

Analyzing Attachment Representations and Aggression Tendencies of Individuals Diagnosed with Psychosomatic Skin Disease through Drawing Method

Psikosomatik Deri Hastalığı Tanısı Almış Bireylerin Bağlanma Temsilleri ve Saldırganlık Eğilimlerinin Resim Çizme Yöntemi ile İncelenmesi

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ABSTRACT

Objective: This study aimed to explore attachment representations and aggression tendencies in individuals diagnosed with psychosomatic skin diseases, using drawing-based assessment methods.

Method: The study included 108 participants, comprising 53 individuals diagnosed with psychosomatic skin diseases and 55 without skin disease. Data were collected through the Draw a Bird's Nest Test and the Draw a Nonexistent Animal Test.

Results: Significant differences emerged between participants based on specific drawing characteristics. Those who included a parent bird near the nest or placed the nest on solid ground differed significantly from those who did not. Male participants showed a significant association between the dominant color in their drawings and certain traits, whereas this pattern was absent among females. Content analysis of bird nest stories revealed themes of absent parent birds, food-seeking, loneliness, and abandonment. In drawings of nonexistent animals, recurrent themes included aggression, lethality, and wildness.

Conclusion: The findings suggest that drawing-based tests can provide valuable insights into the attachment patterns and aggression tendencies of individuals with psychosomatic skin diseases, highlighting the potential of such tools for psychological assessment in this population.

Keywords: Psychosomatic skin disease, attachment, aggression, art therapy, drawing

ÖZ

Amaç: Bu çalışmada, psikosomatik deri hastalığı tanısı almış bireylerin bağlanma temsilleri ile saldırganlık eğilimlerinin resim çizme yöntemi kullanılarak incelenmesi amaçlanmaktadır.

Yöntem: Araştırmanın örneklemini, psikosomatik deri hastalığı tanısı alan 53 kişi ve deri hastalığı tanısı almamış 55 kişi olmak üzere toplam 108 katılımcı oluşturmaktadır. Verilerin toplanması için Kuş Yuvası Çiz Testi ve Varolmayan Bir Hayvan Çiz Testi kullanılmıştır.

Bulgular: Yapılan analizler yuvada/yakında ebeveyn kuş çizenler, renklendirmeyi figürlerin doğasına uygun çizenler, yuvayı dal ve toprak gibi bir zemine temas etmiş biçimde çizenler, ebeveyn ve yavru kuşu bir arada çizenler, kuş ailesini bir arada çizenler ve yuvayı korunaklı, sağlam bir zeminde çizenler açısından incelendiğinde iki grup arasındaki farkın istatistiksel olarak anlamlı olduğu saptanmıştır. Baskın rengin yeşil olup olmadığı açısından değerlendirildiğinde ise erkek katılımcılarda istatistiksel analiz sonucunda anlamlı bir ilişkiye rastlanırken kadınlarda ise bir farklılaşma görülmektedir. Kuş yuvası hikâyelerine ilişkin içerik analizi sonrasında belirlenen temalar; ebeveyn kuşların yuvada olmaması, yiyecek bulma/bekleme, açlık, yalnızlık ve terk edilme temaları olarak sıralanabilir. Var olmayan hayvan resimlerine ilişkin içerik analizi sonrasında belirlenen temalar ise saldırganlık, ölümcül ve vahşi olma temaları ön plana çıkmaktadır.

Sonuç: Yapılan bu uygulama ile psikosomatik deri hastalığı tanısı alan bireylerin yaptıkları resimler aracılığıyla onların bağlanma temsilleri ve saldırganlık eğilimleri hakkında önemli bilgilere ulaşılabileceği sonucuna varılmıştır.

Anahtar sözcükler: Psikosomatik deri hastalığı, bağlanma, saldırganlık, sanat terapisi, resim çizme

Introduction

The existence of the relationship between body and mind shows itself most clearly through psychosomatic diseases. Psychosomatic diseases are defined as diseases in which biological, mental, psychodynamic and cultural factors play an important role in the basis of physical complaints experienced by the individual (Lipowski 1988, Çevik 2000, Nisar and Srivastava 2018). In diseases of psychosomatic origin, it is known that mental factors are an important determinant in the exacerbation and extinguishing of symptoms (Çevik and Tatlıdil 2008). Psychosomatic diseases do not only affect a single organ or system. This situation varies from person to person. In the case of psychosomatic illness, the body endeavours to establish a balance by selecting the appropriate system or organ of the body and causing damage to that system or organ and impairment in its function (Kesebir 2004). Psychosomatic diseases are reflected in the clinic through many different organs or systems such as cardiovascular, respiratory, gastrointestinal, endocrinological and dermatological (Menkü and Coşar 2021).

The skin, which has both physical and spiritual functions, is an important organ covering the body in terms of sensing and transmitting external and internal stimuli and determining the boundaries of the individual with the physical environment (Çevik 1998, Coşar 2021). It is known that the skin is affected by mental processes and has an important place in understanding personality (Ingram 1933). Psychoanalyst Didier Anzieu, who thinks that the skin has an important place in the relationship that the individual establishes with his/her caregiver in the first years of life, emphasises that the baby first establishes a relationship with the environment through the skin (touch, heat, caress, pain) and that the development of the self is formed with the contribution of the skin (Tunaboşlu İlıkiz et al. 2006, Anzieu 2008). The skin has an important role in ensuring mother-baby communication from birth and in the formation of secure attachment (Gupta et al. 1990).

