In addition to the basic knowledge of the participants such as age, gender, marital status, profession, educational status and diagnosis of neuropathy, subjective evaluations of weekly social interaction time, frequency of access to health services and quality of life were collected through this form. At the end of the form, the open -ended questions allowed participants to express their personal experiences of neuropathy.

Depression, Anxiety and Stress Scale (DASS-21): This scale was used to measure the levels of depressive symptoms of the participants during the last week -week period, anxious mood and stress levels. This scale consisting of 21 items has a likert -type structure and is widely used in non -clinical samples (Lovibond & Lovibond, 1995).

UCLA Loneliness Scale - Short Form: This scale, which was used to measure the levels of social loneliness and emotional loneliness of the participants, was structured to evaluate the extent to which individuals feel themselves from their social environment.

Social Support Perception Scale (SSAÖ): This scale measures the social support perceived by individuals from family, friends and private people. The relations between the social attachment levels of the participants and the psychological goodness were evaluated with this scale.

Quality of Life Evaluation Scale (WHOQOL-BREF): This scale developed by the World Health Organization allows individuals to subjectively evaluate the quality of life related to physical health, psychological state, social relations and environmental factors.

Survey Form for Individuals Diagnosed with Neuropathy

Demographic Information Form

Psychological and Sociological Problems in Individual Diagnosed with Neuropathy: A Mixed Method in Ankara Sample

Please fill out the personal information below completely and correctly. All information will be kept confidential.

1.1. Age: _____

1.2. Gender: ☐ Woman ☐ Male ☐ I do not want to specify

1.3. Marital status: ☐ Married ☐ Single ☐ divorced ☐ Other: _____

1.4. Education: ☐ Primary School ☐ High School ☐ University ☐ Graduate

1.5. Working Status: ☐ Working ☐ Not Working ☐ Retirement

1.6. Diagnosis of neuropathy: _____ year / month

1.7. Monthly average income: ☐ 0-5.000 TL ☐ 5.001–10.000 TL ☐ 10.001+ TL

1.8. District you live: _____

Depression, Anxiety and Stress Scale (DASS-21)

Directive: Read each statement below and mark the option that best reflects your state in the last week.

(0 = not suitable at all | 1 = sometimes | 2 = Most of the time | 3 = always)

Psychological Symptoms Checklist

No	Item	0	1	2	3
1	I felt sad and down.	☐	☐	☐	☐
2	I was tense and restless.	☐	☐	☐	☐
3	I got irritated and angry easily.	☐	☐	☐	☐
4	I felt like crying for no reason.	☐	☐	☐	☐
5	My heart was racing or I experienced palpitations.	☐	☐	☐	☐
6	The future seemed hopeless to me.	☐	☐	☐	☐
7	I felt like something bad could happen at any moment.	☐	☐	☐	☐
8	Everything felt very difficult for me.	☐	☐	☐	☐
9	I felt fear for no reason.	☐	☐	☐	☐
10	I experienced inner restlessness and couldn’t do anything.	☐	☐	☐	☐
11	I had trouble falling or staying asleep.	☐	☐	☐	☐
12	My muscles were tense and I couldn’t relax.	☐	☐	☐	☐
13	I felt low in energy and tired.	☐	☐	☐	☐
14	I felt like a failure and inadequate.	☐	☐	☐	☐
15	I was constantly on alert and couldn’t relax.	☐	☐	☐	☐
16	I was overreacting and exaggerating situations.	☐	☐	☐	☐
17	I had difficulty organizing my thoughts.	☐	☐	☐	☐
18	I had thoughts of self-harm.	☐	☐	☐	☐
19	I experienced distress in my relationships with loved ones.	☐	☐	☐	☐
20	I felt anxious for no reason.	☐	☐	☐	☐
21	I stopped enjoying the things I used to like.	☐	☐	☐	☐

UCLA Loneliness Scale - Short Form

Directive: Check how often you identify yourself with the following expressions.

(1 = no, 2 = rarely, 3 = sometimes, 4 = frequently)

Loneliness Scale

No	Item	1	2	3	4
1	I feel lonely.	☐	☐	☐	☐
2	I feel excluded.	☐	☐	☐	☐
3	I have no one I feel close to.	☐	☐	☐	☐
4	I feel lonely even when I'm with people.	☐	☐	☐	☐
5	I feel as if there is a distance between me and my social circle.	☐	☐	☐	☐
6	I can't talk to someone who truly understands me.	☐	☐	☐	☐
7	I can't spend as much time with people as I would like to.	☐	☐	☐	☐
8	I don't feel close enough to my friends or family.	☐	☐	☐	☐

Social Support Perception Scale (SSAÖ)
Directive: Specify the extent to you the following expressions.
(1 = I absolutely disagree - 5 = I absolutely agree)
Social Support Scale

