

The Interplay of Personality Traits and Social Support in the Experience of Globus: A Quantitative Study.

Vasundhara Rana¹, Dr. Rani Srivastava², Dr. Tarun Malhotara³, Dr. Ashok Kumar⁴

¹Ms. Vasudhara Rana PhD Scholar, Department of Clinical Psychology, Santosh (Deemed to be) University, Ghaziabad, Uttar Pradesh.

²Professor and Head, Department of Clinical Psychology, Santosh (Deemed to be) University, Ghaziabad, Uttar Pradesh.

³Professor and Head, Department of ENT, Santosh (Deemed to be) University, Ghaziabad, Uttar Pradesh.

⁴Professor and Head, Department of General Medicine Santosh (Deemed to be) University, Ghaziabad, Uttar Pradesh

ABSTRACT

Aim-The study investigates the relationship between personality traits, social support, and the experience of Globus, a chronic or intermittent sensation of a lump or foreign body in the throat. **Method**: This study is an observational study in individuals taken from various Delhi and NCR ENT. **Result**: The findings reveal a positive correlation between psychoticism and Globus, suggesting that individuals with higher psychoticism levels are more susceptible to experiencing this sensation. In contrast, the negative correlation with extraversion indicates that social engagement and connection can serve as a protective factor, mitigating the occurrence of Globus. The weak correlation with neuroticism suggests that emotional instability may not directly result in the experience of Globus, highlighting the complex interplay between psychological factors and somatic experiences. The positive correlation with social support underscores the importance of considering the dynamics in social contexts and their influence on physical sensations. The study emphasizes the need for a multifaceted approach in therapeutic settings, integrating psychological insights into clinical practice to better understand and address the relationship between personality traits and somatic experiences, ultimately leading to more effective treatment and wellness strategies

Keywords: Globus, Personality traits, Psychoticism, Neuroticism, Extraversion, Social support, Somatic experiences, psychological factors, Therapeutic interventions

How to cite this article: Rana V, Srivastava R, Malhotara T, Kumar A., The Interplay of Personality Traits and Social Support in the Experience of Globus: A Quantitative Study..Int J Drug Deliv Technol. 2026;16(3s): 61-66; DOI: 10.25258/ijddt.16.3s.8

Source of support: Nil.

Conflict of interest: None

INTRODUCTION

Globus, or simply globus, is a chronic or intermittent sensation of a lump or foreign body in the throat. The syndrome has been described for centuries and its earliest reported descriptions date back to Hippocrates around 2500 years ago. Originally referred to as "Globus Hystericus," it emphasized the involvement of psychological mechanisms when no pathologic findings were evident. Malcomson used the term "Globus" in 1968, which recognizes the physiological and psychological nature of the condition (Sharma 2017). Cattell have each made seminal contributions, building varied frameworks that allow us to dissect the subtleties of human individuality. Eysenck's own work, for example, focused on the biological foundations of personality through his PEN model—where traits like Psychoticism, Extraversion, and Neuroticism are the lens by which to interpret emotional responsiveness and vulnerability (Acharya et al. 2014a). Allport's taxonomy of cardinal, central, and secondary traits, in contrast, challenges us to reflect on the multiple layers that form a person's behavioral profile. Cattell's 16 Personality Factor theory carries this view further by separating observable actions (surface traits) from the underlying, less obvious source traits.

Despite considerable advances in medical science, the precise etiology of Globus remains intricate and multifaceted.

Available estimates indicate that approximately 4% of the patients presenting to ENT specialists report symptoms that occur mainly in middle-aged individuals (Penović 2018).

Over the decades, personality theories have developed extensively, providing insight of deep depth into how inherent characteristics regulate not only our emotions and behaviors but also our physical sensations. Personality is a complex construct that includes distinctive patterns of thoughts, feelings, and behaviors that make us who we are. Great theorists like Hans Eysenck, Gordon Allport, and Raymond

Cattell have each made seminal contributions, building varied frameworks that allow us to dissect the subtleties of human individuality. Eysenck's own work, for example, focused on the biological foundations of personality through his PEN model—where traits like Psychoticism, Extraversion, and Neuroticism are the lens by which to interpret emotional responsiveness and vulnerability (Acharya et al. 2014a). Allport's taxonomy of cardinal, central, and secondary traits, in contrast, challenges us to reflect on the multiple layers that form a person's behavioral profile. Cattell's 16 Personality Factor theory carries this view further by separating observable actions (surface traits) from the underlying, less obvious source traits.

