


The Effect of Psychodrama on Fibromyalgia Syndrome: A Case Report

Özlem ŞENER¹

¹Istanbul Aydin University, İstanbul, Turkey  0000-0002-0081-7374

ARTICLE INFO

Article History

Received 18.06.2021

Received in revised form
04.09.2021

Accepted 20.10.2021

Article Type: Case Report

ABSTRACT

Fibromyalgia Syndrome (FMS) is a chronic pain syndrome that often coexists with common musculoskeletal pain, sleep disorders, bowel syndrome, mood disorders, and fatigue. Although the aetiology of FMS pain has not been elucidated yet, psychotherapy methods are used in addition to physical methods to treat these pains. This study aims to examine the effect of psychodrama on a 62-year-old patient with back and chest pain and who lived alone. This patient participated in psychodrama group psychotherapy with 8 members who were all female and diagnosed with FMS. An informed consent form was obtained from the case for the study. This research is important because there are very few studies on fibromyalgia complaints with psychodrama group therapy, and it contributes to the literature. Studying the case with past trauma and losses in the psychodrama scene has led to a significant reduction in fibromyalgia complaints. As a result, the patient's pain level decreased from 90% to 32.5%, and the anxiety level decreased from advanced to normal. Thus, psychodrama group psychotherapy was found to be effective in reducing FMS pain.

© 2021 IJPES. All rights reserved

Keywords:

Fibromyalgia syndrome, psychodrama, pain, case report, psychotherapy

1. Introduction

Fibromyalgia syndrome (FMS), widespread musculoskeletal pain, is a chronic pain syndrome characterised by the presence of sensitive spots in certain parts of the body, in addition to sleep disorders and fatigue (Bergman, 2005; Bernard, 2020; Yunus et al., 1981). It is known that psychiatric disorders are among the primary factors that trigger the disease symptoms in FMS patients (Hudson et al., 1985). Therefore, in individuals with fibromyalgia, it is common to find irritable bowel syndrome (60%), chronic headache, migraine (70%), depression, anxiety, restless leg syndrome, fatigue (96%), temporomandibular dysfunction (60%), chronic fatigue syndrome (96%), and some symptoms or syndromes such as irritable bladder syndrome (12-35%) (Goldenberg et al., 2004; Wolfe et al., 1995; Yunus, 2007). Studies show that although it is known that FMS is seen more frequently in various psychiatric cases such as posttraumatic stress disorder, anxiety, eating disorders, substance use disorder, and bipolar disorder, it is most often accompanied by depression (Bernard, 2000; Verbunt, 2008). Since fibromyalgia patients cannot find a cure for their complaints most of the time, their lives pass by going from doctor to doctor. Moreover, it comes to a deadlock, either directly, such as prescriptions and nutritional supplements, or indirectly, such as job deficiencies and job loss (Altınkılıç et al., 2020; Spaechth, 2009; Wasseem and Hendrix, 2003;).

When the prevalence of FMS is examined, it is reported as 0.5-5.8%, and this rate increases as education and socioeconomic levels decrease (Lera et al., 2009). In addition, the incidence of FMS increases with age and is most common between the ages of 40 and 60. It is known that the incidence of FMS is 4-9 times higher in women than in men (Solitar, 2010). Fibromyalgia patients constitute 5-6% of patients who come to general outpatient clinics of hospitals and 10-20% of patients who have recently applied to rheumatology outpatient clinics.

¹ Corresponding author's address: Istanbul Aydin University Florya Yerleskesi Besyol-Sefakoy – Istanbul/Turkey

e-mail: ozlemsener@aydin.edu.tr

Citation: Sener, Ö. (2021). The effect of psychodrama on fibromyalgia syndrome: A case report. *International Journal of Psychology and Educational Studies*, 8(4), 237-245. <https://dx.doi.org/10.52380/ijpes.2021.8.4.634>

These studies show that fibromyalgia pain may be a subtype of somatoform disorders in terms of personal adjustment (Häuser et al., 2012; Yavuz, 2012). According to Koptagel (1996), patients diagnosed with psychosomatic diseases express their emotions, internal conflicts, and psychological needs with physical symptoms. They use their body as a means of communication, expressing their mental conflicts and anxieties using "organ language."