Although there are many opinions, in general, the psychoanalytic approach draws attention to the contact in the relationship that the baby establishes with the caregiver in the first years of life (Coşar 2021). Szwec (2008) suggested that children who did not have enough positive physical contact with their caregivers may show symptoms such as eczema, sleep disturbance and hyperactivity. Spitz (1951), in his research with babies diagnosed with eczema and neurodermatitis, noticed that the mothers of these babies had hostile attitudes in the appearance of anxiety and observed that mothers did not have enough physical contact with their babies. In addition, development of neurodermatitis, delay in cognitive development and social relations were detected in these babies. In a study conducted on patients with "vitiligo" and "psoriasis" skin diseases, it was reported that, in addition to many variables, insecure attachment representation may lead to problems in emotional regulation and predispose to the development of psychosomatic skin pathology and increased symptoms (Picardi et al. 2005). In a study investigating the attachment representations and coping strategies of patients with diseases such as "chronic leg ulcer", "breast cancer" and "alopecia areata", it was observed that patients with alopecia areata had a high level of insecure attachment representation, while no difference was observed in terms of attachment representation in patients with the other two diseases (Schmidt et al. 2002).

It is thought that there is a close relationship between aggression tendencies, anger and attachment styles. Psychoanalytic theory considers anger as a dimension of aggression. The concept of anger is mostly related to the feelings and attitudes of the individual. The concept of aggression, on the other hand, mostly includes the damaging actions of the individual towards himself or someone else (Balkaya and Şahin 2003). It is observed that individuals with insecure attachment style have an increase in angry, anxious and aggression tendencies in the face of a stress factor (Herrero- Fernández et al. 2020). Many negative emotions such as anger that lead to an increase in aggression tendencies are revealed in different ways. There may be cases where these negative emotions manifest themselves physiologically through the body. An individual who experiences any negative emotion (anger, fear, anxiety, shame, etc.) may experience many reactions such as flushing, yellowing, itching on the skin. Thus, it is seen that the challenging experience of the individual is expressed through the skin (Anzieu 2016).

It is suggested that skin diseases are seen in individuals who could not have enough physical contact with the caregiver in infancy and early childhood, whose needs were not met, and who were neglected (Pines 1980). As a result of insecure attachment, it is thought that the child's internal representations may be 'hostile' and as a result, the individual may exhibit an aggressive attitude (Kaplan and Aksel 2013). Children with secure attachment representation perceive relationships as more positive, reciprocal and supportive compared to insecurely attached children; they have more positive social behaviours such as cooperation and empathy (Cassidy et al. 1996, Ooi et al. 2006). In a study conducted by İmamoğlu (2003), a relationship was found between the anger and anger expression styles of the participants and their attachment styles. The research findings show that there is a statistically significant relationship between the participants' trait anger levels and insecure attachment styles.

The working methods of psychodermatology units are discussed and different approaches are put forward. These units, which are mainly established in dermatology departments, operate under the name of psychodermatology unit and mental health professionals are also included in the unit. In addition to dermatology specialists and assistants, the involvement of mental health professionals in the team makes it easier for individuals diagnosed with skin diseases to accept treatment (Gould 2004). This situation is important in increasing the compliance of patients to treatment. Along with the treatment of dermatological findings, mental processes and personality characteristics of individuals should be included in the treatment plan (Merçan and Kivanç-Altunay 2006). If it is accepted that the skin, which covers the largest area in our body, has a relationship with our inner world to the extent of its width/depth; it is desired to provide a new perspective on obtaining information about the mental functioning of individuals diagnosed with psychosomatic skin diseases, especially in the literature of our country, and to serve as an introduction for new studies to be planned. When the national and international literature was examined, no study was found that evaluated the attachment representations and aggression tendencies of individuals diagnosed with psychosomatic skin diseases (urticaria, psoriasis, seborrheic dermatitis, neurodermatitis) with a projective method of drawing tests. From this point of view, the aim of this study is to examine whether there is a difference in terms of secure attachment representations of the pictures drawn by individuals diagnosed with psychosomatic skin disease and individuals who are not diagnosed with psychosomatic skin disease through the "Draw a Bird's Nest Test" in order to provide an explanation within the framework of the bio-psycho-social model. Likewise, another aim of the research is to examine whether there is a difference in terms of aggression tendency in the pictures drawn by individuals diagnosed with psychosomatic skin disease and individuals who have not been diagnosed with psychosomatic skin disease through the "Draw a Picture of a Non-Existent Animal Test".

In line with this general objective, the following hypotheses will be tested: The pictures drawn by individuals diagnosed with psychosomatic skin disease (urticaria, psoriasis, seborrheic dermatitis, neurodermatitis) in line with the "Draw a Bird's Nest Test" and "Draw an Animal That Does Not Exist Test" will be different from the pictures of individuals who have not been diagnosed with psychosomatic skin disease.

Method

This research was prepared using the phenomenological (phenomenological / phenomenological) model (design), which is one of the qualitative research methods. Qualitative researches aim to reveal the meanings, understandings and insights given by people about events and processes, and to describe people and cultures in detail (Kümbetoğlu 2008). In researches using the phenomenological model, it is aimed to identify, analyse and evaluate personal perceptions of a phenomenon (Yıldırım and Şimşek 2013). The phenomenon tried to be understood in this research is the attachment representations and aggression tendencies of individuals diagnosed with psychosomatic skin disease. In addition, quantitative evaluation method was also used in order to transform the qualitative data obtained from picture analysis into numerical data and to show the distribution in the research group.

Sample

The population of the study is individuals diagnosed with psychosomatic skin diseases residing in Istanbul. The study group of the research is 53 people between the ages of 18-65 who were treated for psychosomatic skin diseases in the dermatology outpatient clinic of Istanbul Bakırköy Dr. Sadi Konuk Training and Research Hospital between February and April 2024. In addition, 55 people consisting of men and women between the ages of 18-65 who were not diagnosed with any psychosomatic skin disease were included in the study group of the research as the control group. Thus, the study group of the research consists of 108 people. The outpatient participants were directed to the researcher if the participation criteria were met after the evaluation made by the physician welcoming the participant, and the pictures were applied to the volunteer participants individually by the researcher in a quiet environment. Firstly, the participants were informed by the specialist physicians about the research to be conducted with a psychologist and then they were directed to the psychologist. Then, the participants were given "Informed Voluntary Consent Form" by the psychologist and then the research was started. Those who had similar characteristics to the patient group and were willing to participate in the study were included in the study. In both groups, those who were undergoing psychiatric treatment or psychotropic drug use, those with alcohol or other substance abuse, those with systemic or metabolic diseases, those with neurological disorders, and those under the age of 18 were excluded from the study. The sample size of the study was calculated using the G*Power 3.1 programme. Prajapati et al. (2010) stated in their study that a statistical power of $1-\beta=0.80$ was sufficient. Statistical significance $\alpha=0.05$ was taken. As a result of the power analysis,

the validity of the study was determined if at least 81 samples were used. In this study, 108 samples were used and it was revealed that the analyses would be reliable.