No	Item	1	2	3	4	5
1	My family stands by me during difficult times.	☐	☐	☐	☐	☐
2	My friends provide me with emotional support.	☐	☐	☐	☐	☐
3	There is always someone I can ask for help in my life.	☐	☐	☐	☐	☐
4	My close circle genuinely cares about me.	☐	☐	☐	☐	☐
5	There is someone I can count on for financial/emotional support.	☐	☐	☐	☐	☐
6	During stressful times, there is someone around who understands me.	☐	☐	☐	☐	☐
7	I get support from those around me when making my own decisions.	☐	☐	☐	☐	☐
8	When I feel lonely, there is someone who shows interest in me.	☐	☐	☐	☐	☐
9	I can trust my friends when I'm struggling.	☐	☐	☐	☐	☐
10	My family respects and supports my decisions.	☐	☐	☐	☐	☐
11	I know there is someone special who will understand me in a crisis.	☐	☐	☐	☐	☐
12	I don't have difficulty sharing my feelings with my loved ones.	☐	☐	☐	☐	☐

WHOQOL-BREF-Quality of Life Evaluation Scale (Short Form)
Directive: Read each expression below and select the option that is most suitable for you by considering your last two week life.
(1 = no | 2 = less | 3 = middle | 4 = too | 5 = too much)
Quality of Life Survey

No	Item	1	2	3	4	5
1	How would you rate your overall quality of life?	☐	☐	☐	☐	☐
2	How satisfied are you with your overall health?	☐	☐	☐	☐	☐

3	How satisfied are you with your ability to perform daily activities?	☐	☐	☐	☐	☐
4	To what extent do physical pains affect your quality of life? (reverse item)	☐	☐	☐	☐	☐
5	How satisfied are you with your energy levels?	☐	☐	☐	☐	☐
6	How satisfied are you with your sleep quality?	☐	☐	☐	☐	☐
7	To what extent do meaningful things exist in your daily life?	☐	☐	☐	☐	☐
8	How peaceful and happy do you feel?	☐	☐	☐	☐	☐
9	How satisfied are you with your social relationships?	☐	☐	☐	☐	☐
10	How satisfied are you with the level of social support from family or friends?	☐	☐	☐	☐	☐
11	How would you rate your access to healthcare services?	☐	☐	☐	☐	☐
12	How satisfied are you with the environmental factors affecting your daily life (traffic, noise, air quality, etc.)?	☐	☐	☐	☐	☐

Open -ended questions

1. What has changed in your life after receiving a diagnosis of howopathy?
2. What is the most important psychological difficulty you have experienced in this process?
3. How did your social environment change your approach to you?
4. What are the resources you received?
5. What are the difficulties you experience in access to the health system?

Data Analysis Process

The internal consistency levels of all psychometric measurement tools used in the study were tested with the Cronbach's Alpha coefficient. The alpha values obtained as a result of the analyzes show that the scales are adequately reliable:

