

Alexithymia Among Patients with Dermatological Disorders: A Field Study on a Sample of Patients in Batna Province

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Abstract:

The purpose of this research is to establish the connection between alexithymia, which is the inability to identify and express emotions, and dermatological diseases. Individuals with alexithymia have a restricted emotional understanding combined with an impaired capacity to communicate feelings which often results in psychosomatic diseases. The research involved 40 patients with skin diseases (eczema, psoriasis, urticaria, and vitiligo) who were enrolled from dermatology clinics in Batna, Algeria during the period October-Dec 2024. The Toronto Alexithymia Scale (TAS-20) was used to evaluate the participants' levels of emotional expression. The results indicated that 60% of patients had severe alexithymia, 22.5% had moderate, and 17.5% had mild alexithymia. A strong relationship was observed between alexithymia and the level of skin conditions. The findings of this study indicate that emotional issues that are associated with alexithymia may lead to the onset of and worsen dermatological diseases thus, it is recommended to involve psychological support in the management of these conditions.

Keywords: Alexithymia, Skin Diseases, Eczema, Psoriasis, Psychosomatic Disorders

1. Introduction

Man as a whole is a body, a soul and a mind that goes through different situations from birth, resulting in feelings related to pleasure and pain. Identifying them and the ability to

express them linguistically represents the right bridge of communication between the individual and himself, and also between the individual and the other, which determines the health of the individual and his ability to adapt. In the case of the inability to express emotional feelings, the feelings are not announced, but the inability even to recognize them, and thus enter the circle of psychological, organic and social diseases. The latter corresponds to the term "Alexithymia", which has been associated since its emergence with psychosomatic disorders, whether this disability is primary or secondary. The inability to express emotion expresses a deficiency in cognitive processing that causes psychological fragility that translates into an organic pathophysiological response, according to the interpretation of many researchers for the reasons based on describing the mental employment of many psychosomatic patients, which express difficulties in managing emotions and the body's response to organ injury.

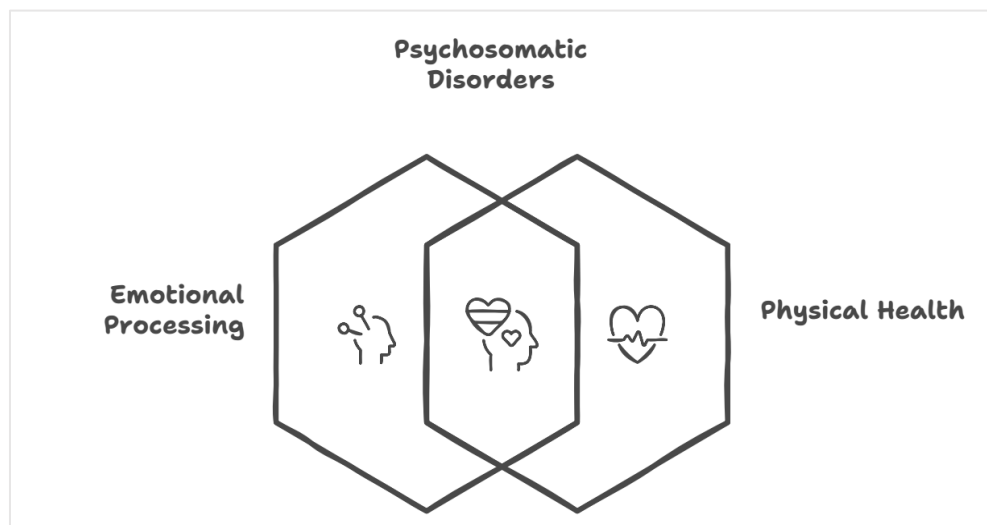


Figure 01: *The Interplay of Emotional and Physical Health*

In psychological and medical studies, alexithymia represents a significant area of research because it describes people who experience difficulties with emotion identification and expression and regulation yet frequently present with psychosomatic disorders. The concept appeared in the 1970s under the names of Nemiah and Sifneos when they defined it as a pattern where people experience problems accessing and communicating emotions while occasionally showing physical symptoms related to unresolved emotional pain (Sifneos, 1973). Researchers have thoroughly investigated alexithymia across multiple psychiatric diseases but continue to explore its application within dermatological diseases in recent research (Holmes et al., 2022; Tsiori et al., 2022). Studies show that people who struggle with controlling their emotions are more likely to experience worsened skin

conditions leading to a decline, in their physical health (Chiricozzi et al., 2020). Research into the occurrence of alexithymia in individuals dealing with long term skin conditions like psoriasis and eczema uncovers intricate connections, between challenges and skin disorders. (Markova et al., 2024; Ghosh & Sinha, 2023).

