

RESEARCH

Art Therapy with Psoriatic Patients

Psöriazis Tanılı Hastalarda Sanatla Terapi

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Abstract

This study aimed at investigating the themes that emerged after an art therapy and assessing the effectiveness of art therapy using psychological scales and dermatological evaluation indices before and after the therapy in individuals with psoriasis. The study included patients aged 18-65 with moderate psoriasis who had the disease for 5 or more years and were in need of systemic treatment. Those who had a concomitant physical disorder including another skin disease, an active joint disorder or a psychiatric diagnosis other than adjustment disorder were excluded from the study. A total of 15 sessions each lasting 150 minutes were held once a week. Various art techniques including music, painting and ceramics were practised to evaluate within the group patients' understanding of the illness and their self-awareness. The outcomes of the study were presented over three patients who attended the sessions regularly. The dermatological evaluations, patient feedbacks and observations of the psychotherapists have shown that art therapy can be an effective method in attenuating the symptoms of psoriasis and evoking awareness of repressed experiences or feelings.

Keywords: Psoriasis, art therapy, group psychotherapy.

Öz

Bu çalışmada psöriazis tanısına sahip kişilerle sanatla terapi uygulamalarının yapılarak ortaya çıkan temaların saptanması ve grup öncesi ve sonrası uygulanan psikolojik ölççekler ve dermatolojik hastalık indeksleri aracılığıyla sanatla terapinin etkinliğinin değerlendirilmesi amaçlanmıştır. Çalışmaya 18-65 yaş arası, beş yıl ve üzeri hastalığa sahip, sistemik tedavi gereksinimi olan, orta şiddette psöriazisi olan kişiler alınmıştır. Ek bedensel bir hastalığı olan, başka bir deri hastalığına sahip olan, aktif eklem bulgusuna sahip olan ve uyum bozukluğu harici psikiyatrik tanıya sahip olan kişiler çalışmaya alınmamıştır. Haftada bir gün 150 dakika olmak üzere toplam 15 oturum yapılmıştır. Müzik, resim, seramik gibi çeşitli sanat öğeleriyle, gerek kronik hastalıkları gerekse kendileriyle ilgili farkındalık süreçleri grup içinde ele alınmıştır. Çalışmanın verileri grup oturumlarına düzenli gelen üç gruptan sunulmuştur. Psöriazis hastalarıyla yapılan bu çalışmada yapılan dermatolojik değerlendirme, hastalardan alınan geri bildirimler ve terapistlerin gözlemleri ışığında sanatla terapinin deri hastalığına ait belirtilerin azalmasında, içe atılmış yaşantı ve duyguların fark edilip tanınmasında etkili bir yöntem olabileceği düşünülmüştür.

Anahtar sözcükler: Psöriazis, sanat terapisi, grup terapileri.

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WITH an etiology involving genetic and environmental factors, psoriasis is characterized by chronic, diffuse, amorphous, inflamed, and increasing lesions on the skin (Burns et al. 2004). It is agreed to be a disease of psychosomatic origin. Ingram et al. have attracted attention on the presence of stressful events at the onset of the disease (Griffiths and Richards 2001). Although the disease is not life-threatening, stigmatization experienced by the patients may facilitate tendency to psychological disorders (Richards et al. 2001). Stress and psychosocial causes have an apparent effect on the onset and exacerbation of the disease. Personal characteristics and coping skills are thought to play a role in the relationship between stress and psoriasis rather than the nature and magnitude of the stress-causing event (Al'Abadie et al. 1990). For this reason, psychosocial interventions have come to be considered beneficial in the treatment of psoriasis. Relaxation trainings, cognitive behavioural approaches, stress management trainings and symptom control trainings have come to the fore as psychotherapeutic techniques. These interventions are thought to moderate patients' stress and depression and improve their skills to cope with stress, and thus, their quality of life (Fortune et al. 2004). Considering the difficulty experienced by patients with psoriasis in expressing their feelings, art therapy may serve as a supplementary psychosocial method.