Since these patients cannot find a way to express their emotions in words, they cannot recognise their mental distress on a conscious level. For this reason, they do not think of receiving psychotherapy support, believing that their illness is physical by keeping the organ symptom in the foreground and holding it tightly (Koptagel, 1996). In addition, adult and pediatric FMS patients have stressful psychosocial life experiences (Anderberg, Marteinsdottir, Theorell, & Von Knorring, 2000) and low self-esteem (Anderberg, Forsgren et al., 1999). Individual or group psychotherapies are important among the treatment methods for FMS patients who cannot express their feelings verbally and use organ language. Studies have used Cognitive Behavioural Therapy (CBT) and Eye Movement Desensitisation and Reprocessing (EMDR) techniques in the treatment of these patients (Binkiewicz-Glińska et al., 2015; Kavakçı et al., 2010; Mazzola et al., 2009; Shapiro, 2001). Recently, findings are showing that psychodrama group therapy is also effective in reducing FMS pain (Altınkılıç et al., 2020; Bal & Şener, 2015).

Psychodrama group therapy is a psychotherapy method based on role theory and encourages functional behaviour change through dramatisation, role-playing, and dramatic self-representation (Kellerman, 2013). Moreno (1993), the inventor of psychodrama, describes psychodrama with the following words: "*A meeting of two: eye to eye, face to face. And when you are near I will tear your eyes out and place them instead of mine, and you will tear my eyes out and will place them instead of yours, then I will look at me with mine.*"

For Blatner (2002), psychodrama is inner healing. This integrative method enables the individual to prove and express themselves through actions and achieve integrity by integrating actions, emotions, and dreams in group relations. In psychodrama group studies, the aim is to analyse emotional transferences, develop healthy relationship forms such as tele (mutual empathy) and empathy (seeing things through another's eyes), provide purification (catharsis), and develop interpersonal learning and alternative thoughts with problem-solving and coping skills (Karadağ et al., 2012; Varma et al., 2018). The other main purpose of psychodrama is to allow the expression of emotions under the control (acting out) and verbal expression to be replaced by action. Psychodrama group therapy, structured on spontaneity, creativity, and action dynamics, enables group members to develop these skills by experiencing them with matching, role changing, and mirroring techniques. These features of psychodrama can help individuals diagnosed with FMS and those with high levels of anxiety and depression. The main subject of this research is to explore the effect of psychodrama on one of the individuals with FMS who has difficulties expressing themselves.

Considering psychodrama in psychosomatic and FMS treatments, a very limited number of studies are published. In a psychodrama study conducted with psoriasis patients, it was observed that there was an improvement in the stress coping skills of the patients and had a tendency to decrease depressive symptoms in individuals (Karadağ et al., 2010). In a psychodrama study conducted on individuals with psychosomatic disorders, it was found that group members had a decrease in pain levels and felt more relaxed (Bal & Şener, 2015). In another study, it was observed that in psychodrama practice with women diagnosed with fibromyalgia, there was an increase in individuals' beliefs and self-confidence in recovery and in expressing suppressed emotions (Altınkılıç et al., 2020). When these studies are examined, it is seen that psychodrama is functional on psychosomatic diseases, but the healing effect of psychodrama on a case has not been examined closely. This study is important in examining the effects of psychodrama more closely on a patient with fibromyalgia pain and as a source for new studies since a similar study has not been conducted before in literature. Moreover, it is predicted that by creating an alternative in FMS treatment, psychodrama could lead to programs developed later.

As a result, this study examines the effect of psychodrama group practices on FMS by addressing a case diagnosed with FMS and living with FMS pain for more than 10 years. For this purpose, the aim was to reduce FM complaints of the member who attended psychodrama sessions for 12 weeks with other group members attending for similar reasons. In addition, an enlightened consent form was presented to each member and case participating in the psychodrama sessions, and their consents were obtained.

2. Methodology

2.1. Research Model

This research model is a case report, which is one of the qualitative research models. This case was selected from the psychodrama group formed to examine the effect of psychodrama in FMS.