The relationship between psychosomatics and alexithymia is more noticeable in individuals dealing with visible skin conditions such as eczema or psoriasis. If left unaddressed or not properly managed it might lead to health issues which could manifest physically by worsening conditions like eczema and psoriasis well as hidradenitis suppurativa. Research suggests that individuals, with alexithymia often experience heightened distress and social challenges that may exacerbate skin problems (Quinto et al., 2021; Holmes et al., 2022). The available information suggests that alexithymia is more common, in individuals with skin conditions such, as psoriasis because their skin condition affects their interactions and self-management strategies. (Chiricozzi et al., 2020; Godse et al., 2023).

The literature suggests that there is a connection, between factors and skin conditions that can be influenced by regulation problems such as alexithymia and may exacerbate the development and seriousness of dermatological issues. According to research findings (Korkoliakou et al., 2017; Tsiouri et al., 2022). emotional distress such as anxiety and depression plays a role, in the emergence of these skin disorders. (Quinto et al., 2022). Patients suffering from long term skin conditions tend to show levels of alexithymia. This underscores the connection, between instability. How skin disorders manifest medically. As a result of this relationship, between emotions and skin health outcome can impact the well-being of patients and their overall quality of life.

Emotional issues, in dermatology patients go beyond their well-being and affect their social interactions as well. This study shows that alexithymia can impede engagement among individuals with skin conditions. They struggle to express their emotions effectively leading to isolation, stigma and a decline, in their health (Volkova 2023, Szepietowska et al., 2022). Thus, the connection, between factors and skin conditions necessitates a strategy for care that caters, to both the psychological and physical well-being of individuals in order to enhance the effectiveness of treatment outcomes. (Markova et al., 2024; Sampogna et al., 2017).

This research paper aims to explore the correlation, between alexithymia and skin conditions such as eczema, psoriasis, vitiligo and urticaria. The purpose of this study is to

assess the prevalence of alexithymia in patients with these disorders to better understand the impact of self-regulation on the onset and treatment of skin issues. The findings from this research could contribute to enhancing our understanding of how alexithymia affects the severity of skin diseases and provide insights, for incorporating psychological support services into care.

1.1. Problem statement of study

Purpose of the Study:

The key aim of this research was to assess the extent of alexithymia, among individuals suffering from skin conditions such, as eczema, psoriasis, vitiligo and hives.. In this light, the study aims at establishing the prevalence and severity of alexithymia among these patients and how emotional expression challenges are related to the severity and progression of skin diseases. Since many dermatological conditions are psychosomatic, it is important to determine how emotional pain affects the mental and physical health of people with such diseases. Also, the study intends to reveal the advantages of including emotional regulation as part of the treatment plans for dermatological patients.

Research Questions:

- 1. What is the level of alexithymia in patients with skin diseases?**
- 2. How does alexithymia correlate with the severity of skin conditions?**

2. Literature Review

Alexithymia is a psychological state which is defined as an inability to identify and verbalize feelings, thus preventing adequate communication of emotional experiences. The term alexithymia was introduced in 1973 and it has been used mainly with patients with psychosomatic disorders. Individuals with alexithymia cannot fully comprehend their emotions that, in turn, may lead to a number of psychological states, such as anxiety and depression, and difficulties in interpersonal relations (Sifneos, 1973). The emotions-related problems that are typical for alexithymia are not only confined to the sphere of mental health and can also influence the physical status of a person. It is stated that stress is higher among people with alexithymia and this stress may manifest itself in the form of physical symptoms in the body. (Volkova, 2023; Ghosh & Sinha, 2023). The patients with alexithymia, from physiological view, have an overactive sympathetic nervous system, and may have more tendency to develop or worsen some conditions, especially those of a psychosomatic nature, including perhaps dermatological diseases. (Chiricozzi et al., 2020).