Art therapy is a form of expressive therapy where various techniques of art are used (Tunaboylu-İkiz 2005). Art and psychotherapy are similar in structure. Both involve impacts and reflections of repressed or suppressed experiences on now and here. If repressed experiences are not externalized somehow, mental health is to be risked. Art serves as a protective shield against this risk. Psychotherapy can be matched with all branches of art. Active and/or passive techniques can be used as group or personal practices (Eracar 2013). The purpose of art therapy is not to eliminate fears, anxieties, annoyances or miseries of people, but to turn these irresolvable emotions into acceptable and manageable expressions using creative modalities (Killick and Schaverien 2003). Externalization of verbally inexpressible material by way of art both strengthens people and improves their quality of life. Using art as an instrument, art therapy also accommodates various materials as triggers for creativity. The diversity and natural structures of these materials unite with our imagination and emotions to produce a piece of art. They also play a major triggering role in manifestation of creativity. In art therapy, patients/clients need not be artists and a piece of art cannot be evaluated on the basis of an artistic orientation (Yurtsever 2014). All themes and instances that have come up are of therapeutic value due to the meaning they symbolize, not due to their aesthetic value. In art therapy practices, aesthetics or artistic concerns should never influence the conduct. The essence is to review experiences, memories and impressions in one's inner world, briefly all one's reminiscences, and probably to pursue a retrospectively rewritten story.

Practices dealing with mental health in patients with psoriasis mostly focus on identification of their existing psychiatric disorders and assessment of their depression and anxiety levels (Russo et al. 2004, Hong et al. 2008). There are a limited number of studies on psychosocial therapies and no studies were found on art therapy in our publication search. This study aimed at carrying out a group work involving art therapy with patients diagnosed with psoriasis to make them understand the mental processes underlying the emergence and progress of the disease, to identify causes of stress and to assess the effect of art therapy on the symptoms of psoriasis.

Method

Participants

The study included individuals aged between 18 and 65 years who had moderate psoriasis with a psoriasis area and severity index (PASI) score between 5 and 15, and who had at least 5 years of education, suffered from psoriasis for at least 5 years and needed a systemic treatment. Those who had a concomitant physical illness including another skin disease, an active joint disorder or a psychiatric diagnosis other than adjustment disorder were excluded from the study. Patients meeting the inclusion criteria were phoned and those who volunteered to take part in the study were invited for a psychiatric interview. Ethics committee permission numbered 2011-6/7 and dated 08/03/2011 was obtained for this study from the Trials Ethics Committee of Uludağ University, School of Medicine. All participants provided written informed consent before entering study.

Procedure

Out of the 8 patients who agreed to join the group, 5 attended the first session and the following sessions were carried out with 4 participants. As another group member failed to attend 5 sessions, the group performances of only 3 members could be assessed. A total of 15 art therapy sessions each lasting 150 minutes were held once a week. All group sessions were managed by 2 psychotherapists alternately. Various art techniques including music, painting and ceramics were practised to evaluate within the group patients' understanding of the illness and their self-awareness. A dermatologist administered the PASI tool before and after the art therapy practices and written feedbacks were obtained from the group members at the end of each session.

Measures

Socio-demographic Questionnaire

This questionnaire included questions on age, gender, education, marital status, prior mental support status and suicidal ideation.

Psoriasis Area and Severity Index (PASI)

This tool combines the severity of the disease and the area affected by it by measuring the body surface area covered by the disease in 4 regions, head, upper extremities, trunk and lower extremities, and scoring 0 through 4 the severity of erythema, induration and desquamation. The sum of the severity scores from each body region gives the PASI score. The maximum score of PASI is 72 (Gottlieb et al. 2003, Bonifati and Berardesca 2007).

Hospital Anxiety and Depression Scale (HADS)

This is a self-assessment scale to detect any risk of anxiety and depression and to measure the severity of these disorders in patients with physical illness who present to primary healthcare services. Out of a total of 14 questions, 7 (odd numbers) measure anxiety and the other 7 (even numbers) depression. The scoring of items is of a 4-point Likert type ranging between 0 and 3. Each item in the scale is scored differently. Items 1, 3, 5, 6, 8, 10, 11 and 13 have incrementally decreasing weights and are scored in the form of 3, 2, 1, 0. Items 2, 4, 7, 9, 12 and 14 are scored in the form of 0, 1, 2, 3. Scores of items 1, 3, 5, 7, 9, 11 and 13 are summed for the anxiety subscale and scores of items

2, 4, 6, 8, 10, 12 and 14 for the depression subscale. The lowest score that can be obtained by patients from each subscale is 0 and the highest 21. The cut-off points of the Turkish version of HADS are 10 for the anxiety subscale (HAD-A) and 7 for the depression subscale (HAD-D). The scale was tested for validity and reliability in Turkish by Aydemir et al. (1997).