This fertile background in personality research is not simply of theoretical significance; by recognizing how particular dimensions of personality lead people to perceive body signals in unique patterns, we can better understand afflictions such as Globus (Bouchoucha et al. 2019a). For example, individuals with elevated levels of neuroticism—a personality trait characterized by a tendency toward negative emotionality and heightened stress reactivity—may perceive or amplify sensations that others might easily dismiss. Psychological distress, often troubling those with such dispositions, may

*Author for Correspondence: Vasundhara Rana

manifest somatically, rendering the sensation of a lump in the throat both persistent and disconcerting.

Most importantly, in addition to straightforward physiological correlates, personality factors play a central role in shaping a patient's experience of Globus. Research has demonstrated that individuals with characteristics related to high anxiety sensitivity or neuroticism are more likely to experience physical sensations with a strong psychological overlay. Such people may be more sensitive to interoceptive cues, that is, internal signals within the body, wherein, in states of increased stress, they may be misperceived as indicators of extreme pathology (Alshahrani and Almasabi 2024a). Although contemporary medicine has made significant strides in distinguishing benign from lethal disorders, the subjective experience of these sensations is mediated by the prism of each individual's innate personality. Increased sensitivity not only magnifies the sensory input but also contaminates the emotional context within which such sensations are perceived, becoming a self-sustaining loop of distress (Cashman and Donnelly 2010).

Moreover, the connection between personality characteristics and psychological profiles of individuals with Globus's significant. Research indicates that individuals who are likely to develop physical symptoms are also likely to show high levels of health anxiety and hypochondriasis. Such a pattern tends to create a vicious cycle in which increased sensitivity to bodily feelings enhances preoccupation with health issues, further intensifying globus symptoms. This is supported by research conducted by (Alshahrani and Almasabi 2024b), which showed that high anxiety and emotional instability lead to sustained awareness of physical discomfort, which in turn results in frequent medical consultations.

Social support is also crucial for the management of Globus. Supportive relationships and social interactions can significantly affect individuals' coping strategies for their symptoms. A strong support system may provide emotional validation and reduce feelings of loneliness prevalent among patients with unexplained somatic symptoms. (Selleslagh et al. 2014), found through research that individuals with good social support experience fewer symptoms of globus sensation, further supporting the fact that emotional and instrumental support can reduce the experience of these symptoms.

Conversely, poor social support can enhance the feelings of anxiety and hopelessness. Those with limited social support networks can be more distressed, adding to their anxiety regarding the globus sensation. This lack of support can discourage them from seeking help from mental health professionals because they may feel belittled or misunderstood by healthcare professionals. Therefore, the complexity of social support in terms of emotional support, practical support, and companionship is essential for reducing psychological distress associated with Globus (Harvey et al. 2018).

As patients struggle through the frequently frustrating healthcare system, they find themselves stuck in a cycle between specialists and general practitioners, with no understanding of their condition. This can be discouraging, as they search for answers in the midst of a lack of recognizable physical findings (Chen and Park 2024). Focusing on the

interaction between personality characteristics and social support, this study hopes to gain a greater understanding of the experiences of Globus individuals. Knowledge of how these variables interact will allow healthcare providers to create more individualized and effective treatment plans, ultimately improving patient outcomes and the overall quality of life.

Aim

The primary aim of this research is to investigate the relationship between personality traits, social support mechanisms, and the experience of Globus

Objectives

To assess the prevalence and severity of specific personality traits (particularly neuroticism, extraversion, and psychoticism) and social support among individuals diagnosed with Globus

Hypothesis -

H0 - There will be no significant relationship between personality characteristics of adults with Globus H1 - There will be a significant relationship between personality characteristics of adults with globus

H0 - There will be no significant relationship between the social support of adults with globus H1 - There will be a significant relationship between the social support of adults with Globus

Methodology - Study design - Cross-sectional.

Sampling - Purposive Sampling.

Independent variable -

Individual suffering from Globus

Dependent variable -

Personality Characteristics, Social Support.

Procedure -

Individuals who have been diagnosed by an ENT Specialist and undergone Endoscopy, treatment for Reflux for at least 3 weeks and still not recovered. They would be referred by an ENT Specialist for the study.