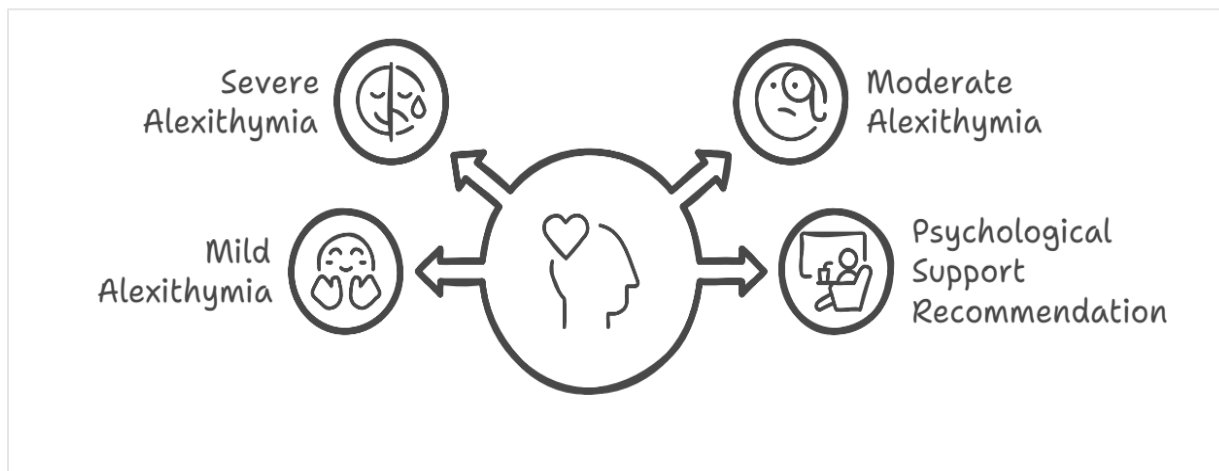


Figure 02: Alexithymia and Dermatological Conditions

Several studies have brought out the positive correlation between alexithymia and other diseases including those of the skin. Alexithymia has been associated with conditions like psoriasis, eczema, and vitiligo, where it is thought that the emotional issues tend to worsen the physical symptoms (Markova et al., 2024). For example, (Quinto et al. 2021) in their study observed that patients with hidradenitis suppurativa, a long-term skin condition had higher levels of alexithymia than the general population. In a systematic review, however, (Holmes et al. 2022) observed that there was a clear pattern of emotional dysregulation in patients with different chronic skin diseases, which was associated with a higher disease burden. These studies show that alexithymia is a significant contributor to the psychological problems of patients with dermatological diseases and thus it is an important variable to consider in order to understand the psychosomatic interrelation of emotions and skin health.

Dermatological practice acknowledges psychosomatic disorders where psychological factors impact physical health. The study shows that stress causes worsening conditions like eczema psoriasis and urticaria while emotional control dysfunction worsens skin symptoms. Stress affects individuals to either recognize and express their emotions poorly so their stress responses become more severe and longer duration before returning to normal which often results in the development of certain dermatological conditions (Korkoliakou et al., 2017; Tsiori et al., 2022). The stress response results in increased cortisol and inflammatory mediator levels which can lead to inflammatory conditions of the skin such as psoriasis and eczema. Studies have shown that people with high emotional distress especially those with alexithymia have a higher frequency of chronic skin

condition exacerbations due to failing to control emotional triggers. (Sampogna et al., 2017; Quinto et al., 2022).

Furthermore, stress and emotional denial have been shown to increase skin sensitivity, change the skin's barrier function, and decrease immune system effectiveness, all of which role in the development or worsening of dermatological conditions. It is common for people with alexithymia to be unable to verbalize emotion, which makes such patients' stressors become internalized, thereby worsening their physical symptoms. (Holmes et al., 2022; Tsiori et al., 2022).

While exploring how emotional difficulties impact skin health researchers sought both medical insights and understanding so their work links alexithymia with skin conditions. Research has specifically targeted how alexithymia affects psoriasis patients even though they have a chronic inflammatory skin condition. The study published by (Chiricozzi et al. in 2020) analyzed patient data to show that those with psoriasis experienced severe alexithymia symptoms which led to worse mental health outcomes and faster disease progression. The study published by Sampogna et al. in 2017 revealed that patients with psoriasis had a higher incidence of alexithymia than patients with other long-term diseases, indicating a strong link between emotional dysfunction and disease severity.