Toronto Alexithymia Scale (TAS)

The scale consists of 26 items and each item is scored from 1 (strongly disagree) to 5 (strongly agree) on a 5-point Likert type scale. Higher scores indicate increased alexithymic tendency (Taylor et al. 1985). The scale was translated into Turkish and tested for validity and reliability by Dereboy (1991). The internal reliability coefficient of the Turkish version of TAS was found to be .65 and the test-retest reliability .70 (Okayuz 1993).

Group Work Process

In order to establish interaction between the participants at the beginning of the group work, they were asked to share with a group friend an artwork they had in mind from any branch of art such as music, painting, cinema or literature. Then, their expectations from the group therapy were received. The group members stated that their major expectation when they were joining the group was to be freed from the symptoms of psoriasis. During the first three sessions, the group members shared the troubles, difficulties and embarrassments they experienced in their personal and social life due to their disease. In the feedbacks received at the beginning of each group session, the members stated that they had difficulty in expressing their feelings and thoughts in their daily life. Considering this problem, works supporting externalization of what is in their inner world (feelings, experiences) were carried out using art techniques (music, acting, ceramics, masks, etc.).

From the fourth session onward, most of the members were observed to have experienced loss of a close relative or friend and they were still grieving over them. Between the fourth and tenth sessions, their griefs were dealt with again using art therapy. During the following sessions, the roles and burdens assumed by the group members, the difficulties they experienced in responding to stressful events in their daily living and externalization of their feelings were studied through art. In the course of the group work, the members started to focus on the relationship between the responses they were able to, or failed to, give to daily events and the symptoms of their psoriasis. In the last session, the patients were asked to make a symbolic shield to enhance their desire to become powerful as they expressed in the previous sessions and the tools they need to become powerful were reviewed once again. The outstanding experiences of the 3 members who attended all sessions and their scale ratings are summarized below. The experiences of the first member on the course of the group work are presented in more detail.

First Member

She was timid in the first session because female and male members were in the same group. From the second group work onward, she actively participated in the activities. She was the member who wrote the post-session feedbacks most neatly. In the early sessions, the current stressors she mentioned most were family burdens and the difficul-

ties she experienced in sharing these burdens with her husband, in the later sessions, however, the conflicts she had with her mother after her father's death and the resentments she had for her brothers became the main issues to be dealt with. During the 13th session, she insistently mentioned that she had nausea when she was stressed and particularly when she was indecisive about an incident. The relationship between stomach and brain was dealt with in that session using the psychodrama technique. Three group members chosen by the patient were asked to play the roles of stomach, brain and the link between these two. They were let first to play their roles spontaneously and the roles were exchanged when a role did not suit the patient. Then, their role feedbacks and opinions were obtained. The opinions of the patient and the other members about the somatization as a defence mechanism, which was used more after this session, were interesting. The other patients also gave examples of the link between psoriasis lesions and internal conflicts they experienced. The skin lesions of this patient were observed to diminish noticeably according to her PASI assessments before and after the group work. The following is her feedback after the group therapy:

"I can now express myself better outside, I can say no. I try to reduce the burdens I assumed, I could share my feelings in this group, I was able to trust my friends."