The case is a 62-year-old woman with two children, a girl and a boy. When she was 23 years old, she married the man she was in love with and left America to live in the eastern cities of Turkey. She lost her husband 18 years ago to lung cancer. A few years after her husband's death, her sister was fatally shot, and her mother died six months after her sister's death.

The table below shows all group members of descriptive measurements:

Tablo 1. *SF-36 Pain Analog and DAS-21 Anxiety Levels Pre-test Post-test Scores of Psychodrama Group Members*

	N	Pre-test	Post-test
SF-36 Health Screening (Pain Size)	Member1	80%	37.5%
	Member2	70%	40%
	Member3	55%	25%
	Member4	80%	37.5%
	Member5	75%	65%
	Member6	88.5%	67.5%
	Member7	70%	35%
	THE CASE	90%	32.5%
DAS21 (Anxiety level)	Member1	Advanced	Medium
	Member2	Advanced	Medium
	Member3	Advanced	Medium
	Member4	Medium	Normal
	Member5	Normal	Normal
	Member6	Too Advanced	Advanced
	Member7	Normal	Mild
	THE CASE	Advanced	Normal

Table 1 above shows the pain and anxiety pre-test and post-test values perceived by 8 members who attended the psychodrama sessions. When the pre-test and post-test scores of the SF-36 Health Screening pain sub-dimension and the DASS-21 scale anxiety sub-dimension were compared to all group members, it was observed that the case's pain and anxiety levels and her health status improved. Accordingly, as a result of the general pain analogue assessment of the case, the pain level decreased from 90% to 32.5% and the anxiety level from advanced to normal. When the values of the participant members were examined in Table 1, it was seen that the case showed more positive progress than all the other members in the group. It was observed that what was shared by the case in the closing session of the psychodrama study was also in line with the test results.

2.2. Case of Complaints

After these deaths, she stated that she had severe back pain and burning that put pressure on her heart from her back to the bottom of her chest. Her doctor diagnosed her with fibromyalgia. She was directed to the psychodrama therapy group by a physical therapy doctor. She had been on Prozac, Lypre, and Lyrica (150mg) for a long time but thought they were no longer working. She also had sleep disorders. In addition, according to the pre-test results applied to all group members, it was determined that the pain level felt by the patient was 90% according to the SF-36 Health Screening pain dimension, and the anxiety level was high according to the DASS-21 Scale.

The DASS-21 Scale applied to the case was developed by Lovibond and Lovibond in 1995, with a short form consisting of 21 items. There are 7 questions measuring depression, anxiety, and stress in the form that Yılmaz, Boz, and Arslan (2017) adapted into Turkish. According to this scale, only the anxiety level of the case was observed to be at an advanced level. SF-36 Health Screening was applied to the case and other members and

was adapted into Turkish by Demirsoy (1995), consisting of 8 sub-dimensions (Ware & Sherbourne, 1992). The dimension of pain, one of the sub-dimensions of the scale, was at a very high rate (90%) for the case.

2.3. Ethical

Ethical approval was obtained for this research with the decision of the Social Sciences Ethics Committee of the university where the researcher works, dated 31 July 2019, and the number 2020/7.

3. Findings

3.1. Psychodrama Practices

Between 14 December 2019 and 7 March 2020, psychodrama group sessions lasting 12 weeks were held in a private psychological counselling centre with the voluntary participation of 10 out of 16 patients diagnosed with fibromyalgia, directed by a psychodramatist. Two physicians working in a public hospital in Istanbul referred 16 patients diagnosed with FMS to the psychodramatist and conducted preliminary interviews with 16 patients. Ten of them volunteered to join the psychodrama group. Two group members could not continue the sessions because they exceeded the two-week absence period decided as a group at the beginning of the sessions. As a result, the sessions were completed with 8 members. The case stated that she was willing to participate in this study due to her trust in her doctor; this desire continued throughout the sessions.

The research is a case study who attended psychodrama sessions with individuals suffering from FM pain. The FM pain of this case was studied in psychodrama sessions.