Procedure

Ethical approval was obtained from Istanbul Gelisim University Ethics Committee for the conduct of the research with the decision 2023-06 dated 11/08/2023. One-to-one interviews were conducted with individuals diagnosed with psychosomatic skin disease (urticaria, psoriasis, seborrheic dermatitis, neurodermatitis) and individuals who did not receive such a diagnosis, and the participants were given the necessary information about the applications to be made. Individuals who volunteered to participate in the study were informed about the purpose of the study and data collection, and their verbal and written consent was obtained. The participants were given an A4 paper and crayons and asked to draw a bird's nest on the paper first. The participant was instructed as "I want you to draw a bird's nest on the paper, after drawing the bird's nest, you can paint the nest in any colour you wish". When the drawing was finished, the participant was asked "Is your drawing complete? Are there other things you want to add?" questions were asked. Then, the participant was asked to write a story about the bird's nest picture. Then, pencil, eraser and a new paper were given and this time the participant was asked to draw a picture of a non-existent animal. After the drawing was completed, the participant was asked to write an introductory article about the characteristics and lifestyle of the animal.

Researchers analysed the participants' drawings. One of the researchers who analysed the drawings has a PhD in psychology and has conducted research on art therapy and psychological drawing tests. Another researcher is a clinical psychology graduate student who has completed art therapy training with child drawing analysis and psychological drawing tests. In addition, two expert lecturers were consulted for the coding list created to evaluate the pictures.

Measures

In this study in which attachment representations and aggression tendencies of individuals diagnosed with psychosomatic skin disease were evaluated with projective methods, Demographic Information Form, Draw a Bird's Nest Test and Draw a Non-Existent Animal Test were used.

Demographic Information Form

It was prepared by the researcher in order to learn the demographic information of the participants who are the subject of the research. Questions such as gender, age and the diagnosis of the skin disease of the participants are included in this form.

Draw a Bird's Nest Test

This test was developed by Kaiser in 1996 to examine the representation of secure attachment. The Bird Nest Drawing Test is a projective-based test as an assessment tool. This test, whose original name is "Bird Nest Drawing (BND)", is a drawing technique based on projective basis. Since the "Kinetic Family Drawing" test, which aims to directly learn about the family life of individuals, was perceived as "frightening and anxiety-inducing" by the participants, Kaiser developed the "Bird Nest Drawing" test as a "less threatening and more indirect method". The test can be administered to children (Fine 2002, Sheller 2007, Spencer 2018) and adults (Francis et al. 2003, Goldner and Golan 2016, Boutheyre et al. 2022). Participants are asked to draw a bird's nest. In this picture drawn by the participants, nuances such as whether there are birds in the nest, whether there are baby birds or not, and how many colours are used in the picture are taken into consideration. The Bird's Nest Drawing Test was adapted into Turkish by Demirbag (2016).

Draw a Non-Existent Animal Test

The aim of the test developed by Dukarevich (1990) is to obtain information about individuals' inner conflicts, fears and anger. The test can be applied to adults and children. To apply the test, A4 sized colourless paper, pencil and eraser are needed. The instruction of the test is "Draw a picture of an animal that does not exist and give it a name that does not exist". After the individuals complete their drawings, they are asked to give some information about the characteristics and lifestyle of the animal they have drawn. This information can be expressed verbally as well as by writing (Venger 2002, Halmatov 2016). According to Venger (2002), it is also possible to obtain clues about proactive aggression and reactive aggression with this test. In the picture drawn by the participant, the pointed body elements such as claws, horns in the front part of the animal body and the thickness of the elements such as shell, scales and skin of the animal body carry traces of proactive aggression.

In addition, the presence of cutting and piercing tools such as knives, saws and guns in the drawing also carries traces of proactive aggression. In the drawing depicted in the test, the presence of pointed body elements such as claws and horns on the back of the body and the presence of tentacles and antennae, which also belong to the animal body, carry traces of reactive aggression. Prominent ears and eyes in the drawn animal also carry traces of reactive aggression (Halmatov 2016).

Statistical Analysis

In the qualitative dimension of the research data, the data obtained by using the drawing technique were coded by descriptive analysis method. In the quantitative dimension of the research, descriptive statistical analyses were used to evaluate the data. The "Chi-Square Test" was used to determine whether the individuals diagnosed with psychosomatic skin disease and individuals not diagnosed with psychosomatic skin disease who participated in the study differed between the two groups in terms of the Draw a Bird's Nest Test and Draw a Non-Existent Animal Test. This test is used to compare qualitative variables in two or more independent groups and to test the significance of the relationship between qualitative variables (Dişçi 2008). SPSS 25.0 package programme was used to analyse the data of the study. The data obtained from the pictures of the participants were evaluated as frequencies and percentages, and analysed using the Chi-square Test to determine whether the attachment representations and aggression tendencies of the participants differed.

After the applications, the pictures of the participants and the stories and introductory writings they wrote in line with the pictures were analysed separately by both the researchers and two lecturers. Based on the themes created in the light of the data obtained, issues of consensus and disagreement were discussed. For the reliability calculation of the study, the reliability formula proposed by Miles and Huberman (1994); Reliability = Agreement / (Agreement + Disagreement) was used. As a result of the calculations, the reliability of the study was calculated as 100%. Reliability calculations above 70% are considered reliable for the study (Miles and Huberman 1994). The result obtained here is considered reliable for the study.