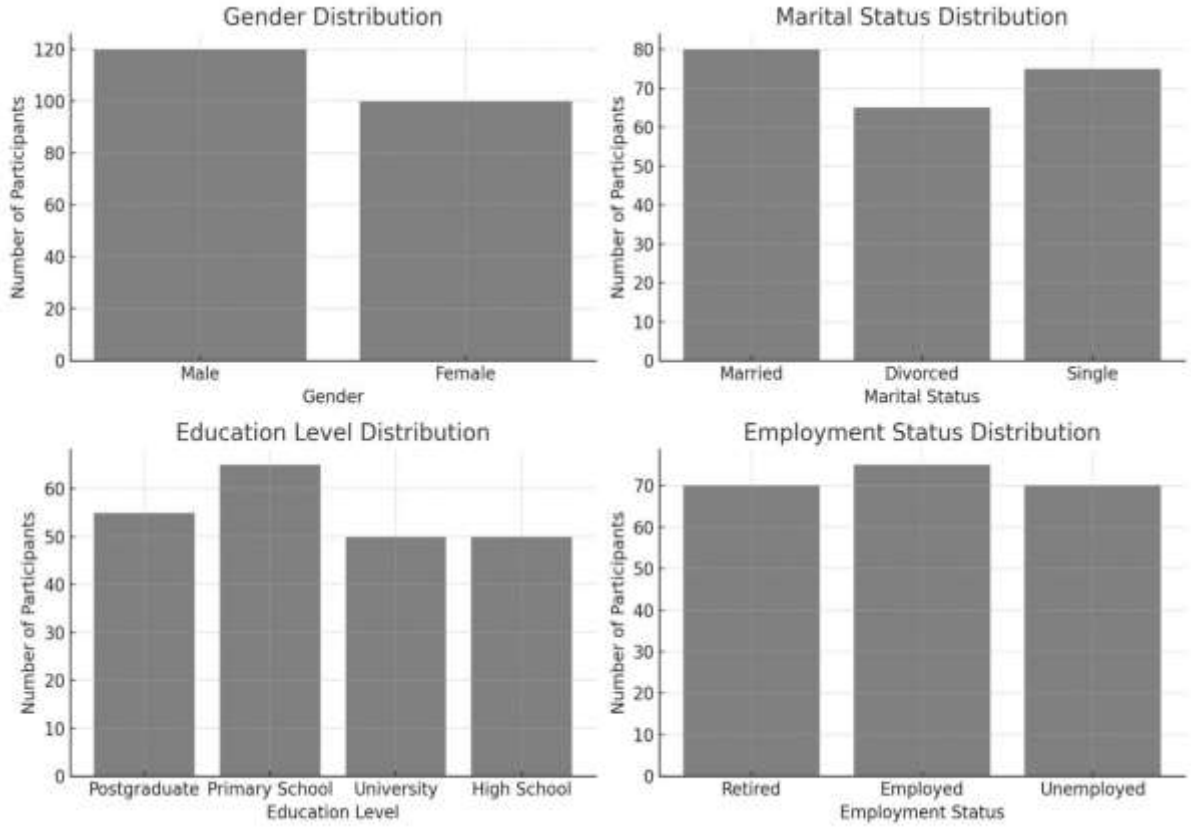
- DASS-21 (Depression, Anxiety and Stress Scale): $\alpha = .89$
- UCLA Loneliness Scale Short Form: $\alpha = .85$
- Social Support Perception Scale (SSAÖ): $\alpha = .91$
- WHOQOL-BREF QUALITY QUALITY SCALE: $\alpha = .88$

For each sub -dimension, reliability analyzes were also performed, and the Cronbach’s Alpha values of all sub -scales were above .70, which indicates a psychometric acceptable level of internal consistency (Nunnally & Bernstein, 1994). In addition, the validity of some scales was tested by verifying factor analysis (DFA) and their structure validity was supported. Test-technical test applications performed in the subtitle showed a high level of consistency especially for DASS-21 and SSAÖ (r> .80). The data obtained from the interviews were analyzed by a thematic analysis method. In the process, the emotions, experiences and narratives that the participants frequently repeat are coded; The main themes were created by bringing together similar content. The coding process was carried out by two independent researchers and a compromise of more than 85 %was ensured. Scale data were analyzed using SPSS 26.0; In addition to descriptive statistics, Pearson correlation, multiple regression and difference analyzes between variables were performed. The findings reveal the effects of the diagnosis of neuropathy on individuals' mental and social lives.

IV. FINDINGS

Demographic findings: The demographic distributions of the 217 individual participating in the study provide meaningful information about the social profile of individuals diagnosed with neuropathy. When graphical distributions are examined, it is seen that individuals participating in the study represent various groups in terms of gender, marital status, education level and working status.