This is also seen in patients with eczema. Those with eczema cannot control their emotions as reported by Quinto et al. (2021) in their research which means that the skin condition worsens. Therefore, it means that emotional distress which is related to alexithymia helps in the development of chronic and severe eczema to the patients who cannot easily express their feelings. The results indicate that if these patients' emotional regulation problems are treated, they may be able to control their emotional and dermatological symptoms better. (Markova et al., 2024).

Research involving vitiligo patients who have skin lesions has also shown that alexithymia has a relationship with disease consequences. (Volkova,2023) in her research established that people with vitiligo are emotionally distressed owing to the fact that the condition is visible, and this leads to high levels of alexithymia and social stigma. Those vitiligo patients who cannot verbalize their feelings may develop a process of denying emotions and, therefore, a worsening of the physical state, meaning that emotional care should be incorporated into the treatment plans for these patients.

3. Methodology

3.1. Study Design

Using a quantitative, descriptive approach this study aims at assessing the levels of alexithymia in patients with different dermatological diseases. The quantitative design enables the orderly accumulation and analysis of numerical data on emotional expression difficulties and their relationship with the severity of skin diseases. Using standard measurement tools like the **Toronto Alexithymia Scale (TAS-20)**, in this study, the aim is to arrive at an objective assessment of alexithymia severity in skin condition sufferers, thus providing important information on how emotional distress impacts dermatological health. The research design chosen for the present study is descriptive, and the method aims at presenting the characteristics of the sample, including demographic data and the levels of alexithymia in various types of dermatological conditions.

3.2. Sample Size and Characteristics

The sample of the study was made up of **40 patients** who had been diagnosed with **eczema, psoriasis, vitiligo, and urticaria**. These conditions were chosen because they are chronic and there is likely to be psychosomatic aspects of emotional regulation difficulties. The participants were enrolled from **Batna clinics in Algeria** over the period from **Mach to May 2024**.

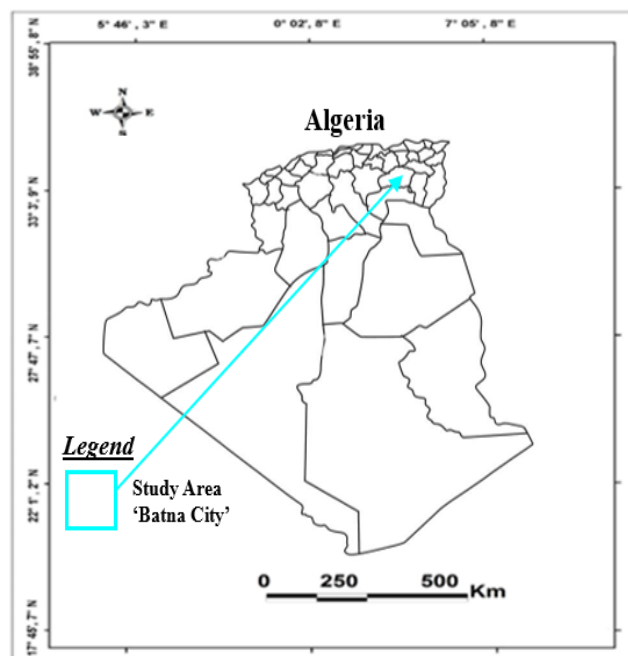


Figure 03. Geographical Map of Algeria Highlighting Study Area- Batna city

Source: Make by authors-based Maps software

Table 01: Participants Demographic Details

Demographic Variable	Category	Percentage	Number of Participants
Gender	Male	52.5%	21
	Female	47.5%	19
Age Group	18-39 years	62.5%	25
	40-60 years	35%	14
	61-80 years	2.5%	1

Source: Author's Survey.

The **demographic breakdown** of the sample is as follows:

- **Age:** The age of the patients is **18-80 years**, 62.5% are in 18-39 years, 35% are in 40-60 years, and 2.5% are in 61-80 years.