Results

In this section, the findings are presented with the aim of evaluating the data obtained from the "Draw a Bird's Nest Test" to examine the attachment status and the "Draw a Non-Existent Animal Test" to examine the aggression tendencies of 53 female and 55 male and female participants between the ages of 18-65 who were diagnosed with psychosomatic skin disease and who were not diagnosed with psychosomatic skin disease.

Bird Nest Drawing Evaluation Criteria		Diagnosed with Psychosomatic Skin Disease		Not Diagnosed with Psychosomatic		χ^2	p
		f	%	f	%		
1. Are there any parent birds in the nest/near the nest?	Yes	6	29	16	64	4.409	.036*
	No	15	71	9	36		
2. Are there any baby birds or eggs in/near the nest?	Yes	7	33	12	48	.498	.480
	No	14	67	13	52		
3. Is the dominant colour green?	Yes	3	14	19	76	15.035	.000*
	No	18	86	6	24		
4. Was the picture drawn using more than 20 per cent of the paper?	Yes	8	38	10	40	.000	1.000
	No	13	62	15	60		
5. Is the colouring appropriate to the nature of the figures drawn?	Yes	5	24	15	60	4.699	.030*
	No	16	76	10	40		
6. Is the nest (if any) confined to the trunk of a tree?	Yes	0	0	1	4	.000	1.000
	No	21	100	24	96		
7. Does the nest (if any) touch any ground (branches. soil. etc.)?	Yes	7	33	22	88	12.387	.000*
	No	14	67	3	12		
8. Are both parent and fledgling/egg birds present?	Yes	4	19	16	64	7.645	.006*
	No	17	81	9	36		
9. Is a whole family of birds pictured?	Yes	1	5	14	56	11.403	.001*
	No	20	95	11	44		
10. Is the nest drawn on a protected. solid ground?	Yes	3	14	16	64	9.675	.002*
	No	18	86	9	36		

In Table 1, the presence of the items included in the evaluation criteria for drawing a bird's nest in the drawings of male participants diagnosed with psychosomatic skin disease was analysed. It was found that the difference between the two groups was statistically significant in terms of those who drew a parent bird in/near the nest, those who drew the dominant colour green in the picture and drew the colouring in accordance with the nature of the figures, those who drew the nest in contact with a ground such as branches and soil, those who drew the parent and baby bird together, those who drew the bird family together and those who drew the nest on a protected, solid ground. On the other hand, when analysed in terms of those who drew baby birds or eggs in/near the nest, those who drew using more than 20% of the drawing paper, and those who drew the nest imprisoned in the trunk of a tree, the difference between the two groups was not statistically significant.

Bird Nest Drawing Evaluation Criteria		Diagnosed with Psychosomatic Skin Disease		Not Diagnosed with Psychosomatic Skin Disease		χ^2	p
		f	%	f	%		
1. Are there any parent birds in the nest/near the nest?	Yes	7	22	21	70	12.602	.000*
	No	25	78	9	30		
2. Are there any baby birds or eggs in/near the nest?	Yes	18	56	17	57	.000	1.000
	No	14	44	13	43		
3. Is the dominant colour green?	Yes	9	28	12	40	.517	.472
	No	23	72	18	60		
4. Was the picture drawn using more than 20 per cent of the paper?	Yes	16	50	14	47	.000	.993
	No	16	50	16	53		
5. Is the colouring appropriate to the nature of the figures drawn?	Yes	6	19	19	63	11.004	.001*
	No	26	81	11	37		
6. Is the nest (if any) confined to the trunk of a tree?	Yes	1	3	0	0	.000	1.000
	No	31	97	30	100		
7. Does the nest (if any) touch any ground (branches, soil, etc.)?	Yes	15	47	24	80	5.931	0.15*
	No	17	53	6	20		
8. Are both parent and fledgling/egg birds present?	Yes	6	19	21	70	14.524	.000*
	No	26	81	9	30		
9. Is a whole family of birds pictured?	Yes	1	3	26	67	30.961	.000*
	No	31	97	10	33		
10. Is the nest drawn on a protected, solid ground?	Yes	10	31	18	60	4.072	.044*
	No	22	69	12	40		

In Table 2, the presence of the items included in the evaluation criteria of bird nest drawing in the drawings of female participants diagnosed with psychosomatic skin disease was analysed. When examined in terms of those who drew a parent bird in/near the nest, those who drew the colouring in accordance with the nature of the figures, those who drew the nest in contact with a ground such as branches and soil, those who drew the parent and baby bird together, those who drew the bird family together and those who drew the nest on a protected, solid ground, it was found that the difference between the two groups was statistically significant. On the other hand, the difference between the two groups was not found to be statistically significant when analysed in terms of those who drew baby birds or eggs in/near the nest, those who drew the dominant colour in the picture as green, those who drew the picture using more than 20% of the paper and those who drew the nest imprisoned in the trunk of a tree.

Group	Gender	n	With Signs of Aggression		No Signs of Aggression		χ^2	p
			f	%	f	%		
			Group diagnosed with psychosomatic skin disease	Woman	32	20		
Man	21	17	81	4	19			
Group not diagnosed with psychosomatic skin disease	Woman	30	11	37	19	63	.755	.385
	Man	25	13	52	12	48		

When Table 3 is analysed, it is seen that 62% of the pictures drawn by female participants diagnosed with psychosomatic skin disease have signs of aggression, while 38% do not have signs of aggression. It is seen that 81% of the pictures drawn by male participants diagnosed with psychosomatic skin disease have signs of aggression and 19% do not have signs of aggression. When the pictures of individuals who were not diagnosed

with psychosomatic skin disease were analysed, it was seen that 37% of the female participants had signs of aggression and 63% did not have signs of aggression. It is seen that 52% of the pictures drawn by the male participants in the study have signs of aggression and 48% do not have signs of aggression. When the aggression tendency levels of individuals diagnosed with psychosomatic skin disease and undiagnosed individuals were analysed in terms of gender variable, there was no statistically significant difference between them.