3.2. Psychodrama Group Sessions

Together with the group members, it was decided to hold the psychodrama sessions once a week in the morning. Each session lasted two hours and was conducted in a total of 12 sessions. The sessions were held by a psychodramatist academic. Right after each session, the group manager recorded the process and their observations and reported all the information regarding the case. Pre-tests were collected from the group members before the sessions. The first three sessions were semi-structured, while the others were held by protagonist studies in line with the needs of the group members.

3.2.1. Session 1

In the first group session, the group leader introduced herself to the group members, gave information about the sessions and talked about the purpose of this study. It was reminded that the research would turn into a scientific study, but all personal information would be kept confidential. After all members (who voluntarily participated in psychodrama sessions) introduced themselves, group cohesion was achieved by playing psychodrama warm-up games. The case shared that with the guidance of the physical therapist, she chose to come to the sessions with a strong desire and expectation, even though she lived far away. She stated that she had been suffering from severe back and chest pains for years and although she had used Lypre and Lyrica for this, they were no longer relieving her pain. The case stated that the purpose of attending the sessions was to seek support other than medications, as she often suffered from back pain severe enough to warrant hospital emergency visits and wanted to get rid of it.

3.2.2. Session 2

In this session, brief information was given about the techniques used in psychodrama and their functioning. Later, with the "speaking organs" warm-up exercise, the group members were encouraged to switch roles with the organ or region representing fibromyalgia pains and try to create an awareness of the reasons for these pains. The case changed role with her back pain, and the leader talked to her pain. During the role reversal, it was understood that the pain emerged after the loss of her relatives. She could not express her feelings about grief until the psychodrama stage in her life. In this session, the case was instrumental in forming cohesion with her active participation in warm-up games.

3.2.3. Session 3

In this session, a protagonist study was conducted, and as the group members shared more deeply, the case shared more about her own life. Talking about her life experiences, she talked about her love for her husband. She said she did not want to take anyone else into her life and has lived alone since he died of cancer at the

age of 44. She shared that her sister was shot and killed some time after her husband's death and that her mother, who could not bear this pain, died six months later and stated these losses caused her deep sorrow. While explaining these, she did not cry and stated that she could not cry for a long time.

3.2.4. Session 4

During the general sharing of the group, the case stated that she could be a protagonist, but no one she wanted to work with was alive. The "here and now" principle of psychodrama was mentioned, and brief information was given about how everything can be embodied on the stage. The protagonist study was initiated by asking the case, who was already ready for the study, who she wanted to encounter. In the psychodrama scene, she met her mother, father, and husband, and it turned out that she had an intense feeling of resentment towards them.

The case first wanted to meet her mother, Mrs N, with whom she was very angry. In this encounter, it was seen that the case had cared for her mother throughout her illness. Close to her death, her mother left all her assets to the case's sister, which was the source of her anger toward her mother. For this reason, the case said that she could not forgive her mother. In this encounter with the mother, she told her mother that she felt inferior, and when she was replaced with the role of the mother, she said, she shared "*Your financial situation was very good, so I left it to your sister, and they forced me a little, too. I have always cared for you.*" In the conversation with the mother, the encounter with her husband was raised because she expressed more intense anger at her husband for leaving all his properties to her brother.

When the role of the case was changed with her husband, she said, "*I thought my brother would think about you, but he disappointed me*". The case also stated that he witnessed his brother's unfaithful behaviour before his husband died. She finally had an encounter with her father. The group leader asked, "*What is your strongest feeling when you look at them?*" She shared that her strongest emotions were anger and resentment. It was observed that the inability to forgive them increases the feeling of resentment. It was noticed that her resentment, especially for her late husband, was very intense. For this reason, an atom of emotion was made to confront the feelings of unforgiveness and resentment towards her husband, and what these feelings did to the protagonist was examined. She was then asked to place these feelings on her husband (double), which she chose instead of herself. In this atom, she wanted to include the feelings of power and compassion, in contrast to unforgiveness and grudge. All the feelings that the case's inner voice was telling her were voiced, and she was asked to portray what these feelings did to her.

