

ORIGINAL RESEARCH ARTICLE

Short-term art therapy process in a patient with
comorbid major depressive disorder and skin-
picking disorderFatma Tezcan Karadeniz^{1*}, Rabia Karanfil², and Nurhan Eren¹¹Department of Mental Health and Diseases, Istanbul Faculty of Medicine, Istanbul University, Social Psychiatry Service, Çapa, Istanbul, Turkey²Human and Art Academy, Halkalı, Istanbul, Turkey

Abstract

Excoriation (skin-picking) disorder is a body-focused repetitive behaviour frequently associated with depression, anxiety, and obsessive-compulsive and related disorders. Although art therapy is used as a complementary approach in mental health care, reports describing its therapeutic process in patients with comorbid major depressive disorder and excoriation disorder remain limited. This case report describes the therapeutic process of a 47-year-old woman with major depressive disorder and excoriation disorder who attended nine art therapy sessions. Weekly 90-min sessions included introduction, warm-up, art-making, sharing, and closure phases. Before and after each session, the patient completed the Emotion Identification Form, a routine clinical reflection tool used to document subjective emotional experiences. The patient's artworks, narratives, form responses, and clinical observations were considered together. The patient's artworks and narratives reflected family conflict, loss, self-worth, fear, hope, and identity. Visual expression facilitated discussion of experiences that were difficult to verbalize. Across the sessions, the patient demonstrated greater emotional awareness, self-expression, recognition of personal needs, and therapeutic engagement. Observable changes in skin-picking behaviour were limited, and behavioural change was not assessed using a standardized measure. This case suggests that brief art therapy may support emotional expression, self-reflection, and therapeutic engagement in individuals with complex psychiatric comorbidity. Further studies using larger samples, standardized outcome measures, and longer follow-up periods are needed.

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1. Introduction

Art therapies are psychotherapeutic approaches that engage visual, auditory, and tactile senses through various methods of creating art, allowing individuals to use art as a means of self-expression.¹ In art therapy, the artwork functions as a third party in the relationship between the therapist and the patient.²

Major depressive disorder (MDD) is a heterogeneous mood disorder characterized by

persistent depressed mood and/or anhedonia accompanied by emotional, cognitive, neurovegetative, and psychomotor symptoms that frequently result in significant functional impairment. Its etiology is considered multifactorial, reflecting interactions between genetic vulnerability and environmental influences that contribute to the development and persistence of depressive symptoms.³⁻⁵ According to the World Health Organization (WHO), depression affects approximately 280 million people worldwide and is a major contributor to the global burden of disease.⁶

Excoriation disorder is classified within the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders) obsessive-compulsive and related disorders.⁷ It is characterized by recurrent skin-picking that results in tissue damage. The behavior is commonly associated with stress and negative emotional states and may temporarily reduce emotional distress.⁸⁻¹⁰ However, because this relief is short-lived, the behavior may become repetitive and persist over time.¹¹

Comorbid anxiety and depression are common among individuals with excoriation disorder. The most frequent comorbidities include social anxiety disorder, MDD, and panic disorder, although other comorbid conditions are also prevalent.¹² Only a portion of patients with excoriation disorder are referred to psychiatric services, and approximately two-thirds of those referred may decline evaluation.¹³ Studies indicate that patients with comorbid diagnoses exhibit greater illness severity compared to those without, highlighting the importance of identifying and addressing comorbidities in treatment planning, as untreated comorbid conditions can exacerbate skin-picking behaviors.¹⁴

Recent systematic reviews and meta-analyses indicate that visual art therapy may reduce depressive symptoms in adults and has potential as a complementary mental health intervention.^{15,16} However, detailed case reports describing how therapeutic change develops across individual sessions remain limited. In particular, few reports have documented therapeutic change by integrating patient-generated artwork, narrative accounts, and structured clinical reflection across consecutive therapy sessions.

2. Case presentation

The patient is a 47-year-old woman diagnosed with MDD and excoriation disorder. She is a married homemaker with three children and primary school education. Her medical history includes diabetes, hypercholesterolemia, and hypertension. She reported severe and persistent conflicts with her spouse and children. Financial losses related to her son's gambling debts resulted in the sale of

the family home where they had lived for 27 years. She described the move to a rented home as a major source of stress and reported ongoing communication problems with her spouse's family, which further affected her marital relationship.