Data Collection Tools -

In this particular exercise for demographic details the data of preliminary identification was developed afterwards an consent was taken after which the tools were applied as follow

Glasgow- Edinburgh Throat Scale (GETS)(Deary et al. 1995a)

An instrument to describe the type and intensity of globus sensation which is also helpful in keeping in mind the progression of the symptoms over the time. 10 item questionnaire about throat system consisting of three sub skills in relation to dysphasia, Globus sensation and pain/swelling in throat. In which patient would subjectively grade their symptoms for each question on a 8 point scale, with 0 being "none" and 7 being "unbearable". The get score is calculated by summing the score much question the highest possible score is 70. The higher The score the more severe the global symptom.

Reflux Symptom Index (RSI)(Belafsky et al. 2002)

An instrument to assess symptoms associated with laryngopharyngeal reflux. It is an 9 item questionnaire about reflux severity an 5 point rating scale with 0 “No Problem” ,1 “Very Mild Problem”, 2 “Moderate or Slight Problem”, 3 “Moderate Problem”, 4 “Severe Problem”, 5 “Problem as bad as it can be”. The score is calculated by summing the score the greater than or equal to 13 is clinical significant.

Eysenck Personality Questionnaire- Revised (EPQ-R)(Eysenck et al. 1985)

The EPQ-R is an 90-item questionnaire measures the traits of personality: Psychoticism (P), Extraversion(E), Neuroticism (N), and Lie(L) these are the 4 categories in which the scale has been divided. Scoring can be done through manually or

help of the stencil 1 mark for each correct response according to the scoring key of EPQ-R. The raw score is then converted into the sten score.

Multidimensional Scale of Perceived Social Support (MPSS)(Zimet et al. 2011)

The MPSS is a 12 item measure of perceived adequacy of social support from three sources family, friends and significant others using 5 point Likert scale. To calculate the scores sum all the 3 subscales separately and divide them by 4 for the total score some all the 12 items and divide them by 12.

Data Analysis

The data was analysis was using SPSS version 25.

RESULT

Descriptives					
	Globus	Psychoticism	Neuroticism	Extraversion	social support
N	100	100	100	100	100
Missing	908	908	908	908	908
Mean	49.9	6.57	3.38	6.90	4.59
Median	55.0	4.00	2.00	7.00	4.00
Standard deviation	7.25	3.31	2.85	2.94	2.47
Minimum	32.0	3.00	2.00	3.00	3.00
Maximum	56.0	12.0	12.0	12.0	12.0

*Table 1

Globus M & SD were (M = 49.9, SD = 7.25). Psychoticism in Globus Patients were (M = 6.57, SD = 3.31), Neuroticism in Globus Patients were (M = 3.38, SD = 2.85), Extraversion in Globus Patients were (M = 6.90, SD = 2.93), Social Support in Globus Patients were (M = 4.59, SD = 2.46).

Correlation

	Globus	Psychoticism	Neuroticism	Extraversion	Social Support
Globus	1	0.282	0.139	-0.196	0.22
Psychoticism	0.282	1	0.686	0.595	0.637
Neuroticism	0.139	0.686	1	0.56	0.986
Extraversion	-0.196	0.595	0.56	1	0.42
Social Support	0.22	0.637	0.986	0.42	1

**Table 2*

Correlation between psychoticism and the globus sensation was positive and statistically significant ($r = 0.282, p < 0.01$), correlation between globus sensation and neuroticism was weaker than with psychoticism, showing a positive correlation ($r = 0.139$), the correlation between globus sensation and extraversion was negative ($r = -0.196$). The correlation between globus sensation and social support was found to be positive ($r = 0.22$).

DISCUSSION

The present analysis investigates the correlations between globus sensation and key psychological constructs: psychoticism, neuroticism, extraversion, and social support, revealing a nuanced landscape where variability in personality traits correlates with the subjective experience of globus sensation. The correlation between globus sensation and psychoticism was positive and statistically significant ($r = 0.282, p < 0.01$), indicating that individuals scoring higher on psychoticism were more likely to report experiencing this sensation (Tang et al. 2016). Psychoticism encompasses traits such as impulsivity, aggressiveness, and a tendency to experience psychosis-like symptoms, which can distort self-awareness and perception, potentially leading to disconnection from bodily sensations. Individuals experiencing psychotic-like symptoms often report distortions in body awareness, resulting in heightened sensitivity to physical sensations. In the context of a globus sensation, this could manifest as feelings of constriction or a lump in the throat that are amplified by the individual's psychological state. Previous research suggests that disruptions in self-representation and individual's coping mechanisms and social contexts (Shrestha et al. 2018). Understanding how neuroticism interacts with psychotic traits (Bouchoucha et al. 2019b). The correlation between psychoticism and globus sensation demonstrates that individuals with elevated psychoticism scores may interpret physical sensations within a framework that is more susceptible to distress and discomfort. This finding underscores the importance of understanding how specific psychological traits influence bodily experiences, individuals with high psychoticism may interpret physical sensations through a distorted lens, leading to awareness of discomfort and distress. Thus, clinicians must consider personality traits when addressing complaints because therapeutic settings that focus on adaptive interpretations of bodily experiences could help mitigate the experience of globus