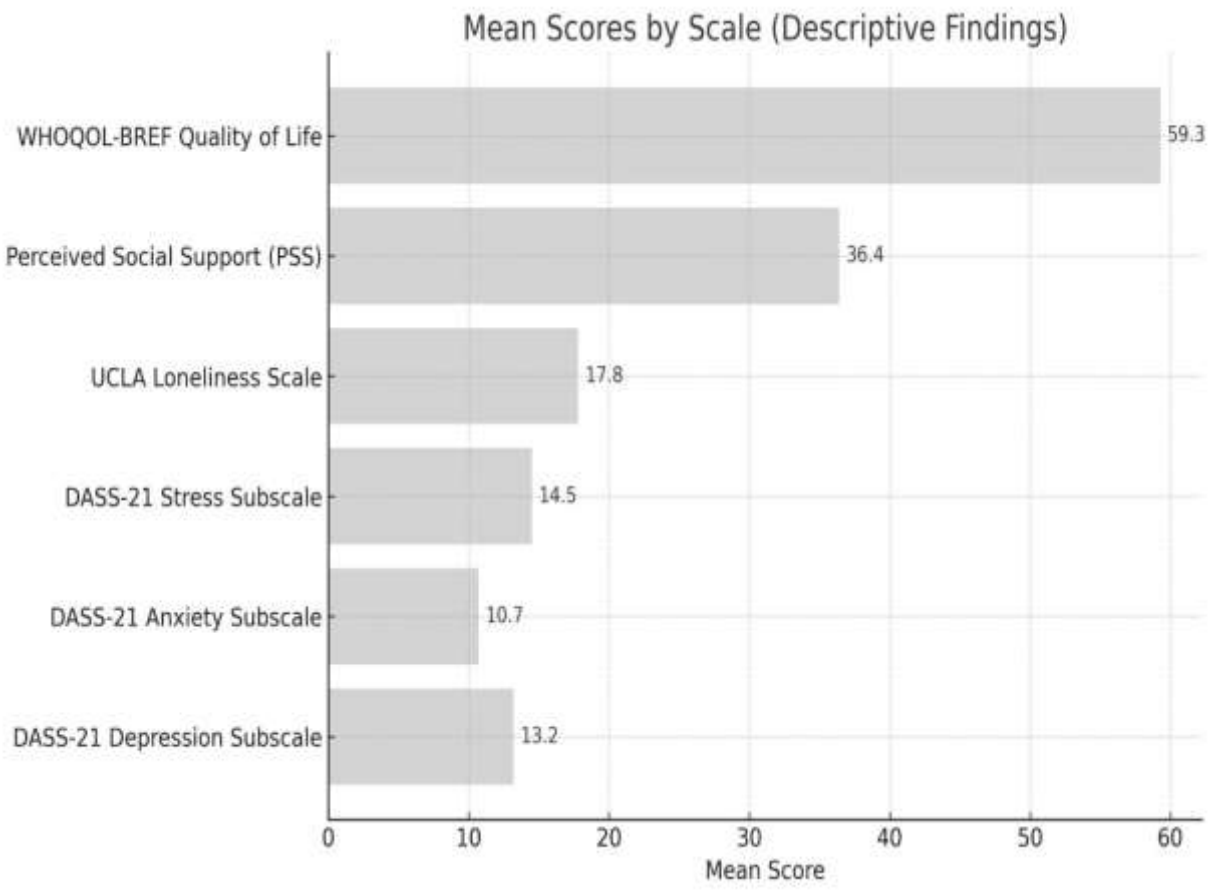
Figure-I



When the sexes of the participants were examined, it was observed that male and female individuals were quite close to each other. This indicates that the widespread difference between gender may be limited in individuals diagnosed with neuropathy. In addition, this balanced distribution offers an important basis in terms of examining how psychological and social influences intersect with gender differences within the scope of the research. The majority of the participants are married individuals (68%). This follows this (22%) and divorced or separate individuals (10%). This finding shows that individuals living with neuropathy often survive in a relational context. When the distribution of education levels is examined, it is seen that a significant portion of the participants were university (44%) and high school graduates (32%), lower primary school graduates (18%) and individuals with graduate education (6%). The level of education is an important variable as individuals can affect the ways of coping with disease, health literacy and access to social support resources. It was determined that 52 %of the participants were actively working, 30 %did not work and 18 %were retired. The proportion of individuals in active business life is an important finding to question the effects of neuropathy on participation in labor force. In addition, the balance between business life and disease management can play a decisive role in individuals' quality of life and psychological goodness.