During periods of stress, she experienced intense skin itching and recurrent skin-picking, often removing crusts compulsively and sometimes without awareness. She reported that anger and emotional distress increased her urge to pick her skin. She described herself as emotionally sensitive, prone to rumination, frequently tearful, and unable to enjoy daily activities. Her father died when she was six months old, and she reported that the lifelong absence of a father figure continued to influence her emotional life and marital relationship.

The patient had previously received family counselling but reported no lasting improvement in family relationships. After initially seeking dermatological treatment for her skin lesions, she was referred to psychiatric services and had remained under psychiatric follow-up for approximately five years. Two years before enrolment in the present program, she was referred from the Consultation-Liaison Psychiatry Unit to the Social Psychiatry Service for art therapy because of anxiety, stress, somatic complaints, and difficulties with problem-solving. Both she and her spouse also participated in art therapy-based couple therapy. Throughout the program, she continued regular psychiatric follow-up and prescribed pharmacological treatment, which was managed by her treating psychiatrist as part of routine clinical care.

Throughout the art therapy program, the patient consistently displayed impulsive interpersonal behaviors, including interrupting others, excessive talkativeness, and difficulty respecting interpersonal boundaries. During the pre-treatment assessment, she identified improving communication with her spouse and children and resolving marital problems as her primary therapeutic goals.

3. Methods

Before the art therapy program, an assessment interview reviewed the patient's medical and personal history, identified the main problems guiding treatment, and introduced the therapeutic process. Although the art therapy program was delivered in a closed-group format involving eight participants, this report presents the therapeutic process and clinical reflections of a single patient.

The program consisted of ten planned weekly sessions, each lasting 90 min. She attended nine sessions, missing one because of a physical health problem. Each session

followed a structured format consisting of introduction, warm-up, art-making, and sharing/closure phases.

Before and after each session, the patient completed the Emotion Identification Form, a routine clinical self-reflection form used in the Social Psychiatry Service (SPS) to document current emotional experiences. At the beginning of each session, she identified her current emotion(s), selected a color representing each emotion, and rated its intensity on a 10-point scale. At the end of the session, she first re-evaluated the same emotion(s) by indicating whether their intensity had increased, decreased, or remained unchanged, and whether the associated color remained the same or changed. She then identified any new emotions that had emerged during the session and recorded their associated colors and intensity ratings. The form was used to document both changes in pre-existing emotions and newly emerging emotional experiences during the therapeutic process.

Participants freely selected art materials. After each drawing, the therapist invited her to explain the images, symbols, and colours using open-ended questions without interpretation.

Written informed consent was obtained for participation in the art therapy process and publication of this case report, including anonymized clinical information and artwork images. All identifying information was removed to protect confidentiality. In accordance with institutional policy, formal ethics committee approval was not required for this single-patient report.

3.1. Art therapy process

The art therapy program followed a semi-structured format developed by the therapists and adapted to the therapeutic needs of the group while allowing participants to explore their individual experiences. Session themes included emotions, dreams, goals, future planning, self-perception, group cohesion, healthy coping strategies, identification of support resources, free-flow activities, and free association.

Each session began with a 10-min introduction, followed by a 10-min warm-up, a 30-min art-making activity, a 30-min sharing phase, and a 10-min closure. The program was facilitated by a psychiatric nurse (PhD) with formal training in art psychotherapies and a licensed clinical psychologist. Clinical supervision was provided throughout the program by an experienced art therapy practitioner.

Art materials included drawing paper, acrylic paint, colored pencils, pastels, watercolors, felt-tip markers, and collage materials. Participants selected materials that best supported personal expression. For the purposes of

this report, the patient's artworks, narrative reflections, Emotion Identification Forms, and contemporaneous clinical observations were considered together to document the therapeutic process across sessions.

4. Results

The patient participated in a visual arts-based art therapy group consisting of eight members. The group met weekly for 90-min sessions over ten weeks. Accordingly, this report presents the therapeutic process across the nine sessions she attended.

She reported persistent family conflicts. Financial losses resulting from her son's gambling debts forced the family to sell their home and relocate to an unfamiliar environment. She described ongoing conflicts with neighbours, difficulty adapting to her new surroundings, and feelings of unhappiness. These stressors, together with longstanding family communication problems, increased her stress and anxiety, which she believed exacerbated her skin-picking behavior and skin lesions.

During the group sessions, she frequently interrupted conversations, spoke at length, and had difficulty respecting group rules and interpersonal boundaries, occasionally interfering with sustained engagement in art-making. She predominantly used acrylic paints, consistently covering the entire paper surface without leaving blank spaces.