other somatic symptoms. Furthermore, therapeutic interventions that enhance self-awareness and cognitive restructuring can empower individuals to reconnect with their bodily sensations in a less threatening manner. In contrast, the correlation between the globus sensation and neuroticism, showing a positive correlation ($r = 0.139$). This suggests that, while there is a slight association between neuroticism and the experience of globus sensation which stated in a pervious study (Deary et al. 1995b). Neuroticism is characterized by emotional instability and a propensity for anxiety, depression, and mood swings, which contribute to a heightened perception of stress (Lee 2012). However, the lower correlation observed may indicate that neuroticism in isolation does not provide a direct pathway for experiencing globus sensations. While individuals high in neuroticism may be sensitive to stress and bodily sensations, the lack of a stronger relationship suggests that other factors, such as situational context or interpersonal dynamics, may mediate this connection. It is essential to recognize that many individuals with high neuroticism may effectively manage their symptoms through various coping strategies, such as social support and cognitive reframing. Thus, while neuroticism may predispose individuals to somatic symptoms due to heightened emotional reactivity, it might not necessarily culminate in the specific experience of a globus sensation. The complex interplay between factors that influence emotional and physical experiences warrants further investigation. Previous studies have indicated that neuroticism is linked to various somatic symptoms, including anxiety-related disorders, but the specific experience of globus sensation may require a more nuanced understanding of the individual's coping mechanisms and social contexts (Shrestha et al. 2018). Understanding how neuroticism interacts with these variables may illuminate the factors that precipitate the experience of a globus sensation. Therapeutically, it is essential to help individuals cultivate effective coping strategies to manage their emotional responses and enhance their emotion-regulation skills. Providing tools to navigate challenging emotional landscapes may decrease the likelihood of physical symptoms, as translating psychological distress into physical symptoms thereby enriching therapeutic experiences. In contrast to the positive correlations found with psychoticism and neuroticism, the correlation between globus sensation and extraversion was negative ($r = -0.196$), suggesting that individuals who score higher on extraversion tend to experience globus sensation less frequently. Extraversion is characterized by sociability, enthusiasm, and a tendency to

seek social interactions, contributing to a more positive experiences, leading to variability in findings; employing an emotional state (Korteeque et al. 2013). This negative combination of qualitative interviews, observational data, association indicates that extraverted individuals possess a and physiological measures could enhance the validity of greater capacity to engage socially and connect with their the results. Furthermore, sample diversity may restrict the environment, leading to feelings of safety and belonging. generalizability of the findings, as differences based on These positive interactions may help mitigate feelings of cultural, demographic, or clinical contexts can significantly disconnection and anxiety that contribute to the experience of influence the relationships between psychological a globus sensation. Previous research has indicated that constructs and somatic experiences; thus, expanding the extraversion fosters resilience and coping strategies that can sample size and including diverse groups would improve buffer psychological discomfort (Hong et al. 1996). Therefore, the applicability of the findings. Moreover, the study did not individuals with high levels of extraversion might report lower explore potential moderators or mediators that may impact instances of globus sensation because of their propensity to the relationships between globus sensation and the other engage positively with their surroundings and navigate stress variables analyzed, such as coping styles, emotional more effectively. The significance of this finding is noteworthy regulation skills, and situational contexts, which could as it suggests that fostering extraversion through social provide important insights into these relationships. Finally, engagement and connection can serve as a protective factor. the operational definitions and measurement tools used to By engaging with others and actively participating in social assess the variables could affect the findings, as different activities, individuals can enhance their sense of well-being methods of measuring psychoticism, neuroticism, (Järvenpää et al. 2018). extraversion, and social support may yield varying results, necessitating careful consideration of the tools utilized in future studies. By acknowledging these limitations and addressing them through future research, a deeper understanding of the complex interconnections between personality traits, social support, and the experience of globus sensation can be achieved, ultimately contributing to more effective strategies for managing psychological distress and promoting overall well-being.