Group	Gender	n	Aggression Symptomatic		Proactive Aggression		Reactive Aggression		χ^2	p
			f	%	f	%	f	%		
			Group diagnosed with psychosomatic skin disease	Woman	32	20	62	12		
	Man	21	17	81	12	71	5	29		
Group not diagnosed with psychosomatic skin disease	Woman	30	11	37	4	36	7	64	.671	.413
	Man	25	13	52	8	61	5	39		

When Table 4 is analysed, it is seen that 62% of the drawings of the female participants diagnosed with psychosomatic skin disease show signs of aggression. Proactive and reactive aggression symptoms are observed in 60% and 40% of these symptoms, respectively. Symptoms of aggression were observed in 81% of the drawings of male participants diagnosed with psychosomatic skin disease. Proactive and reactive aggression symptoms were observed in 71% and 29% of these symptoms, respectively. When the drawings of individuals who were not diagnosed with psychosomatic skin disease were analysed, aggression symptoms were observed in 37% of the female participants. Proactive and reactive aggression symptoms are observed in 36% and 64% of these symptoms, respectively. Aggression symptoms were observed in 52% of undiagnosed males. Proactive and reactive aggression symptoms were observed in 61% and 39% of these symptoms, respectively. When the proactive and reactive aggression tendency levels of individuals diagnosed with psychosomatic skin disease and undiagnosed individuals were analysed in terms of gender variable, there was no statistically significant difference between them.

In this section of the findings, selected examples of bird's nest and non-existent animal pictures drawn by individuals diagnosed with psychosomatic skin diseases (urticaria, psoriasis, seborrheic dermatitis, neurodermatitis) are included.

Examples of the drawings of a 58-year-old, married, university graduate, female participant diagnosed with urticaria, drawing a bird's nest and drawing a non-existent animal are presented in Figure 1 and 2. Examples of the drawings of a 31-year-old, married, university graduate, male participant diagnosed with seborrheic dermatitis are presented in Figure 3 and 4, including a drawing of a bird's nest and a drawing of a non-existent animal. Examples of the drawings of a 32-year-old, married, high school graduate, male participant diagnosed with psoriasis, drawing a bird's nest and drawing a non-existent animal are presented in Figure 5 and 6.

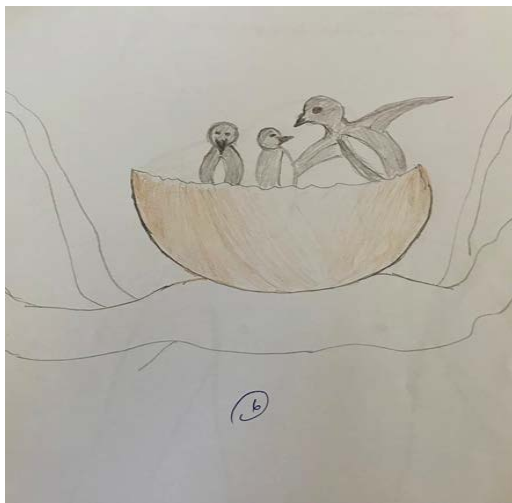


Figure 1. Example of drawing a bird's nest (Urticaria)

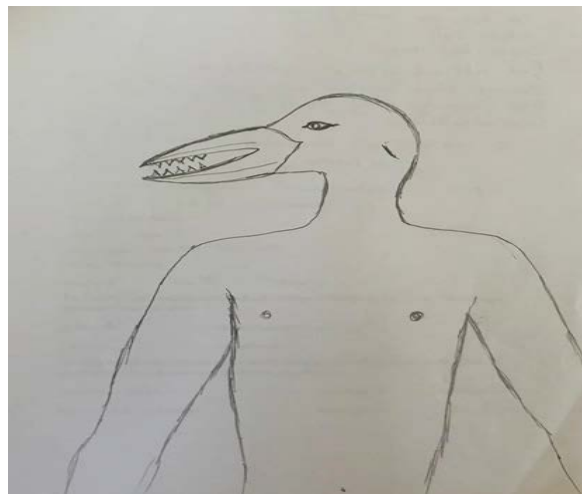


Figure 2. Example of drawing a non-existent animal (Urticaria)



Figure 3. Example of drawing a bird's nest (Seborrheic dermatitis)



Figure 4. Example of drawing a non-existent animal (Seborrheic dermatitis)



Figure 5. Example of drawing a bird's nest (Psoriasis)



Figure 6. Example of drawing a non-existent animal (Psoriasis)



Figure 7. Example of drawing a bird's nest (No diagnosis)

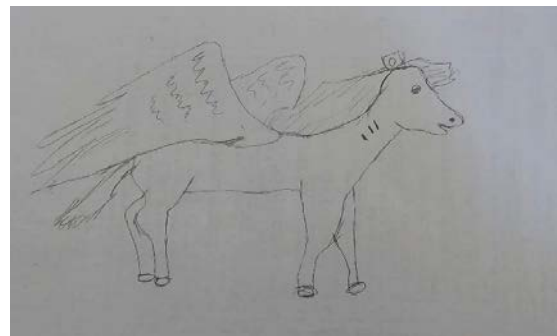


Figure 8. Example of drawing a non-existent animal (No diagnosis)



Figure 9. Example of drawing a bird's nest (No diagnosis)



Figure 10. Example of drawing a non-existent animal (No diagnosis)

Examples of the drawings of a 27-year-old, single, university graduate, male participant without a diagnosis of psychosomatic skin disease, drawing a bird's nest and drawing a non-existent animal are presented in Figure 7 and 8. Examples of the drawings of a 23-year-old, single, university graduate, female participant without a diagnosis of psychosomatic skin disease, drawing a bird's nest and drawing a non-existent animal are presented in Figure 9 and 10.