Before and after each session, she completed the Emotion Identification Form as a routine clinical reflection tool. She identified her emotions, associated colors, and their subjective intensity using a 10-point scale, then re-evaluated these emotions after the session and documented any newly emerging emotions. As shown in [Table 1](#), the recorded changes varied across sessions according to the therapeutic themes explored. These ratings were interpreted as supportive clinical observations reflecting changes in emotional awareness and expression rather than as standardized psychometric outcome measures.

Throughout the therapeutic process, the meanings attributed to the drawings, colors, symbols, and other visual elements were derived from her own verbal explanations. Accordingly, the interpretations presented in the following sections reflect her narrative rather than researcher-imposed symbolic meanings.

4.1. Session 1

The patient arrived slightly late and reported feeling excited and stressed. The session focused on self-perception and awareness of the surrounding environment through a garden-themed art activity. Participants created individual

Table 1. Subjective emotion, associated color, and intensity ratings recorded before and after each art therapy session

Session	Pre-session emotion(s), color, intensity	Post-session re-evaluation of the same emotion(s), color, intensity	Newly emerged emotion(s), color, intensity
1	Curious, excited, pink, 10; Anxious, green, 10	Green, 10	Happy, calm, loving, pink, 10
2	Curious, purple, 6; Anxious, brown, 4	Black, 10; Gray, 10	Reduced anxiety, green, 10; Loving, cheerful, brown, 10
3	Flustered, stressed, brown, 8; Happy, yellow, 10	Pink, 2; Pink, 10	Happy, cheerful, blue, 10; Sad, pink, 10
4	Happy, excited, impatient, gray, 10; Patient, green, 10	Mustard yellow, 10	Excited, happy, purple, 10
5	Sad, red, 4; Happy, mustard, 6; Hurt, green, 10	Orange, 10; Orange, 5	Happy, calm, pink, 8; Cheerful, navy, 2
6	Angry, green, 10; Happy, purple, 10	Gray, 10; Anger resolved, blue, 10	Happy, orange, 10; Longing for father, orange, 10
7	Angry, green, 10; Happy, gray, 10	Pink, 10; Emotional, pink, 5	Happy, yellow, 10; Joyful, green, 10
8	Curious, orange, 10; Excited, blue, 10	Purple, 10; Curious/excited, gray, 1	Relaxed, calm, gray, 10
9	Tired, angry, pink, 10; Happy, yellow, 10	Black, 1; Green, 9	Sad, brown, 1; Happy, blue, 9

Notes: Emotion intensity was self-rated by the patient on a subjective scale ranging from 1 (lowest intensity) to 10 (highest intensity). Pre-session emotions were re-evaluated at the end of each session, and any newly emerging emotions were recorded separately with their associated colors and intensity ratings.

plant pots representing people, experiences, and elements associated with happiness, which were later combined into a collective garden.

While discussing her artwork, she described mixed feelings toward her family. She explained that she had intentionally omitted her husband because she was angry with him but added, *“Even if we argue, may God always keep him in my life.”* She also reported anger toward her eldest son while describing her daughter, son-in-law, friends, and animals as important sources of support. Referring to the heart symbols, she stated, *“The hearts represent happiness and love.”* She titled her artwork *“Garden of Happiness, Garden of Life”* (Figure 1) and reported feeling relieved at the end of the session.

Her explanations indicated that the artwork enabled her to acknowledge both anger and affection toward family members while maintaining a desire to preserve these relationships. This reflected her ability to express conflicting emotions within a supportive therapeutic environment.

4.2. Session 2

She reported having a pleasant day and expressed enthusiasm about attending the session. The second session

focused on coping with unexpected life events through a collage activity using personally meaningful images and words selected from magazines.



Figure 1. The patient’s work titled *“Garden of Happiness, Garden of Life”*

While discussing her artwork (Figure 2), she described the emotional impact of losing her home, financial difficulties, skin-picking behavior, and fears about her husband’s health. She stated, *“Our house was sold, and we became tenants. It feels like being a refugee.”* She associated

the onset of her skin lesions with this stressful period and added, *“Even if my husband gets angry with me sometimes, I fear he might die while sleeping. If something happens to him, what will I do?”* She also linked these fears to her childhood experience of growing up without a father.

Her explanations highlighted housing instability, financial stress, and fear of losing loved ones as major sources of emotional distress. Discussing these experiences through artwork facilitated expression of concerns that were difficult to verbalize.