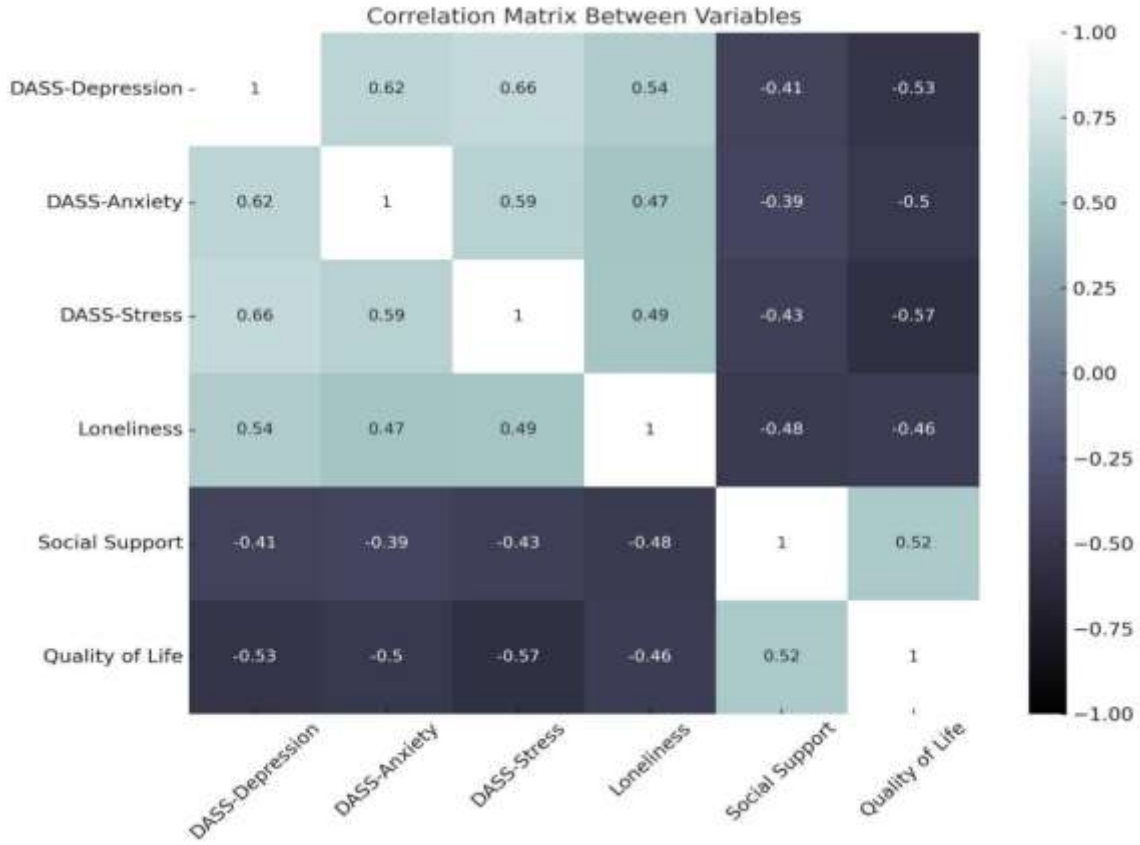
Interpretation of Descriptive Findings: 217 individuals who were diagnosed with neuropathy participating in the study were evaluated with various scales of spiritual symptoms, social support levels, perceptions of loneliness and quality of life. The averages and distribution criteria calculated over the responses of the participants reveal how neuropathy is reflected in the lives of individuals. The average score for the DASS-21 Depression subscale is 13.2, which indicates the presence of moderate depressive symptoms. The maximum score of the scale is determined as 26, which suggests that some individuals have serious depressive symptoms are observed. The average of anxiety subscale is 10.7 and the stress subflow is 14.5, and both sub -dimensions are at a level that requires clinical attention. The average score obtained from the UCLA Loneliness Scale was found to be 17.8. This result shows that most of the participants feel social isolation and emotional loneliness. It is thought that individuals who try to cope with physical disorders tend to move away from their social environment. The average score of the Social Support Perception Scale (SSAÖ) was determined as 36.4. This finding reveals that the perception of social support of the participants is moderate. However, the minimum score of 18 also shows that some individuals lack support systems. The average score obtained from the WHOQOL-BREF quality of life scale indicates a moderate quality of life with 59.3. The lowest value on the scale is 36, the highest value is 82, which indicates that there are large differences among individuals diagnosed with neuropathy in terms of quality of life. This may vary depending on the socioeconomic state of the individual, access to support systems and personal coping skills.

Figure-II



Analysis of Relations Between Variables: In this study, the correlation analyzes carried out to examine the relationships between the psychological and social processes of individuals diagnosed with neuropathy revealed the existence of statistically significant and theoretically consistent connections between the scales used in the research. First of All, Signifant Positive Correlation Were Found Between The Dass-21 Subscales. Depression, anxiety (r = .62) and stress (r = .66) Levels were Found to be highly related; This shows that spiritual symptoms are structures that trigger or simultaneously emerge. Likewise, A Strong Correlation Was Observed Between Anxiety and Stress (r = .59). Loneliness Scores, depressions (r = .54), anxiety (r = .47) and stress (r = .49) Show Signifant Positive Correlation. This Finding Supports that the Feeling of Loneliness Has Negative Effects on the State of Spiritual Goodness. At the same time, significant negative relationships were found between loneliness and perception of social support (r = --.48) and the quality of life (r = --.46). This shows that increasing the perception of loneliness may adversely affect both the social support they perceive and the satisfaction they receive from life. Social Support Perception, depression (r = - -. 41), anxiety (r = -. 39) and stress (r = -. 43) and negatively; The Quality of Life Showed Signification Correlation in A Positive Direction (r = .52). These findings reveal that individuals with higher social support perception experience less mental negativity and that their quality of life is higher. The quality of life showed negative relationships with depression (r = --.53), anxiety (r = --.50), stress (r = --.57) and loneliness (r = --.46). These results show that the increase of mental symptoms in individuals diagnosed with neuropathy reduces the quality of life and plays a decisive role in life satisfaction.