The opinions and feedbacks of the patient about the art therapy methods used during the group work and the changes she experienced were as follows:

First Group Work

After obtaining disease-related opinions of the members and their expectations from this group work, the practice of painting a picture representing their disease was initiated. They were asked to imagine recovery from the disease and paint the picture with watercolours while listening to music and letting themselves relax. They were reminded to concentrate on their artwork in silence. When the first member finished her picture, she started watching the other group members and cried at the same time. The picture made by the patient and her opinion about the practice:



Picture 1. First group picture of first member



Picture 2. Mask work of first member

"I was moved very much. It is not fully sunny. Trees could not become mature. I am still thinking. I like to be alone and think. I could not be under the sun, neither could I be in full shade. I think I will be left alone when I get old. No matter how crowded it is now; four children and one grandchild at home. I like to blow the cobwebs away very much. It is a place in my mind. The picture is very good but my mind is so, I am alone. Hopefully, it will change. It is always like this. Will it be better, I do not know."

Mask Making

In this mask making practice with the group members, first moulds of the faces were

taken using plaster of paris and then the moulds were painted. The members were asked to paint the outer surface of the masks first and then the inner surface. Their opinions of the process and how it related to their lives were recorded.

“Although everything looks fine, one side of us is worried. This side is bright, looks nice. Are we really like this? Of course, thoughts are always present. That is why one side is pessimistic, but it is nice to be in a group. When you are left alone though, the dark side appears. But when I am among people the bright side of my face appears. Looking at my outer face, I hide my feelings a little more, I will not let my children and husband notice.”



Picture 3. Ceramic work of first member



Picture 4. Free from burden work of first member

Practising ceramics related to Burdens in Life

They were asked to shape clay to represent the burdens they assumed in life as they explained in the course of the group work. Then, they were explained what they could do if they wished to make changes in the work they had done and they were let to practice it.

“I shaped our home, it is full, there is someone in each room. I showed my husband, he is left out a little; he does not care about anybody, anyway. I felt as if I were a turtle, it is nearly collapsing.”

When They Were Asked to Do Work to be Freed from Their Burdens

“It rained, the sun appeared, everything was fine... I got rid of the turtle. Rain means love, I guess. Perhaps my husband should also love as I do. He does not show his love, do I have to remind him all the time?” said the patient.



Picture 5. Dream work of first member



Resim 6. Shield work of first member

Working on a Dream through Painting

Since the group members mentioned about repeated dreams, they were asked to describe their feelings induced by these dreams by way of painting.

“In the dream I had two days ago, I was in the house where I lived after I got married. I was looking out of the window, there was a street. The one I hit was devil I think, but disguised in

a woman's outfit. It came inside forcefully. I said what it was doing here, it did not go out and I started hitting it."

When she was asked to complete the rest of the dream on the same picture, she said; "I covered that woman up, I did not want to see her, never. I drew flowers, children and the like on her." During later sessions, the patient realized that the object she hit was associated with the conflicts she had with her mother after her father's death. She also shared with the group the problems she had with her siblings after the loss and the difficulties she had due to loneliness.

Shield Making

In the last session, the patients were asked to make a symbolic shield to enhance their desire to become powerful as they expressed in the previous sessions. They were provided with large drawing papers, pastels and watercolours for painting and various magazines for clip art. They were asked to show the characteristics that would make them powerful on the shield using these materials. The features in the patient's shield that would make her powerful:

"To make my own decisions, to express myself, to be able to look into the mirror, to learn to be happy with myself, to dump the burdens on my shoulders, to learn to be confident."

The changes experienced by the other two group members in the course of the group work are presented below.

Member 2 (Male Member)

While he was hesitant due to his sociocultural characteristics at the beginning, his desire to change increased when he started mentioning the relationships in his family and how he was deterred by this cultural structure. He experienced changes in his daily living in relation to the causes of stress he came to recognise during the group work. In the mutual trust environment within the group, he received feedback from the group members about the problems he had with his close relatives and he was able to reflect these in his life. His feedback in his own words:

"I shared my problems with my friends in the group, we laughed at times and cried at times, but we could overcome them. I realized the differences in my approach to people, I learned to trust people. "

Table 1. Socio-demographic characteristics of group members

	Member 1	Member 2	Member 3
Age	46	40	33
Gender	Female	Male	Female
Marital status	Married	Married	Single
Education	Primary school	Primary school	High school
Occupation	Housewife	Construction worker	Chinaware (piece work)
Mental support	Drug use 2 years ago	Medical treatment 3 years ago	No
Suicide attempt	No	No	At ideation level in the past

Third Member

She mentioned more about the problems she experienced in her daily living with her psoriatic lesions during the early sessions, but later on she started sharing the difficulties she had with her mother and brother she lived with and how her father's death influenced her. She found a job where she lived; although there was no apparent change in her

PASI scores, her interaction with the group members was observed to improve noticeably. Her feedback about the group therapy in her own words;

“I was feeling weak and vulnerable in the presence of negativities; if I learn to fight with these, I will be less offended. I want peace, I want to love and be loved in my life. In this group, I learned to look at myself in a different way; it helped me to express myself.”