3.3. Gender: The sample includes both males (**52.5%**) and females (**47.5%**), thus making the study have a balance of the two genders in the sample. This work also takes into account gender-related differences in alexithymia levels given that past work has indicated that male and female patients may differ in terms of emotional expression.

3.4. Data Collection

The data collection was done in **Batna clinics**, Algeria where patients were recruited for the study. The time period of the study was set to be from October to December 2024. Patients who were diagnosed with **eczema, psoriasis, vitiligo, and urticaria** were asked to fill the **Toronto Alexithymia Scale (TAS-20)**. In addition to the measures already described participants completed the Toronto Alexithymia Scale 21 TAS-20 to assess their levels of alexithymia during this period. This standardized assessment tool is for the purpose of assessing the main three aspects of alexithymia which include feelings, labelling them, cognitive, and affective: thinking, focusing beyond the self. The TAS-20 is a well-established scale used to assess alexithymia in both practical clinical and research work thus making it an appropriate tool for this study.

Table 02: Skin Diseases Distribution

Skin Disease	Percentage	Number of Participants
Eczema	57.5%	23
Urticaria	22.5%	9
Psoriasis	12.5%	5
Vitiligo	7.5%	3

Source: Author's Survey.

4. Results

- **Alexithymia Levels:**

The **Toronto Alexithymia Scale (TAS-20)** was used to assess the levels of alexithymia in patients with various dermatological diseases and reported the following distribution of alexithymia levels among the study participants.

Table 03: Level of Inability to Express Emotion

Alexithymia Level	Participants Number	Percentage	Mean	Standard Deviation
Low	7	17.5%	2.42	2.42
Medium	9	22.5%	2.42	2.42
High	24	60%	0.60	2.42

Source: Author's estimate

In this table 03, we have provided below the descriptive statistics of key variables of the study such as levels of alexithymia, gender, age, and skin diseases. The statistical analysis includes here mean and standard error of the mean (SEM) of each category in order to understand the distribution of the data.

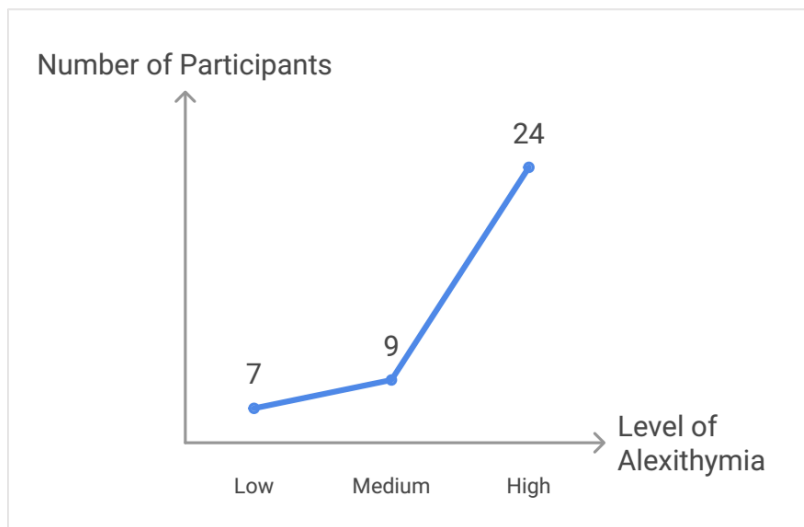


Figure 04. Distribution of Alexithymia Levels in Dermatology Patients

Source: Author's estimate

Of the participants, 60% had high levels of **alexithymia**, indicating high emotional dysregulation, 22.5% had moderate levels and 17.5% had low levels. These results suggest that alexithymia is common among patients with skin diseases especially those with chronic diseases.

Statistical Analysis: Correlations Between Alexithymia Levels and the Severity of Skin Diseases

This table 04 shows the **Pearson correlation** analysis we found significant relationships between levels of alexithymia and the severity of skin diseases. Specifically.

Table 04: Severity of Skin Diseases

Alexithymia Level	Severity of Skin Disease (Correlation)	Statistical Significance (p-value)
High	Positive Correlation	$p < 0.01$
Moderate	Moderate Correlation	$p < 0.05$
Low	Weak/No Correlation	$p > 0.05$

Source: Author's estimate

- **High levels of alexithymia** are strongly correlated with **higher severity** of skin diseases, with a statistically significant correlation ($p < 0.01$).
- **Moderate levels of alexithymia** show a **moderate correlation**, statistically significant at $p < 0.05$.
- **Low levels of alexithymia** have little to no correlation with disease severity, with no significant statistical relationship ($p > 0.05$).