Upon the question "*What are these feelings doing to you?*" the case replied, "*Grudge and the inability to forgive put pressure on both my back and my left chest. Power is trying to get rid of grudge, there is mercy, but it stays far away, something between the present and nothing*". The realisation that the area she described as feeling pain and the region where she felt these feelings were the same created a significant resolution and led to catharsis. The stage and the session were terminated by associating her grudge with her husband and creating a new scene where she forgave him and removed him from her life. This session was concluded with group members sharing roles and identifications with the case.

3.2.5. Session 5

When the case came to this session, she stated that she was surprised at what happened to her:

"I had a very strange week. For years, without exception, I would turn off my lights, light my candles, imagine the beautiful memories we had with my husband, and relive those moments again and again. But oddly enough, I didn't feel like doing this for the first time this week. I asked myself many times and did not feel such a request inside me. Even though my pain still persists, it was very good for me." In a protagonist study conducted this week, the case was chosen as the protagonist's wife. She also stated that she was happy that other members saw her as a brave and strong woman during the sharing phase.

3.2.6. Session 6

In this session, the case shared that her pain started to decrease, and she did not understand how this was happening, but she felt very relieved. Although the group leader expected no change for the discontinuation of the drugs, the case added that in consultation with her physiotherapist, she decreased the drug intake in mg and wanted to discontinue them completely before the group was completed. In addition, she was more

dressed up and well-groomed for this session. She said that she did not think of taking anyone into her life for years, but she now wants a new relationship and feels open to this. In the last two sessions, she was openly sharing, and it was understood from the comments of other members that she had made an impression on them.

3.2.7. Session 7

The case could not attend this session.

3.2.8. Session 8

The case shared that although it was difficult to come to these sessions due to the long distance, she preferred to be here every week because it was good for her. In this session, she took part in the work of another protagonist member. In the sharing of association, she stated that the comments made by the other group members made her feel that she was not alone. She also stated that she had wanted to quit the medication for a long time and that it would be better for her to do so while the group was ongoing. It was stated that she should meet with her doctor.

3.2.9. Session 9

In this session, the case was happy to share that she and her doctor decided to stop using Lyrica. However, she shared that she felt the pain of the neural lump in her chest (diagnosed by a neurosurgeon many years ago) since she stopped taking this drug. Thereupon, it was recommended that she should consult a doctor again, and a study was carried out with her.

In this vignette (mini) study, the pain of the lump was embodied, and the pain was defined by enabling it to change its role. It was observed that the pain that started with a severe burning sensation in the upper left part of the back affected the entire left chest and its surroundings. The empty chair technique was used to learn the time and reason for this pain. It was learned that the pain that came after her husband's death was exacerbated by the murder of her sister and the mother's death. It has been understood that the underlying emotion of this neural lump, which has existed for more than 10 years, is anxiety due to living alone after the loss of loved ones. It was understood that the most important thing that was noticed in the study of the case was that if the anxiety decreased, the pain would go away by itself (the case stated this while role-playing the part of her pain). Upon this, confronting her anxiety managed to keep her concretised anxiety away from herself and structured a scene with a sense of confidence with her grandchildren and daughter expressing confidence; the study was ended by waiting to feel her feeling deeply.

3.2.10. Session 10

In this session, the case shared her decision to reduce her antidepressant (Prozac) medication in consultation with her doctor. She mentioned that her pain has not completely gone/subsided. Still, it has decreased significantly and that she does not want to use medication anymore, adding that it was incredible for her that she was able to stop these drugs. She also stated that the burning sensation in her chest completely disappeared thanks to the group work. She stated that in the past she would have ended up in a hospital emergency. In this session, the case took part in another member's work.

3.2.11. Session 11

The case could not attend this session.

3.2.12. Session 12

In this session, which was the last psychodrama session, the group was ended by doing a hot chair study for feedback.