CONCLUSION

In summary, exploring the correlations between globus sensation, psychoticism, neuroticism, extraversion, and social support provides valuable insights into the intricate relationships between psychological constructs and physical experiences(Acharya et al. 2014b). A positive correlation with psychoticism suggests that individuals with higher psychoticism levels are more susceptible to experiencing globus sensations, indicating a potential link between psychological distress and somatic symptoms(Arora 2020). Conversely, the negative correlation with extraversion underscores the protective aspect of social engagement, suggesting that individuals who actively seek social interactions may be less prone to experiencing a globus sensation. The weak correlation with neuroticism indicates that, while emotional instability may predispose individuals to experience somatic symptoms, it may not directly result in the occurrence of globus. The positive correlation with social support introduces complexity, suggesting that dynamics in social contexts might influence the experience of physical sensations. Overall, these findings emphasize the need for a multifaceted approach in therapeutic settings, considering individual differences in personality, coping mechanisms, and social dynamics. By integrating psychological insights into clinical practice, mental health professionals can better understand the relationship between personality traits and somatic experiences, leading to more effective treatment and wellness strategies.

LIMITATIONS

While this study generated meaningful insights into the correlations between globus sensation, psychoticism, neuroticism, extraversion, and social support, several limitations must be considered. First, the cross-sectional design limited the ability to establish causal relationships between variables, suggesting that future longitudinal studies would be beneficial in exploring how these relationships develop and change over time. Additionally, reliance on self-reported measures introduces potential biases and inaccuracies in responses, as individuals may struggle to provide objective assessments of their internal

REFERENCE

1. Acharya A, Singh MM, Pokharel B. Psychological Distress in Patients having Globus Pharyngeus. *J Lumbini Med Coll* [Internet]. 2014a Dec 30 [cited 2024 May 8];2(2):45. Available from: <http://jlmc.edu.np/index.php/JLMC/article/view/57>
2. Acharya A, Singh MM, Pokharel B. Psychological Distress in Patients having Globus Pharyngeus. *J Lumbini Med Coll* [Internet]. 2014b Dec 30 [cited 2025 Mar 15];2(2):45. Available from: <http://jlmc.edu.np/index.php/JLMC/article/view/57>
3. Alshahrani AS, Almasabi F. A new predictive scoring model for globus pharyngeus in patients with gastroesophageal reflux disease. *Saudi J Gastroenterol* [Internet]. 2024a May [cited 2024 Nov 7];30(3):162–7. Available from: https://journals.lww.com/10.4103/sjg.sjg_346_23
4. Alshahrani AS, Almasabi F. A new predictive scoring model for globus pharyngeus in patients with gastroesophageal reflux disease. *Saudi J Gastroenterol* [Internet]. 2024b May [cited 2025 Mar 15];30(3):162–7. Available from: https://journals.lww.com/10.4103/sjg.sjg_346_23
5. Arora A. Personality Characteristics Between Table-Tennis and Lawn-Tennis Players. 2020;8(9).
6. Belafsky PC, Postma GN, Koufman JA. Validity and Reliability of the Reflux Symptom Index (RSI). *J Voice* [Internet]. 2002 Jun [cited 2024 Apr 4];16(2):274–7.

- Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0892199702000978>
7. Bouchoucha M, Girault-Lidvan N, Hejnar M, Mary F, Airinei G, Benamouzig R. Clinical and psychological characteristics of patients with globus. *Clin Res Hepatol Gastroenterol* [Internet]. 2019a Oct [cited 2024 Oct 18];43(5):614–22. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S2210740119300348>
 8. Bouchoucha M, Girault-Lidvan N, Hejnar M, Mary F, Airinei G, Benamouzig R. Clinical and psychological characteristics of patients with globus. *Clin Res Hepatol Gastroenterol* [Internet]. 2019b Oct [cited 2024 Nov 4];43(5):614–22. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S2210740119300348>
 9. Cashman EC, Donnelly MJ. The Natural History of Globus Pharyngeus. *Int J Otolaryngol* [Internet]. 2010 [cited 2025 Mar 15];2010:1–4. Available from: <http://www.hindawi.com/journals/ijoto/2010/159630/>
 10. Chen FJ, Park JH. An approach to globus pharyngeus. *Aust J Gen Pract* [Internet]. 2024 Aug 1 [cited 2024 Nov 5];53(8):567–70. Available from: <https://www1.racgp.org.au/ajgp/2024/august/an-approach-to-globus-pharyngeus>
 11. Deary IJ, Wilson JA, Harris MB, Macdougall G. Globus pharyngis: Development of a symptom assessment scale. *J Psychosom Res* [Internet]. 1995a Feb [cited 2024 Apr 4];39(2):203–13. Available from: <https://linkinghub.elsevier.com/retrieve/pii/002239999400104D>
 12. Deary IJ, Wilson JA, Kelly SW. Globus Pharyngis, Personality, and Psychological Distress in the General Population. *Psychosomatics* [Internet]. 1995b Nov [cited 2024 Apr 5];36(6):570–7. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0033318295716140>
 13. Eysenck SBG, Eysenck HJ, Barrett P. A revised version of the psychoticism scale. *Personal Individ Differ* [Internet]. 1985 Jan [cited 2024 Apr 4];6(1):21–9. Available from: <https://linkinghub.elsevier.com/retrieve/pii/0191886985900261>
 14. Harvey PR, Theron BT, Trudgill NJ. Managing a patient with globus pharyngeus. *Frontline Gastroenterol* [Internet]. 2018 Jul [cited 2024 Feb 20];9(3):208.1-212. Available from: <https://fg.bmj.com/lookup/doi/10.1136/flgastro-2017-100844>
 15. Hong WP, Kim ES, Kim JS. GLOBUS PHARYNGEUS: RESULTS OF DIAGNOSTIC TESTS AND TREATMENTS. *J Bronchol* [Internet]. 1996 Jul [cited 2025 Mar 15];3(3):253. Available from: <http://journals.lww.com/00128594-199607000-00073>
 16. Järvenpää P, Arkkila P, Aaltonen LM. Globus pharyngeus: a review of etiology, diagnostics, and treatment. *Eur Arch Otorhinolaryngol* [Internet]. 2018 Aug [cited 2024 Nov 4];275(8):1945–53. Available from: <http://link.springer.com/10.1007/s00405-018-5041-1>
 17. Kortequee S, Karkos PD, Atkinson H, Sethi N, Sylvester DC, Harar RS, et al. Management of Globus Pharyngeus. *Int J Otolaryngol* [Internet]. 2013 [cited 2025 Mar 15];2013:1–5. Available from: <http://www.hindawi.com/journals/ijoto/2013/946780/>
 18. Lee BE. Globus pharyngeus: A review of its etiology, diagnosis and treatment. *World J Gastroenterol* [Internet]. 2012 [cited 2025 Mar 15];18(20):2462. Available from: <http://www.wjgnet.com/1007-9327/full/v18/i20/2462.htm>
 19. Penović S. Globus Pharyngeus: A Symptom of Increased Thyroid or Laryngopharyngeal Reflux? *Acta Clin Croat* [Internet]. 2018 [cited 2025 Mar 15];57(1):110–5. Available from: https://hrcak.srce.hr/index.php?show=clanak&id_clanak_jezik=297433
 20. Selleslagh M, Van Oudenhove L, Pauwels A, Tack J, Rommel N. The complexity of globus: a multidisciplinary perspective. *Nat Rev Gastroenterol Hepatol* [Internet]. 2014 Apr [cited 2025 Feb 19];11(4):220–33. Available from: <https://www.nature.com/articles/nrgastro.2013.221>
 21. Sharma S. Globus Pharyngeus. *Glob J Otolaryngol* [Internet]. 2017 Jul 10 [cited 2025 Mar 15];8(5). Available from: <https://juniperpublishers.com/gjo/GJO.MS.ID.555746.php>
 22. Shrestha R, Sharma B, Devkota A. Psychiatric Comorbidities Among Patients of Globus Pharyngeus Attending Psychiatry Clinic of a Teaching Hospital. *J Psychiatr Assoc Nepal* [Internet]. 2018 Dec 31 [cited 2024 Nov 6];7(2):51–4. Available from: <https://www.nepjol.info/index.php/JPAN/article/view/24615>
 23. Tang B, Cai HD, Xie HL, Chen DY, Jiang SM, Jia L. Epidemiology of globus symptoms and associated psychological factors in China. *J Dig Dis* [Internet]. 2016 May [cited 2024 Nov 4];17(5):319–24. Available from: <https://onlinelibrary.wiley.com/doi/10.1111/1751-2980.12354>
 24. Zimet GD, Dahlem NW, Zimet SG, Farley GK. Multidimensional Scale of Perceived Social Support [Internet]. 2011 [cited 2024 Apr 4]. Available from: <https://doi.apa.org/doi/10.1037/t02380-000>