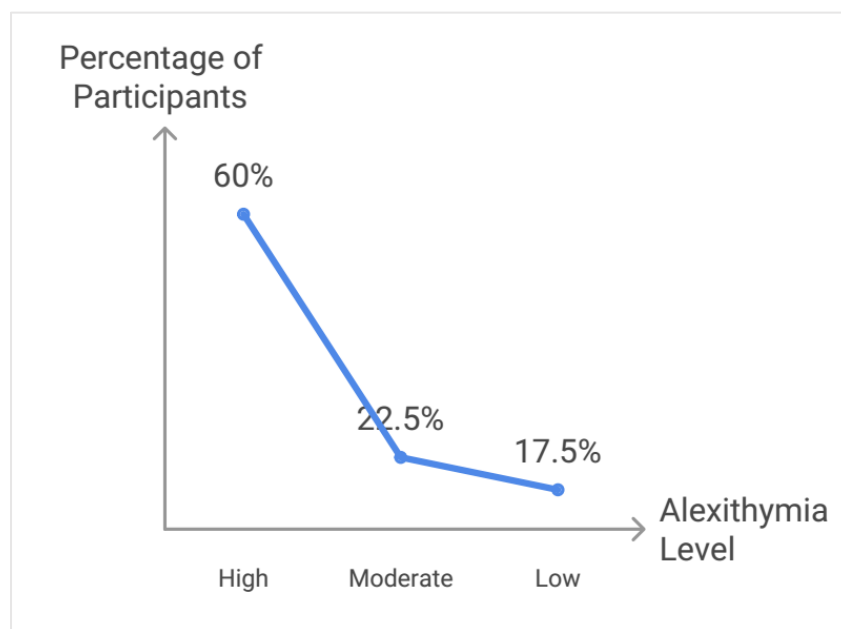


Figure 05. *Prevalence of Alexithymia Levels in Dermatological Patients*

Source: Author's estimate

The **Cronbach's alpha** for the TAS-20 scale was **0.709** indicating that the scale has good internal consistency and reliability in this sample. The correlation results indicate that focusing on emotional regulation among patients with chronic skin conditions may lead to an improvement in the severity of such conditions.

- **Statistical Analysis**

In this study, **Pearson correlation** is applied to coordinate the data analysis to determine the correlation between participants' levels of alexithymia and the severity of their dermatological conditions. The correlation helps establish whether higher levels of alexithymia are linked with more severe skin conditions. Moreover, Cronbach's alpha is computed to evaluate the **reliability** and internal consistency of the **Toronto Alexithymia Scale (TAS-20)** in the study sample. An acceptable level of reliability for the scale is indicated by a **Cronbach's alpha** of 0.70 or higher. These statistical analyses will help explain how emotional dysregulation is related to dermatological conditions and the accuracy of the TAS-20 as an instrument for assessing alexithymia.

- **Reliability and Validity**

In this Table, we found that most of the values of the Pearson correlation coefficient were statistically significant at the alpha significance level ($\alpha = 0.01$) except for statement number 14. The correlation values are 0.836 which is the highest correlation between statement 15 and the total score of the scale, 0.318 which is the lowest correlation between statement 14 and the total score of the axis, and the remaining statements were statistically significant at the alpha significance level ($\alpha = 0.05$). Generally, it can be stated that the whole scale is valid, since all its statements are in line with each other and with the total score of the axis..