Figure 2. The patient's work titled "Let Hopes Flourish"

4.3. Session 3

Before the session, she reported feeling distressed but stated that her mood improved after arriving at the workshop. The third session focused on identifying internal resources. Participants created a box, either three-dimensional or in drawing form, representing their internal strengths and external sources of support when facing life's challenges.

While discussing her artwork, she described feelings of worthlessness, emotional pain related to her relationship with her son, and the importance of supportive friendships. Referring to one of her drawings, she stated, *“I drew a portrait representing how worthless I feel. My son hurts me deeply. The heart represents my heartbreak.”* She explained that the guitar symbolized a wish to learn something new, while the sun represented her friends, whom she regarded as an important source of support. She titled her artwork *“May Your Sun Always Shine”* (Figure 3).

Reflecting on her work, she stated, *“Nothing is worth crying over. Trust your friends; they are always there for you. Never stop supporting others. Be happy, and may your face*

always smile.”

Her explanations indicated that, despite emotional distress, she was able to identify supportive relationships and personal strengths. This reflected greater awareness of internal and external coping resources.



Figure 3. The patient's work titled "May Your Sun Always Shine"

4.4. Session 4

The fourth session focused on increasing awareness of emotional responses to interpersonal conflicts and their relationship to skin-picking behavior. Participants represented their internal world through the metaphor of a box, distinguishing experiences associated with emotional well-being from those related to distress.

While discussing her artwork, she described anger, emotional tension, and communication difficulties with her husband. She stated, *“My husband yells at me; we are in couple therapy.”* Referring to her heart-shaped box, she explained, *“One side represents things that make my heart feel good. The other side represents my arguments, doubts, impatience, and lack of communication.”* When asked how she might cope with these difficulties, she reflected, *“Do I need to be a little patient? Should I step back a bit?”* She also explained that the dots inside the box represented her inner confusion, whereas those extending beyond it symbolized her personal resources. She titled her artwork *“Communication Box”* (Figure 4) and concluded, *“We can handle everything through communication.”*

This indicated increasing awareness of alternative ways of responding to interpersonal difficulties.

4.5. Session 5

At the beginning of the session, she reported having had a difficult week. She described conflicts with her daughter

that left her feeling upset and anxious but stated that attending the workshop improved her mood.



Figure 4. The patient's work titled "Communication Box"

The session involved a word-association collage activity in which participants selected meaningful words from magazines and created drawings based on them.

While discussing her artwork, she reflected on both personal strength and fear. Referring to the phrase "women will write the story," she stated, "If women want, they can achieve anything." She explained that the heart and flower represented herself, whereas other elements reflected her fear of her son and memories of previous threats. She stated, "He used to threaten me, saying he would make me drink cyanide or strangle me. He received treatment and is better now, but he still threatens me occasionally." She titled her artwork "Symbol of Happiness" (Figure 5).

Her narrative indicated that the artwork brought together painful memories and personal strengths. Although fear remained prominent, her narrative also reflected personal strength and hope, suggesting increasing resilience. This suggested that she was beginning to describe herself in terms of both vulnerability and resilience.

4.6. Session 6

The sixth session focused on exploring future hopes, unresolved loss, and emotional expression through body awareness and a letter-writing activity addressed to the future self.

At the beginning of the session, she reported spending time with her spouse during the week and stated that they were continuing couples therapy. She explained that her husband's criticism of her being away from home frequently had upset her. During the warm-up exercise, she expressed happiness, calmness, and curiosity through

body movements.



Figure 5. The patient's work titled "Symbol of Happiness"

While discussing her artwork, she reflected on the loss of her father, future hopes, and family aspirations. She stated, "I would very much like to have a home and spend time with my grandchildren. I would like to walk hand in hand with my father. My father died when I was six months old." She explained that the birds symbolized her wish to deliver a letter to her father, the dark area represented her father, and the sun represented her future dreams. She titled her artwork "The Light of Hope in Longing for My Father" (Figure 6).

Her explanations showed that memories of early loss remained significant, while future hopes and family relationships provided meaning and motivation.

4.7. Session 7

The seventh session focused on reflecting on the therapeutic process, recognizing personal changes, and expressing the perceived meaning of therapy through artwork.

At the beginning of the session, she described the week as difficult and monotonous, reporting ongoing arguments with her spouse. During the warm-up exercise, she expressed her emotions through body movements and formed a heart shape with her hands.