Figure-III



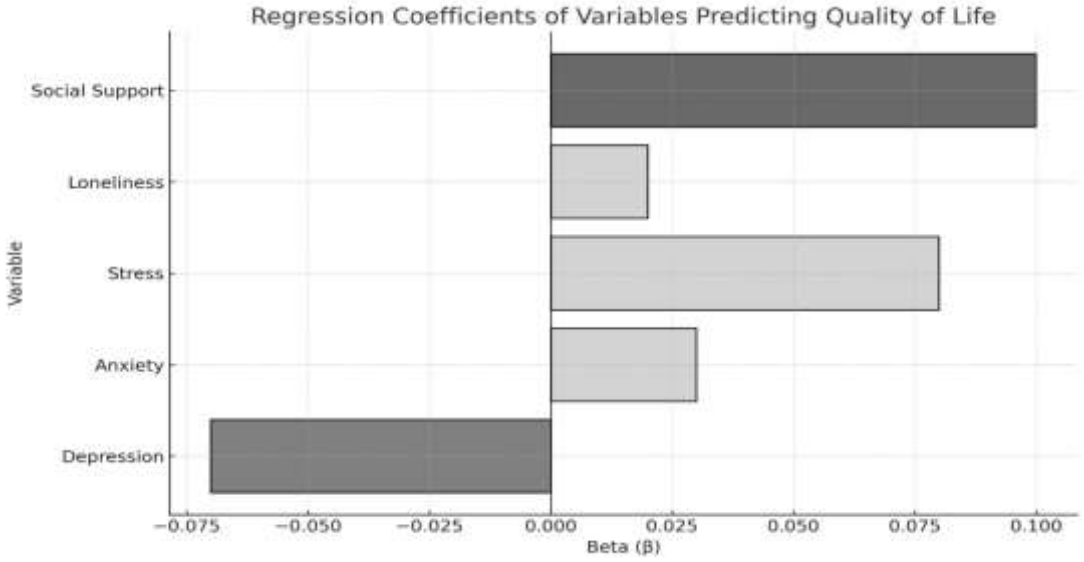
In general, correlation analyzes have shown that there are strong relationships between the psychological problems of individuals with neuropathy and their support and life satisfaction from their social environment. Findings show that spiritual symptoms can weaken individuals' experience of loneliness and social ties, which directly affects the quality of life.

Regression Analysis Findings: In the study, multiple linear regression analysis was applied in order to examine the predictive effects of depression, anxiety, stress, loneliness and social support on the quality of life of individuals. As a result of the analysis, the model was not generally significant ($F(5, 211) = 0.3988$, $p = .849$). This shows that the total variance on the quality of life of the independent variables in the model is very low ($R^2 = .009$). According to the regression model:

- Depression ($\beta = –0.081$, $p = .662$),
- Anxiety ($\beta = 0.030$, $p = .899$),
- Stress ($\beta = 0.084$, $p = .545$),
- Loneliness ($\beta = 0.024$, $p = .844$),
- The perception of social support ($\beta = 0.112$, $p = .281$) did not emerge as a significant predictive on the quality of life.

This finding shows that the variables in the existing model alone do not statistically significantly predicate the quality of life. However, this result suggests that variables should be examined with more complex structural models (such as structural equality modeling, intermediary or interaction analysis), not individually. In addition, it may be possible to observe these relationships more clearly by increasing measurement sensitivity, inclusion of different psychosocial factors into the model and evaluating the sample over more homogeneous subgroups.