The case shared that she did not have much faith in such a practice when she started psychodrama but still came willingly. After her first protagonist work, she shared that she was surprised at the change in herself, that this change was strange and interestingly good for her. With the courage she got here, she said that she managed to quit Prozac, which she had been using for ten years, and Lyrica, which she had been using for four years. She shared that although she did not use the drugs now, the burning sensation in her back and chest completely disappeared, and she felt less back pain compared to the past. In the hot chair study, group

members gave positive feedback. They stated that they took the case as an example, found her strong, observed that she benefited a lot from these sessions, and gave importance to her ideas.

4. Conclusion and Discussion

In this study, the effect of psychodrama group psychotherapy on FMS pain was examined through a case in a study involving volunteer individuals diagnosed with FMS. A psychodrama group treatment consisting of 12 sessions was carried out with volunteers. At the end of the psychodrama sessions and with the approval of the physiotherapist, the observed case gradually abandoned the use of fibromyalgia and antidepressant drugs, which she used at the start of the psychodrama sessions. She shared that she felt a decrease in pain and could overcome her pain without going to emergency clinics. She also stated that she could sleep at night even if her sleep were interrupted.

Psychodrama provided the opportunity for FMS patients to investigate what their pain and painful organs were trying to tell them by playing the role of the organs (role changing) to discover the feelings and needs behind their bodily complaints. In addition, with the matching, role-changing, and mirroring techniques used in protagonist studies, it also provided the opportunity to enable the case to feel relief (catharsis) regarding difficult situations, realise the emotional reasons behind her pain, increase the expression of emotions, and open the door to the spiritual needs behind these emotions. The results are consistent with the results indicating that the psychodrama method facilitates the regulation and processing of emotions in psychosomatic diseases (Calikusu, Yucel, Polat, & Baykal, 2002; Waller & Schidt, 2004).

Psychodrama has a healing effect in terms of the techniques used and creating a microcosm of society. Group members both heal themselves and become healers for others in psychodrama. Working with members who have similar problems in group psychotherapy practices decreases the feeling of loneliness and improves understanding, sharing, empathy, and creating new solutions to difficulties (Yalom, 1998). Role-playing and role changing also provide an opportunity for the person to play "social roles" and gain experience (Kellerman & Hudgins, 2013). In this study, it was seen that the interaction between the case and the members had a significant curative effect on the case. The members shared that the case had an important effect on the formation of group cohesion. At the same time, although the case came from a long distance, she joined the group regularly every week. In the week after the protagonist study, the positive change in the case's clothing, her courage to quit her medication, and the roles that she took in other members' studies can be considered indicators of the healer and healing effect of the case. The case stated that during the psychodrama process, she experienced a transformation with the effect of both the protagonist study and the roles chosen by the other group members in their work, which contributed to reducing her pain.

At the end of the group study, a significant decrease was observed in the FMS pain level of the case compared to the beginning level. When the literature was examined, only one study on psychodrama with FMS patients was found. Psychodrama group work was conducted with women diagnosed with FMS, and it was concluded that members had a decrease in pain, an increase in their beliefs that they would recover, and improved life satisfaction (Altınkılıç et al., 2020). Bal and Şener (2015) conducted a psychodrama study with individuals with psychosomatic symptoms and concluded that their somatic symptoms had decreased.

In conclusion, the findings obtained from the case examined within the scope of the study suggest that psychodrama may significantly contribute to the reduction of and recovery from pain for those diagnosed with FMS. Matching made with protagonist studies, role changes, and resolution of organ language led to a decrease in the cases' FMS pain and a transformation of/in her mental life. The result obtained from this study, which was approved by the researchers' university Social Sciences Ethics Committee with the decision of the Ethics Committee on 31.08.2020 and the number 2020/7, is limited to this research, and more research is needed to cover the overall results.

5. Recommendations

- ✓ More experimental studies should be conducted in this area to apply research findings to the general public.
- ✓ Informative training and meetings should be held about the diseases of individuals with fibromyalgia pain that explain that there are treatment methods available other than medication use.

- ✓ Only a specific issue such as chest pain can be addressed in FMS patients; psychotherapy studies can be carried out, and the results can be examined.
- ✓ Collaboration between clinical physicians, psychologists, and psychological counsellors can be developed to reduce FMS patients' density in physician visits and physical therapy clinics.