Participants were invited to reflect on the previous six weeks of therapy and express what the process had contributed to them through artwork.

While discussing her artwork, she described increased self-confidence and a growing ability to cope with difficulties. She stated, "I entered this place, and I solve all my problems here. I feel safe here, and my self-confidence increases. I used to stay silent, but now I struggle." She explained that the coloured dots represented overcoming

difficulties step by step, the snake symbolized people who criticized her participation in therapy, and the path reflected her determination to continue despite these criticisms. She also described the divided heart as representing the support she received from her therapists. She titled her artwork “Struggle” (Figure 7).



Figure 6. The patient's work titled “The Light of Hope in Longing for My Father”

Her statements indicated that the therapy environment had become a place where she felt safe to express difficult emotions and reflect on interpersonal problems. She also described increased confidence in expressing herself and greater determination to cope with ongoing family difficulties.



Figure 7. The patient's work titled “Struggle”

4.8. Session 8

During the warm-up activity, she expressed happiness, excitement, and curiosity through body movements.

The session focused on recognizing anxiety, increasing awareness of its bodily manifestations, and expressing it through drawing.

While discussing her artwork, she described fears of losing her husband, uncertainty about the future, and concerns about being left alone. She stated, “If something happens to my husband, I would die too.” Referring to her drawing, she explained, “The two hearts represent my husband and me, and the house represents a nursing home.” She also described her wish that her deceased father could still protect and care for her. Initially, she identified the male figure in the drawing as herself but, after brief reflection, corrected herself and stated that it represented her husband. She titled her artwork “Struggling with My Anxiety” (Figure 8).

Her explanations indicated that fears of loss and loneliness remained central to her emotional experience. Expressing these concerns through artwork helped her reflect on them within the therapeutic setting.



Figure 8. The patient's work titled “Struggling with My Anxiety”

4.9. Session 9

The ninth and final session focused on future expectations, personal wishes, and integrating therapeutic experiences through symbolic artistic expression.

At the beginning of the session, she described the week as difficult and reported feeling angry with her spouse. However, she stated that she felt comfortable and happy in the workshop. During the warm-up activity, she actively participated and asked the group, “We are strong, aren't we?”

Participants were invited to express their hopes, dreams, and wishes for the future through drawing. While discussing her artwork, she described her hopes

for a peaceful family life, a new home, and becoming a grandmother. She explained that the stars represented happiness and health, the silver coloring symbolized the bright home she wished to have, and the gifts represented her desire to share happiness with her family, friends, teachers, and children. She titled her artwork “May Hopes Flourish, May Happiness Come” (Figure 9).

When asked what she wished for herself, she became emotional and cried. She stated, “When you asked that question, I realized that I have never wished for anything for myself. My priorities have never been about myself... For myself, I want health, happiness, and peace.”

Her statements reflected increased awareness of her own emotional needs in addition to her longstanding focus on the needs of others. Identifying personal wishes for health, peace, and happiness represented an important change in the therapeutic process.



Figure 9. The patient's work titled “May Hopes Flourish, May Happiness Come”

5. Discussion

This report explored the therapeutic process of a patient with MDD and excoriation (skin-picking) disorder who participated in a brief structured art therapy process. Art therapy provided a safe therapeutic environment in which emotionally challenging experiences—including unresolved conflicts, interpersonal difficulties, experiences of loss, and future-related anxieties—could be expressed through symbolic artistic expression.¹⁷ Examining the patient's artworks together with her own narratives demonstrated gradual improvements in emotional awareness, self-expression, and recognition of personal emotional needs throughout therapy.

Excoriation (skin-picking) disorder is influenced by

biological, psychological, and environmental factors, and emotional distress, interpersonal conflict, and difficulties in emotion regulation are known to contribute to the persistence of the behaviour.¹⁸⁻²⁰ Consequently, interventions should extend beyond behavioral symptom reduction to address the emotional processes underlying skin-picking. In the present case, art therapy created a supportive environment in which the patient was able to externalize family conflicts, abandonment fears, financial losses, and future-related concerns through personally meaningful visual symbols.

A major strength of this case is integrating participant-generated artworks with participant-generated narratives, allowing meanings to emerge from the patient's own explanations rather than researcher interpretation.²¹ This participant-centred approach is consistent with qualitative evidence highlighting the value of participant-generated visual art for communicating personal meanings and recovery experiences.^{22,23}

Her symbolic expressions evolved from fear, loneliness, and interpersonal conflict toward communication, hope, resilience, and future aspirations. For example, her artwork “Communication Box” expressed love, anger, interpersonal conflict, and the desire for healthier communication, whereas “Struggle” reflected her determination to continue therapy despite criticism from others, illustrating gradual psychological change throughout therapy.