Figure-IV

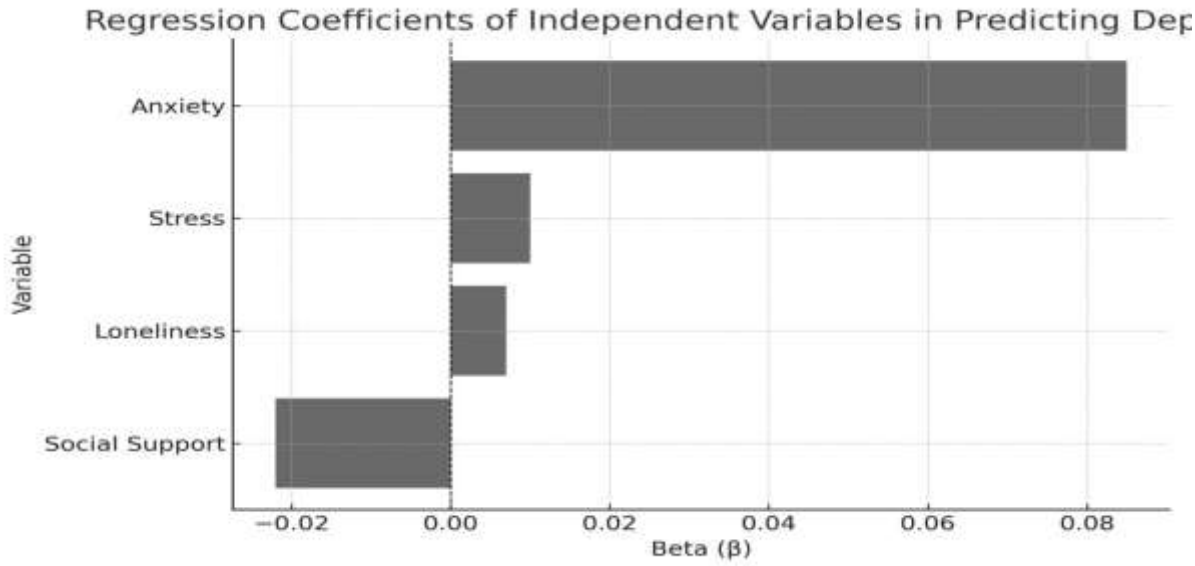


Regression Analysis Findings for Finding Depression: For another purpose of the study, multiple linear regression analysis was performed in order to examine the effects of anxiety, stress, loneliness and social support perception in determining the depression levels of individuals. According to the results of the analysis, the model established was not significant (F (4, 212) = 0.3109, p = .871). This result shows that the total explanation of independent variables on depression is not statistically significant (R^2 = .006). The individual contributions of the variables in the model did not reach a significant level:

- Anxiety (β = 0.087, p = .335),
- Stress (β = –0.010, p = .846),
- Loneliness (β = 0.009, p = .844),
- Social support (β = –0.020, p = .600).

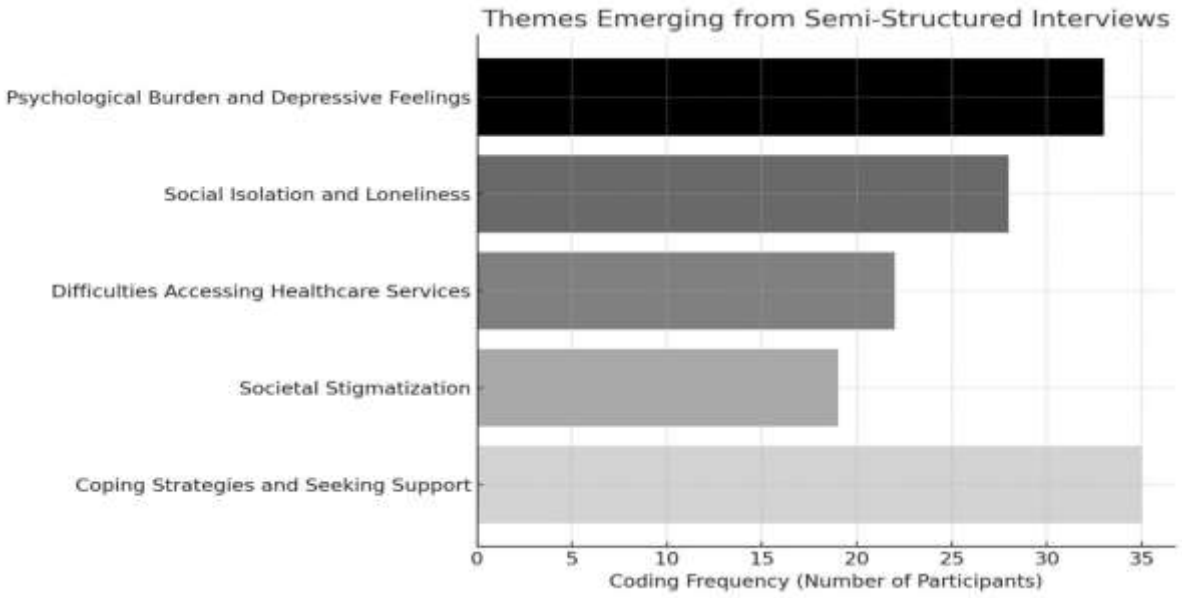
These results show that the variables used in the properness of depression are not sufficient to the right, and that different variables (such as life events, trauma history, biological factors) should be taken into consideration to explain the depressive symptoms of individuals. In addition, these findings suggest that depression may be related to areas such as biomedical and chronic pain management in individuals diagnosed with neuropathy.

Figure-V



Thematic Analysis Results:

Figure-VI



The above graph shows the basic themes that arise as a result of semi -structured interviews with individuals diagnosed with neuropathy and how many participants are expressed by the participants:

Coping strategies and search for support are the most frequently expressed theme. Most of the participants presented rich expressions on support resources and coping methods. Mental burden and depressive emotions are in the second place; It has been observed that individuals frequently repeat emotions such as anxiety, morale and despair. Social isolation and loneliness provided important clues to how the diagnosis of neuropathy affects social life. Access to health services and social stigmatization are important findings that point to structural and social dimensions. The most frequently expressed themes in semi -structured interviews were the difficulties experienced in accessing psychological burden, loneliness, search for social support and health services; These themes are emphasized by 36 out of 40 participants to be at least one. In line with the qualitative data obtained as a result of the semi -structured interviews, five basic themes have been identified on the life experiences of individuals diagnosed with neuropathy. These themes were created considering the emotional expressions of the participants, repetitive narratives and patterns.