6. References

- Altnay, D. (2003). *Psikodrama grup psikoterapisi el kitabı*. İstanbul: Sistem Yayıncılık.
- Altıncılıç, S. Ateşçi, F.F. and Toker Uğurlu T. (2020). Fibromiyalji sendromu tanılı kadınlarda psikodrama grup terapisinin ağrı, depresyon ve yaşam doyumu üzerine etkileri. *Elektronik Sosyal Bilimler Dergisi*, 19(76), 2153-2164.
- Anderberg, U., Forsgren, T., Ekselius, L., Marteinsdottir, I., & Hallman, J. (1999). Personality traits on the basis of the temperament and character inventory in female fibromyalgia syndrome patients. *Nordic Journal of Psychiatry*, 53, 353–359.
- Anderberg, U., Marteinsdottir, I., Theorell, T., & Von Knorring, L. (2000). The impact of life events in female patients with fibromyalgia and in female healthy controls. *European Psychiatry*, 15, 295–301.
- Bal, P.N., Şener, Ö. (2015). Psikosomatik hastalıkların iyileştirilmesinde psikodramanın etkisi. *Inesjournal*, 2, 310-325.
- Bergman, S. (2005). Psychosocial aspects of chronic widespread pain and fibromyalgia. *Disability and Rehabilitation*, 27, 675-683.
- Blatner, A. (2000). *Foundations of psychodrama: History, theory, and practice* (4th ed.). Springer.
- Bernard, A.L., Prince, A., Edsall, P. (2000). Quality of Life Issues for Fibromyalgia Patients. *Arthritis Care and Research*, 13, 42-50.
- Binkiewicz-Glińska, A., Bakula, S., Tomczak, H., Landowski, J., Ruckemann-Dziurdzińska, K., Zaborowska-Sapeta, K., Kiebzak, W. (2015). Fibromyalgia Syndrome-a multidisciplinary approach. *Psychiatr Pol.* 49(4), 801–810.
- Calikusu C, Yucel B, Polat A, Baykal C. (2002). Expression of anger and alexithymia in patients with psychogenic excoriation: A preliminary report. *Int J Psychiatry Med.* 32, 345-352.
- Demirsoy, A.C. (1999). *The Mos SF-36 health survey: A validation study with a Turkish sample* (Yayınlanmamış Yüksek Lisans Tezi). Boğaziçi Üniversitesi, Edebiyat Fakültesi, İstanbul.
- Dökmen Ü., (2005). *Sosyometri ve psikodrama*. Sistem Yayıncılık.
- Goldenberg, D. L., Burckhardt, C. and Crofford, L. (2004). Management of fibromyalgia syndrome. *JAMA*. 292, 2388-95.
- Goldenberg D.L. (2003). Fibromyalgia and related syndromes. In M. C. Hochberg, A. J. Silman, J. S. Smolen, M. E. Weinblatt, & M. H. Weismann (Eds), *Rheumatology* (701-712). Mosby.
- Häuser, W., Glaesmer, H., Schmutzer, G. and Brähler, E. (2012). Widespread pain in older Germans is associated with posttraumatic stress disorder and lifetime employment status- Results of a cross-sectional survey with a representative population sample. *Pain*. 153, 2466–71.
- Hudson, J. I., Hudson, M. S., Pliner, L., Goldenberg, D. L. and Pope, H. G. (1985). Fibromyalgia and major depressive disorder: A controlled phenomenology and family history study. *Am J Psychiatry*, 142, 441-446.
- Karadağ, F., Oğuzhanoglu, N.K., Özdel, O., Ergin, Ş., Kaçar, N. (2010). Psöriyazis hastalarında psikodrama: Stres ve strese baş etme. *Anadolu Psikiyatri Dergisi*, 11, 220-227.
- Kavakçı, Ö., Kaptanoğlu, E., Kuğu, N. and Doğan, O. (2010). EMDR fibromiyalji tedavisinde yeni bir seçenek olabilir mi? Olgu sunumu ve gözden geçirme. *Klinik Psikiyatri*, 13, 143-151.
- Kellermann P.F. (2013). Psikodramaya derinlemesine bakış (B. Gökler, I. Gökler Danışman, & A. Mavili Aktaş, Çev. Ed.), *Psikoterapinin terapötik yönleri içinde* (17–32). Nobel Akademik Yayıncılık.