Demographic Features and Scale Scores

Sociodemographic features of group members are presented in Table 1. Due to the small number of patients, the scale results are given numerically only in Table 2. No statistical analysis was made.

Table 2. Results of scales administered before and after group work

	Member 1		Member 2		Member 3	
	Before Group	After Group	Before Group	After Group	Before Group	After Group
PASI	12.4	1.6	18	9.2	8.2	8.0
TAS	67	64	71	61	73	70
HADS-D	6	4	8	8	6	6
HADS-A	6	7	11	9	6	5

PASI: Psoriasis Area and Severity Index; TAS: Toronto Alexithymia Scale; HADS: Hospital Anxiety and Depression Scale

Discussion

The dermatological evaluations, patient feedbacks and observations of the psychotherapists have shown that art therapy can be an effective method in attenuating the symptoms of psoriasis and evoking awareness of repressed experiences or feelings.

Personal characteristics and suppressed experiences play an important role in the onset and prognosis of psoriasis (Tunaboğlu-İkiz et al. 2006). Due to its functionality, art therapy is a fast and facilitating method for externalizing what is inside. The positive change in the skin symptoms as shown by the PASI evaluation at the end of fifteen sessions may have been influenced by this. Publications on physical diseases and art therapy have underlined the fact that art therapy serves as a bridge for patients to better understand themselves and others (Simon and Peter 1982).

Griffith et al. reported in their study that 89% of patients with psoriasis felt embarrassed about their appearances. They also stated that the common behaviour among these patients to cope with this was avoidance (Griffith and Barker 2007). In the present study, the patients also stated often that they avoided being with people due to their lesions especially during early group works, which supports the finding of the above study.

The skin is a crucial organ for bonding in the early years of life and it plays a major role in the development stages of our psychological life as in the feeling of trust. For this reason, the skin was said to be an organ that tends to develop somatisation in periods of psychological hardship (Burns et al. 2004, Hong et al. 2008). This study made it possible for the group members to express the problems they had with important persons in their lives, particularly with their parents, in their childhood owing to the accelerating effect of the art therapy practices. The associations with past deaths were dealt with during the group works. The strong effect of art in externalization of emotions made it easier for this patient group, which has a tendency toward somatisation, to express their emotional problems and needs in relation to their losses.

As noted by the psychotherapists, the most important aspect of this study was that the patients had difficulty in recognizing their emotions related to their experiences and expressing their needs. It has been stated that in psychosomatic diseases like psoriasis emotional awareness is less, unfavourable affections are not recognised and emotions are not verbally explained but somatised (Wahl et al. 2006, Fortune et al. 2002, Picardi et al. 2005, Wailer and Scheidt 2004). While at the beginning of group works the members tended often to explain their disease and failed to give feedback about their feelings, they were able to give feedback about the feelings and somatisation during later sessions when art therapy was used and especially after the practice involving playing roles of organs using psychodrama techniques with the first member in the thirteen session. The art therapy practices used in this study may be thought as a method of facilitating externalization of emotional stress factors and raising awareness by talking about them afterwards and linking these to the events of daily living.

The main limitation of the study was that there were a very small number of subjects. Limited contribution could be made in issues such as reducing the feeling of loneliness, being understood, sharing and problem solving, which are normally expected from group psychotherapy. However, the favourable side of having a few participants was that a personal work environment was created which enabled more in-depth studies of the practices carried out with the patients. Our opinion is that studies with a larger number of patients will enhance our results and other studies comparing various psychotherapy methods will help understand the most appropriate approach for psoriasis, which is agreed to be a psychosomatic disease.

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