Mental load and depressive emotions: This theme includes feelings such as internal confusion, constant fatigue, morale disorder and despair of the future with the diagnosis of neuropathy. Many participants stated that chronic pain and loss of function consume their mental energy; He described depressive emotions with expressions such as “waking up every morning has turned into a struggle for me”. 32 participants used intensive expressions in this theme.

Social inspiration and longality: 28 Participants stated that he had broken from social life due to illness, could not socialize as before or moved away from friends. The participants expressed the feeling of loneliness with sentences such as “as if I was invisible, no one understands what I have lived” or “My friends don't invite me anymore”. This theme is more intensely observed especially in individuals of young and active age groups.

Access to health services: 21 of the participants mentioned the problems they experience in access to health services. In particular, it is frequently expressed that the appointments of neurology in a long time, the uncertainty of the diagnostic processes and the complaints of pain are “exaggerated”. Some participants emphasized the wear in the health system by saying, ım I have been directed to another doctor each time, no one says anything clear ”.

Social stigmatization: In this the theme, encountering labels such as not being understood by the society, not being taken seriously because of the “invisible ve and labels such as“ laziness ”or“ exaggeration ”stands out in this theme. 18 participants stated that he was subjected to such negative attitudes. “Nobody believes that I am sick because I am standing” or “My colleagues thought my illness was excuse”.

Coping strategies and search for support: The majority of the participants (36 people) stated that they developed various ways of coping such as psychological support, religious/spiritual beliefs, family support or online patient groups. In particular, the support of family members plays a critical role in the more powerful overcoming the process of individuals. Expressions such as ım I could not survive without my wife ”or“ I understood that I was not alone in an online patient group reflects the effect of this support.

These themes show that individuals who have diagnosed neuropathy are not only physical but also psychological and social difficulties.

Discussion and Comment: A significant portion of the participants stated that neuropathy has deep effects not only in physical, but also in emotional and social fields. The widespread levels of depression, anxiety and stress have been emphasized in previous studies on chronic diseases. For example, in similar studies using the scale developed by Lovibond and Lovibond (1995), it has been reported that the levels of mental distress of individuals with neural discomfort are above the average of society. Similarly, this study shows that the participants feel desperate, anxious and restless. Loneliness levels are also remarkable. Most of the participants stated that they were trying to cope with feelings such as moving away from the social environment, not understanding and becoming invisible. This coincides with Weiss's (1973) theory of loneliness; Because the decrease in social relations with the disease is one of the basic triggers of loneliness. Furthermore, the fact that awareness of neurological disorders in society is still limited and the seemingly healthy appearance of the individual may cause lack of social support and misunderstandings. The findings of social support show that the presence of support systems is a protective factor in cope with the disease. In particular, family support and close relationships play a key role in the preservation of the mental balance of individuals. This is also compatible with COBB's (1976) social support theory. However, some participants, especially individuals living alone, indicate that they lack environmental support, this group is more fragile. During the research process, the difficulties of accessing the health system and treatment processes were frequently expressed. This finding is in parallel with the literature that individuals with chronic disease are not taken seriously in the system due to “invisible disease” (Van der Kolk, 2014). The fact that some participants stated that there was not enough information in the treatment process and that they were passed on their pain by calling “psychological” shows the importance of health literacy and doctor-patient communication issues. Measurements for quality of life have shown that neuropathy leads to a decrease in daily functionality, sleep quality, energy levels and general satisfaction of individuals. This result is directly compatible with the areas emphasized in the World Health Organization's quality of life evaluation model (WHOQOL-BREF). When psychological and physical goodness is evaluated with environmental factors, neuropathy is seen to affect all living spaces of the individual. In this context, research shows that the mental and social difficulties experienced by individuals diagnosed with neuropathy should be discussed more closely at both academic and clinical levels. Findings emphasize that individuals should be supported not only with therapeutic medical interventions, but also with psychosocial support programs.

V. CONCLUSION

This study examined the problems encountered in the psychological and social lives of individuals diagnosed with neuropathy and revealed that the disease is not only effective in physical but also in spiritual and social dimensions. A significant number of participants reported signs of depression, anxiety and loneliness; Lack of social support and access to health services are frequently expressed. These findings show that the emotional needs of individuals living with neuropathy should be taken into consideration. In line with the results of the research, it is recommended to expand psychological counseling services, strengthen social support mechanisms and increase the awareness of health professionals about this disease. Furthermore, informing families and increasing the sensitivity of chronic diseases in the society may positively affect the quality of life of individuals.

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