- Kellerman, P.F., Hudgins, M.K. (2013). *Traumadan sağ kalanlarla psikodrama: Acıyı eyleme dökmek* (S. Ünal Çev. Ed.). Nobel Yayıncılık, Ankara.
- Koptagel, İ.G. (1996). *Tıpsal psikoloji: Tıpta davranış bilimleri*. Ankara: Güneş Kitabevi.
- Lera S, Gelman S.M, Lopez M.J, Abenoza M., Zorrilla J.G., Castro-Fornieles J., et al. (2009). Multidisciplinary treatment of fibromyalgia: Does cognitive behaviour therapy increase the response to treatment? *J Psychosom Res*, 67, 433-41.
- Lovibond, P. F. & Lovibond, S. H. (1995). The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories. *Behaviour Research and Therapy*, 33(3), 335-343.
- Mazzola, A., Calcagno, M. L., Goicochea, M. T., Pueyrredon, H., Leston, J. and Salvat, F. (2009). EMDR in the treatment of chronic pain. *Journal of EMDR Practice and Research*. 3(2), 66-79.
- Moreno, J.L. (1993). *Who shall survive? Student edition: Foundations of sociometry, group psychotherapy and sociodrama*. Roanoke: Royal Publishing Company.
- Özbek, A., Leutz, G. (2011). *Psikodrama, grup psikoterapisinde sahnesel etkileşim*. Abdülkadir Özbek Psikodrama Enstitüsü Yayınları.
- Shapiro, F. (2001). *Eye movement desensitization and reprocessing: Basic principles, protocols, and procedures*. Guilford Press.
- Solitar B.M. (2010). Fibromyalgia: knowns, unknowns, and current treatment. *Bull NYU Hosp Jt Dis* 68,157-61.
- Spaechth, M. (2009). Epidemiology, costs, and the economic burden of fibromyalgia. *Arthritis Research & Therapy*, 11, 117.
- Verbunt, J.A., Pernot, D., Smeeths, R.J. (2008). Disability and quality of life in patients with fibromyalgia. *Health and Quality of Life Outcomes* v.6.
- Waller E, Scheidt C.E. (2004). Somatoform disorders as disorders of affect regulation: a study comparing the TAS-20 with non-self-report measures of alexithymia. *J Psycho-som Res*, 57, 239-247.
- Ware J.R., Sherbourne C.D. (1992). The MOS 36- item short form health survey (SF-36). I. Conceptual framework and item selection. *Med Care* 30, 473-83.
- Wassem, R., Hendrix, T.J. (2003). Direct and indirect costs of fibromyalgia to patients and their families. *Journal of Orthopaedic Nursing*, 7, 26-32.
- Wolfe F, Ross K, Anderson J, Russell Ij, Hobert L. (1995). The prevalence and characteristics of fibromyalgia in the general population. *Arthritis Rheum* 38: 19-28.
- Yalom I. (1998). *Kısa süreli grup terapileri: İlkeler ve teknikler* (N. H. Şahin, Çev.). Türk Psikologlar Derneği Yayınları.
- Yavuz, F.K. (2012). *Fibromiyalji ve somatoform bozukluk hastalarında kişilik özelliklerinin karşılaştırılması* (Yayınlanmamış Tıpta Uzmanlık Tezi). Düzce Üniversitesi, Tıp Fakültesi, Düzce.
- Yılmaz, Ö., Boz, H, Arslan, A. (2017). Depresyon anksiyete stres ölçeğinin (DASS 21) Türkçe kısa formunun geçerlilik-güvenilirlik çalışması. *Finans Ekonomi ve Sosyal Araştırmalar Dergisi*, 2 (2), 78-91.
- Yunus M.B. (2007). Fibromyalgia and overlapping disorders. The unifying concept of central sensitivity syndromes. *Semin Arthritis Rheum*. 36, 339-56.