Discussion

In this study, attachment representations and aggression tendencies of individuals with and without psychosomatic skin diseases were investigated. The difference between the two groups was found to be statistically significant in terms of those who drew a parent bird in/near the nest, those who drew the colouring in accordance with the nature of the figures, those who drew the nest in contact with a ground such as branches and soil, those who drew the parent and baby bird together, those who drew the bird family together and those who drew the nest on a protected, solid ground. When analysed in terms of those who drew baby birds or eggs in/near the nest, those who drew using more than 20% of the drawing paper, and those who drew the nest imprisoned in the trunk of a tree, the difference between the two groups was not statistically significant. When evaluated in terms of whether the dominant colour was green or not, a significant relationship was found in male participants as a result of statistical analysis, while no differentiation was observed in female participants. When the aggression tendency levels of individuals diagnosed with psychosomatic skin disease and undiagnosed individuals were evaluated in terms of gender variable, there was no statistically significant difference between them. Similarly, when the proactive and reactive aggression tendency levels of both groups were analysed in terms of gender variable, no statistically significant difference was observed between them. The themes identified after the content analysis of the bird nest stories written by individuals diagnosed with psychosomatic skin diseases can be listed as the themes of parental birds not being in the nest, finding/waiting for food, hunger, loneliness and abandonment. When the themes determined after the content analysis of the introductory text written by individuals diagnosed with psychosomatic skin diseases regarding the pictures they drew in line with the Draw a Non-Existent Animal Test are analysed, the themes of aggression, lethality and wildness come to the fore.

In the study, it was expected that the pictures drawn by individuals diagnosed with psychosomatic skin disease in accordance with the "Draw a Bird's Nest Test" would be different from the pictures of individuals who were not diagnosed with psychosomatic skin disease. These expectations were confirmed by the fact that the bird's nest pictures drawn by both groups were different. Russiello et al. (1995) conducted a study with 177 patients with psychosomatic skin diseases diagnosed with urticaria, alopecia areata (also known as ringworm), hyperhidrosis and generalised pruritus and 194 patients who did not have psychosomatic skin diseases but were diagnosed with other skin diseases and found that patients with urticaria, alopecia areata, hyperhidrosis and generalised pruritus had more insecure attachment representations than the other group. The findings of the study are in parallel with the findings of similar studies conducted with individuals diagnosed with psychosomatic skin diseases (Spitz 1951, Picardi et al. 2005). However, it is seen that the aforementioned studies are of quantitative research type. For this reason, the lack of studies conducted by drawing a picture, which is a projective method, limits our comparison of the results we obtained.

When the results were examined in terms of the "Draw a Bird's Nest Test", it was determined that male and female participants diagnosed with psychosomatic skin disease drew a parent bird in or near the nest, coloured in accordance with the nature of the figures, drew the nest in contact with a ground such as branches and soil, drew parent and baby birds together, drew a nest with a whole family, and drew the nest on a protected, solid ground, and this difference was found to be statistically significant. Drawing the parent bird and the baby bird in the bird nest drawings, painting them in a realistic way, painting the nest on a protected ground or including them in the stories point to the theme of togetherness in the family. This situation shows that the theme of family relationships and togetherness is very rarely handled in the drawings of individuals diagnosed with psychosomatic skin disease. In family-themed drawing tests, the presence or absence of family members, the positions of family members and their distances to each other are related to the emotional closeness between family members (Akoğlu 2023). Studies conducted with individuals with secure attachment representation are similar to the findings of our study. In a study conducted by Procaccia et al. (2014), it was observed that children with secure attachment representation drew all family members in their drawings. In Shiakou's (2012) study, it was reported that children with insecure attachment representation portrayed themselves alone in family drawings and portrayed family members by putting distance between them. However, it should be stated that this comparison will not be completely reliable due to the different sample group.

It was evaluated whether the participants had baby birds or eggs in the nest or near the nest, whether the picture was drawn using more than 20% of the paper, whether the nest was trapped in the trunk of a tree, and the difference between the two groups was not statistically significant. Overbeck (2002) evaluated the "Draw a Bird's Nest Test" on 32 pregnant women and found that participants with insecure attachment representation used very little of the paper given to them for drawing. In Demirbağ's (2016) study conducted with children aged between nine and eleven, it was observed that more than half of the children with insecure attachment representation did not draw baby birds or eggs in or near the nest, the dominant colour in their drawings was not green, and a very low percentage of the participants drew both baby birds and parent birds. In a study by Hyler (2002) in which 49 primary school children's drawings of the "Draw a Bird's Nest Test" were evaluated, it was reported that the nests drawn in the drawings of children with insecure attachment representation were not drawn on a solid ground.

When the stories written in line with the Bird's Nest Drawing Test were analysed, the themes of parental birds not being in the nest, finding/waiting for food, hunger, loneliness and abandonment emerged as common themes in the stories of individuals diagnosed with psychosomatic skin disease. The theme of parental birds not being in the nest can be seen in the story of a bird's nest written by a 32-year-old male participant diagnosed with psoriasis. "There is an egg in this nest. The mother bird is busy with herself right now, she is not in the nest" (Figure 5). As an example of the themes of finding/waiting for food and hunger, the story of a 31-year-old male participant diagnosed with seborrhoeic dermatitis can be given as an example. "It is a comfortable, spacious, modern, partially protective nest from external factors such as sun and cold. There is a baby bird but no mother bird. The baby bird is hungry, waiting for food" (Figure 3). The story of a 58-year-old female participant diagnosed with urticaria is an example of the theme of abandonment. "In the picture, there is a bird's nest on the tip of a tree. There are baby birds and a mother bird in the nest. There is no father bird, he has not come for a long time." (Figure 1). In the stories of individuals who were not diagnosed with psychosomatic skin disease, the theme of unity in the family was mostly observed. In the story of a 23-year-old female participant without a diagnosis of psychosomatic skin disease, it is possible to find traces of secure attachment. "On the hottest day of August, two tiny birds and their mother are waiting for their father to bring food." (Figure 9). Likewise, in the story of a 27-year-old participant, in whose drawings traces of secure attachment were observed, the theme of happiness was observed. "It is a cheerful forest where birds chirp. Everyone greets each other. They laugh and make jokes. The whole place is filled with bird laughter." (Figure 7).