Table 05: Validity of the Alexithymia Scale (TAS-20) (Correlation Between Each Statement and the Total Score of the Alexithymia Scale)

Statement	Total Score Correlation	Statement	Total Score Correlation
Statement 1	0.346*	Statement 11	0.754**
Statement 2	0.487**	Statement 12	0.827**
Statement 3	0.818**	Statement 13	0.589**
Statement 4	0.331*	Statement 14	0.318*
Statement 5	0.598**	Statement 15	0.836**
Statement 6	0.336*	Statement 16	0.754**
Statement 7	0.487**	Statement 17	0.827**
Statement 8	0.808**	Statement 18	0.579**

Statement 9	0.331*	Statement 19	0.328*
Statement 10	0.598**	Statement 20	0.826**

Source: Author's estimate

Note:

- Significant at 0.01 level (**)
- Significant at 0.05 level (*)

Through **Table 05** Considering the value of Cronbach's alpha coefficient for the scale as a whole, which reached (0.70), it can be said that it is a value indicating that the measure of the inability to express emotion has good stability, as we note that it is a positive value and that there is harmony and interdependence between the statements of each dimension of this scale that exceeds (0.50)

Table 06 : Scale Validity and Internal Consistency (Cronbach's Alpha)

Cronbach's Alpha Coefficient	Number of Statements
0.709	20

Source: Author's estimate

5. Discussion

Interpretation of Findings

The results of this study show that there is a strong correlation between **levels of alexithymia** and the severity of dermatological diseases. It was observed that patients with **high levels of alexithymia** had more severe skin symptoms and patients with **low levels of alexithymia** had less severe symptoms. This may indicate that **difficulties in emotional processing**—specifically, the inability to recognize, label, and convey feelings—may be associated with the worsening of skin illnesses. Patients with alexithymia also have emotional dysregulation as a common feature, which leads to **increased stress**, known to worsen inflammatory skin conditions **like eczema, psoriasis, and urticaria**. The findings of the present study also support the idea of the importance of **psychosomatic factors** in the development and maintenance of dermatological disorders, with emotional suffering as both the cause and effect of physical manifestations.

The results of the study can help inform the practice of care by highlighting the role of **psychological** support in the management of patients with dermatological diseases. Since alexithymia has a significant impact on the severity of skin diseases, working with patients on **expressing emotions** may lead to better results for patients. Some strategies aimed at improving emotional recognition and management may assist in the reduction of psychological discomfort and might lead to a reduction in the severity and incidence of dermatological flares. Suggesting **cognitive-behavioral therapy (CBT)** or other emotional-focused interventions for patients with chronic skin diseases may benefit patients by addressing the psychological as well as physical aspects of these disorders, which can increase patients' quality of life and decrease the stigma associated with visible skin problems.

The results of this study align, with research that has investigated the connection between alexithymia and skin conditions. Consistent with the studies conducted by Holmes et al. And Quinto et al. it was found that individuals with skin disorders such, as psoriasis and eczema exhibit elevated levels of alexithymia. These patients struggle with regulating their emotions leading to a worsening of their skin conditions. Markova and colleagues (2024) also suggested that people, with skin conditions are more likely to experience alexithymia indicating that emotional struggles can adversely affect well-being as well. These findings align with our study's results. Highlight the importance of addressing wellbeing, in the treatment of dermatological patients.

6. Conclusion

Research has discovered a link where individuals, with levels of alexithymia tend to experience severe skin conditions compared to those with lower levels of alexithymia who have milder skin issues such, as eczema or psoriasis. This also highlights the significance of considering the factors, in dermatology care since the emotional distress of patients may manifest in their skin conditions and lead to a cycle of both emotional distresses.

It is proposed that incorporating treatments, into the care plan for individuals with conditions could be beneficial due to the observed link between alexithymia and disease severity, in this population group. One such approach is behavioral therapy (CBT) which aims to enhance patients' emotional awareness and management skills to alleviate distress that may exacerbate skin related issues. By focusing on the well-being of patients with conditions, in their care practices and treatment approaches healthcare providers can improve the overall quality of life for these individuals and potentially reduce the intensity and occurrence of disease exacerbations. Integrating support into the treatment of skin

diseases can introduce a holistic approach to care that targets the underlying emotional issues leading to better outcomes, in patient care management.

This research is really useful, for connecting alexithymia with skin conditions; however further research is required to determine how alexithymia plays a role in long term illnesses, like heart diseases, diabetes and autoimmune diseases where emotional regulation may influence the progression of the illness. Future studies should investigate how alexithymia impacts patients dealing with these conditions. Further insight, into how expressing emotions over time affects disease severity could be obtained through studying individuals over a period of time. As a topic for investigation it is important to emphasize the effectiveness of treatment methods in addressing alexithymia and its impact on the emotional and physical well-being of patients, with chronic illnesses.

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