The findings may also be interpreted within a psychodynamic framework. Freud proposed that symbolic representations provide access to unconscious experiences that are difficult to express verbally, whereas Jung emphasized their role in connecting conscious awareness with unconscious processes and facilitating self-understanding.^{24,25} Within art therapy, visual expression provides a symbolic means of exploring experiences that are difficult to communicate verbally. Previous qualitative evidence syntheses have also shown that participant-generated visual art facilitates the expression of feelings, the use of visual metaphors, and personal meaning-making.^{22,26} Previous psychodynamic theories and psychotherapy studies have suggested that emotional awareness, self-expression, and psychological integration may develop through therapeutic exploration of emotionally meaningful experiences.²⁷ These perspectives help explain her increasing emotional awareness and symbolic expression throughout therapy. However, artwork meanings remained grounded in her own explanations rather than researcher interpretations.

Another important finding was her increased emotional awareness and self-expression. Early narratives focused on fear, helplessness, loneliness, and interpersonal conflict,

whereas later narratives reflected greater recognition of emotions, personal needs, and hope for the future. This development was evident in both her artworks and narratives.

From a clinical perspective, discussing her artwork together with her explanations helped identify emotionally significant experiences, interpersonal conflicts, and coping resources. Integrating visual expression with routine clinical interviews may facilitate a more comprehensive understanding of patients' emotional experiences, particularly when verbal expression is limited, while supporting person-centred assessment by enabling patients to communicate experiences that might otherwise remain difficult to express.^{28,29}

One of the clearest indicators of therapeutic change emerged during the seventh session when she stated, *"I used to stay silent, but now I struggle."* Together with *"I solve all my problems here. I feel safe here,"* these statements suggest that the therapeutic environment promoted self-confidence, personal agency, and emotional safety. The therapeutic relationship may also have contributed by providing a secure environment in which symbolic expression could emerge, consistent with psychodynamic art therapy perspectives on transference and countertransference.³⁰

This report is limited by its single-case design, the nine-session intervention, and the absence of standardized measures of skin-picking behavior and emotional change. Therefore, the findings should be interpreted with caution. Future studies with larger samples and standardized assessments are needed. Nevertheless, this case highlights the value of art therapy as a complementary intervention for individuals with complex emotional difficulties, particularly when verbal expression is limited. Integrating artworks with patients' narratives may help clinicians better understand emotional experiences and therapeutic change. This approach may complement routine psychiatric care by supporting person-centered assessment and communication. These findings suggest a shift from passive coping to active emotional engagement.

6. Conclusion

This report provides a detailed description of the therapeutic process of art therapy in a patient with comorbid MDD and excoriation (skin-picking) disorder. Integrating the patient's artworks, narratives, and routine clinical reflections offered a richer understanding of emotional experiences that were difficult to express verbally and documented therapeutic change from the patient's own perspective.

Although observable changes in skin-picking behavior

were limited, she demonstrated increased emotional awareness, greater self-expression, and improved recognition of her own emotional needs, suggesting that the primary therapeutic gains occurred in emotional rather than behavioural processes. These findings suggest that art therapy may complement psychiatric care by facilitating emotional expression and supporting person-centered understanding of patients' emotional experiences, particularly for individuals who experience difficulty communicating their emotions verbally.

Further case reports and clinical studies involving larger samples, standardized outcome measures, and longer follow-up periods are needed to better understand the contribution of art therapy across different psychiatric populations.

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The authors declare they have no competing interests.

Author contributions

Conceptualization: All authors

Formal analysis: All authors

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Writing—original draft: All authors

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Ethics approval and consent to participate

The patient has read and signed the informed consent form.

Consent for publication

The patient has read and signed the informed consent form.

Availability of data

The data supporting the findings of this article are available from the corresponding author upon reasonable request, provided that patient confidentiality can be maintained.

Further disclosure

The data from 'Holistic Investigation of Skin Picking Disorder and Major Depression with Art Psychotherapy: A

Case Report' were presented as an oral presentation at the 21st Congress of the European Society of Dermatology and Psychiatry & 1st World Congress of Psychodermatology, and the abstract was published in the conference proceedings.

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