In the study, it was expected that the pictures drawn by individuals diagnosed with psychosomatic skin disease in line with the "Draw a Non-Existent Animal Test" would be different from the pictures of individuals who were not diagnosed with psychosomatic skin disease. These expectations were confirmed as a result of the difference in the drawings of a non-existent animal drawn by both groups. In the drawings of the participants diagnosed with psychosomatic skin disease, proactive aggression signs (claws, horns, nails, hooves, emphasised teeth, thick skin) and reactive aggression signs (ciliated spines, antennae, emphasised eyes) were found to be more than those of the participants not diagnosed with psychosomatic skin disease. Levent (2017), in a study conducted with chronic spontaneous urticaria patients, revealed that the anger scores of the individuals in the study group were higher than the healthy individuals in the control group. White et al. (1990) conducted a study with a group of participants diagnosed with atopic eczema and found that participants diagnosed with atopic eczema had more difficulty in managing hostility and anger in a healthy way than undiagnosed participants. One of the reasons that make this research important is that when the literature within the scope of this study was examined, there were no studies conducted abroad or in our country to reveal the aggression tendencies of individuals diagnosed with psychosomatic skin diseases by means of picture analysis method. For this reason, this finding of the study could not be compared with the literature.

When the results were analysed in terms of gender variable and aggression tendency levels of individuals diagnosed with psychosomatic skin disease and undiagnosed individuals, there was no statistically significant difference between them. It is known that anger leads to an increase in aggression tendency. Although the feeling of anger does not directly turn into aggression, there may be cases where it physiologically manifests itself through the body. In this case, compelling emotions and experiences such as anger and aggression are transferred through the skin (Anzieu 2016). The individual may have difficulty in putting the tension, anger or aggression tendencies created by the mental conflict he/she has experienced into words, and instead, this unspeakable mental conflict finds a place in the body as a symptom (Gupta 2006). The fact that the aggression tendencies of individuals diagnosed with psychosomatic skin disease in the sample of our study were found to be higher than individuals who were not diagnosed with psychosomatic skin disease suggested that the aggression tendencies and feelings of anger that these individuals suppressed, ignored and could not express emerged as symptoms through the skin organ. It is known that suppressed and ignored aggression is an

important factor in all psychosomatic diseases. However, it has been reported that anger that is not openly expressed is then directed towards the person himself/herself and leads to psychosomatisation or depression (Koh 2003). Many studies show that there is an important relationship between aggression and anger and skin diseases. High levels of anger have been reported in patients with *acne vulgaris*, one of the most common skin diseases worldwide (Wu et al. 1988). Likewise, when the literature is examined, it is seen that the anger levels of these individuals are high in studies conducted with individuals diagnosed with psoriasis (Fried 1995) and atopic dermatitis (Ginsburg et al. 1993).

When the proactive and reactive aggression tendency levels of individuals diagnosed with psychosomatic skin disease and undiagnosed individuals are examined in terms of gender variable, there is no statistically significant difference between them. When the frequency distributions of the participants according to their aggression tendency characteristics were analysed, reactive aggression clues were found more in the pictures drawn by women, while proactive aggression clues were found in the pictures drawn by men. This finding is in parallel with the studies in the literature. In a study conducted by Kachaeva and Rusina (2016) on women who commit crimes, it was concluded that reactive aggression was more common in women, while proactive aggression tendencies were more common in men (cited in Halmatov et al. 2020). In a study by Er (2014) examining the relationship between variables such as aggression tendencies, parental violence and authoritarian parental attitudes during adolescence, it was found that boys in adolescence had more proactive aggression tendencies than girls. In a study conducted by Halmatov et al. (2020) on 154 university students, students' aggression tendencies were evaluated with the "Draw a Non-Existent Animal Test". As a result of the evaluation, male students exhibited more proactive forms of aggression, while female students exhibited more reactive forms of aggression. Demir (2023) analysed the drawings of high school students in his study. The students were first asked to draw a picture of a non-existent animal and when the picture was completed, they were asked to write a text describing the animals they had drawn. In the study, it was observed that reactive aggression clues were more common in the drawings of female students, while proactive aggression clues were more common in the drawings of male students.

The instructions of the test applied to the participants in order to evaluate their aggression tendencies were as follows: "Draw a picture of an animal that does not exist and give it a name that does not exist". It was observed that the participants with psychosomatic skin disease had much more difficulty than the other group in drawing a non-existent animal and finding a non-real name for this animal during the test. Individuals with psychosomatic skin disease showed differences compared to the undiagnosed group not only in terms of the pictures they drew but also in terms of the names they gave to the pictures they drew. Participants with psychosomatic skin disease gave names such as "creature, monster, devil, poisonous snake" while giving a name to their drawings. When this situation is evaluated on the basis of "mentalisation", one of the important concepts of psychoanalytic psychosomatics, the answers given by the participants with psychosomatic skin disease gain meaning within the framework of this concept. Mentalisation is positioned between preconscious, unconscious and consciousness and carries the material coming from the unconscious to consciousness thanks to its flexible, fluid and permeable feature. These features in the preconscious are an acquisition that the caregiver makes to the baby. Although this acquisition is interrupted from time to time in our psyche, it is expected to continue to function continuously. Pierre Marty (2012) states that the interruption causes a disorganisation in psychosomatic patients because it lasts too long. For this reason, the material from the unconscious reaches consciousness in its raw, uncensored form. Thus, it is understood that there is a deficiency in the functioning of foreknowledge (İkiz 2008). Participants with psychosomatic skin disease gave a name to this picture they drew, such as "creature, monster, devil, poisonous snake". Although the word "aggression" was not given in the test instructions, the fact that the participants diagnosed with psychosomatic skin disease used names such as "creature, monster, devil, poisonous snake" that evoke aggression suggests that the material related to aggression in the unconscious mind emerged uncensored in its raw form. Thus, it was observed that the participants diagnosed with psychosomatic skin disease were able to project their aggression tendencies, which they could not show directly in their interpersonal relationships, through a projective test, the "Draw a Non-Existent Animal Test".

When the text introducing the features of the picture drawn in line with the Draw an Animal That Does Not Exist Test is analysed, the themes of aggression, lethality and wildness emerge as common themes in the stories of individuals diagnosed with psychosomatic skin disease. It is possible to see the theme of the animal not being wild in the introductory text of the animal drawn by a 58-year-old female participant diagnosed with urticaria. "The name of this animal would be wild because it is an animal with monstrous feelings that has no pity for anyone, an animal that runs fast, has fire coming out of its mouth, is very strong, has very good eyesight, this animal is hunted and fed in the wild" (Figure 2). As an example for the theme of aggression, the story of a 31-

year-old male participant with seborrheic dermatitis can be given as an example. "The name of this animal is monster. It nails my chest from the inside with its long nails. It has no skin, it is bloody, it eats my insides, it wants to tear my chest and get out. It is parasitic, it breathes fire and cauterises my insides" (Figure 4). The story of a 32-year-old male participant diagnosed with psoriasis is an example of the theme of lethality. "The name of this animal is vomit because it makes me sick when I see it. It is a deadly and disgusting creature" (Figure 6). In the introductory writings of individuals who were not diagnosed with psychosomatic skin disease, the theme of freedom-loving, harmless, cute and cheerful is observed. A 23-year-old female participant, who was not diagnosed with psychosomatic skin disease, wrote about cute and harmless themes. "This animal with three legs, four hands and six ears has a loving heart. It is harmless, it has no teeth to bite. You can never see its scary side unless you hurt it. The hair on its back is naturally soft and self-cleaning" (Figure 10). Similarly, in the introductory text, the theme of happy and freedom-loving is seen in the story of a 27-year-old female participant. "She wants to be wherever she feels comfortable, free and happy, whether underwater, in the sky or on land. She is friendly. She responds to how she is approached" (Figure 8).

This study has some limitations. Firstly, it is known that attachment styles have an important effect on personality development. The main limitation of the study is that personality traits were not addressed in our study in which attachment representations and aggression tendencies of individuals diagnosed with psychosomatic skin disease were examined. The study was conducted using qualitative research methods based on the drawings of 53 individuals diagnosed with psychosomatic skin disease and 55 individuals who were not diagnosed with psychosomatic skin disease. If the attachment styles and aggression tendencies of the individuals who participated in the study could have benefited from quantitative data, the qualitative findings of the study could have been supported by quantitative findings. From this point of view, the fact that the study is not a mixed design constitutes one of the most important limitations of the study. The sample group of the study consists of patients treated in a single dermatology outpatient clinic. The sample of this study consists of patients treated in the dermatology outpatient clinic of Dr Sadi Konuk Training and Research Hospital in Istanbul. More reliable results can be obtained in a study with patients treated in dermatology outpatient clinics of different hospitals.

Conclusion

When the results obtained from this study are evaluated in general, in the drawings of the healthy group who were not diagnosed with psychosomatic skin disease, the drawing criteria indicating secure attachment such as drawing a parent bird in the nest, using appropriate colours, positioning the nest on a solid ground, and parents and baby birds together are higher than those diagnosed with psychosomatic skin disease. On the other hand, when analysed in terms of those who drew baby birds or eggs in/near the nest, those who drew using more than 20% of the drawing paper and those who drew the nest confined to the trunk of a tree, the difference between the two groups was not statistically significant. No difference was observed between the aggression tendency levels of the healthy group diagnosed with psychosomatic skin disease and the undiagnosed healthy group in terms of gender variable. Similarly, there was no significant difference between the proactive and reactive aggression tendency levels of both groups in terms of gender variable. Based on all these, when the pictures drawn by the individuals diagnosed with psychosomatic skin disease who participated in the study and the descriptive texts related to the pictures are taken into consideration, it can be said that clues can be obtained about their attachment representations through the "Draw a Bird's Nest Test" and about their aggression tendencies through the "Draw a Non-Existent Animal Test". From this point of view, it is thought that mental health professionals can benefit from projective methods such as drawing pictures in order to obtain information about the mental functioning of individuals diagnosed with psychosomatic skin diseases.

When the national and international literature was analysed, no study was found in which individuals diagnosed with psychosomatic skin disease were evaluated with picture drawing tests, which is a projective method. Our study is important to draw attention to the application of drawing tests. The small sample size in this study can be explained by the inadequacy of the outpatient clinic conditions in terms of data collection and the reluctance of patients coming to the outpatient clinic to be included in the study. In similar studies planned to be conducted in the future, it is important to keep the data collection periods longer and to ensure that the physical conditions of the areas where data will be collected are sufficient in order to reach more patients. This study is limited to adults. Similar studies can be conducted with children and adolescents diagnosed with psychosomatic skin disease. It may be useful to support qualitative assessment tools with quantitative assessment tools in order to evaluate the attachment representations and aggression tendencies of the participants. "Rorschach Test" and "Thematic Perception Test", which are projective tests, can be used to understand the quality of the relationship

established by the participants with the caregiver. Participants' attachment representations can be studied with the "Draw a Family Test" and aggression tendencies can be studied with the "Draw a Cactus Test".

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