Original Article: Examining the Psychological Aspects of Skin Problems

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ABSTRACT

This study investigated the psychological aspects of skin problems. Stress sometimes causes the recurrence of skin disease and sometimes it causes behavior that worsens the appearance of skin disease. For example, a person with facial acne due to stress manipulates his/ or her acne more or makes skin lesions itch more, which causes the occurrence of boils and further expansion is difficult. As a result of stress, hormones such as cortisol are released in the body, which increases the secretion of fat or the recurrence of pimples on the face and body. The skin is the first defense barrier of the body and acts as a physical barrier as well as the first location of defense cells to fight against bacteria, viruses, and infectious agents. Stress can cause an increase in the number of defense cells and their inappropriate activation in the skin, and as a result, it causes autoimmune reactions such as skin sensitivity and psoriasis, and the recurrence of inflammatory skin diseases. Coin baldness that is an autoimmune disease is effective. Stress can reduce the skin's resistance to infections by destroying the skin's defense barrier. In addition, by destroying the protective layer of the skin, it can aggravate the loss of water from the skin and increase the penetration of irritants and sensitizers into the skin. Stress can reduce the growth, division and differentiation of new cells in the skin, as well as prevent proper blood supply to the skin.

Introduction

Stress affects a person's appearance in different ways. Initially it makes the skin more sensitive and reactive. Stress causes more resistant and inflammatory pimples. It makes the nails brittle and irregular [1]. It causes hair loss, worsening of urticarial and excessive definition. Patients with stress neglect their skin and sometimes expose their skin. In hygiene and care, the hair is cut short, and by scratching or rubbing excessively and scratching the skin, it damages and injures it. In fact, stress can cause a vicious cycle of intensification of itching and frequent scratching of the skin. When the body is under stress, with the production of certain hormones, it causes the production of excess fat on the surface of the skin and disrupts the lymphatic system and blood flow, resulting in the recurrence of skin diseases such as acne (facial acne), dark circles, and puffiness around the eyes [2].

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What are the diseases caused by the interference of mind and skin?

These diseases can be divided into 3 categories

The first category: Diseases that are actually skin and have skin manifestations, but respond to the mental states of the person. Skin diseases that get worse due to stress, such as eczema (skin allergies) and psoriasis (shell disease characterized by prominent red spots on the skin with severe scaling, especially on the head, knees, and elbows) belong to this group. In 50% of cases, stress causes the recurrence of psoriasis and eczema, acne, baldness, psoriasis, skin sensitivity, urticarial, rosacea, and seborrheic dermatitis (dandruff) all worsen with stress[3].

The second category: Mental illnesses that make a person cause damage to their skin intentionally or unintentionally. In fact, these people do not have a primary skin problem. Like those who regularly itch and scratch parts of their skin or people who habitually brush their eyebrows, head, or eyelashes. Depression, anxiety, and obsession can be the cause of this type of damage to the skin [4].

The third category: The primary skin diseases that cause a person's appearance to be deformed and disproportioned, causing mental disorders such as decreased self-confidence, depression, and fear of being in social places such as people with severe acne, people with large birthmarks and people with vitiligo and progressive baldness.

It should be noted that this division helps a lot in the treatment of patients. In fact, if the doctor does not know the social and occupational complications and social and family problems caused by the appearance of a skin disease, he/ or she will not see a suitable treatment response from the drugs in his patient. Patients mostly avoid explaining the psychological aspects of their disease. Skin diseases are often not life-threatening, but they disrupt a person's normal life. Patients with skin deformities often run away from society and have problems in employment in jobs where the appearance of a person is important.

Do children suffer from skin diseases due to stress? Stress is an epidemic phenomenon in today's society and its negative effects on children can be very obvious. High stress can cause a drop in academic performance in children, impaired concentration and learning, impaired communication, fear of being in the community, eating disorders, increased risky behaviors, anxiety, violence, depression, and thousands of other symptoms. Sometimes children are unable to express their feelings and parents do not understand the internal conflicts of children, so when they cannot express their problems well, stress causes physical symptoms for them. Here, 10 skin diseases are mentioned that are caused by stress in children, but note that the presence of these diseases in your child does not necessarily mean that the child is stressed because many other causes can also justify these characteristics [3].

The effect of stress on the skin

Skin Rashes: Stress leads to physical symptoms and diseases, and the skin is no exception. A skin rash is a sign of the effect of stress on skin health, which any person may experience. Chronic and negative stress can cause hives. Hives is a skin allergy that includes skin rashes and red bumps. Skin rashes can appear anywhere on the body. These rashes are itchy and may feel burning when you touch them. Skin rashes appear under the influence of various factors such as extreme heat, or cold, and infection, but emotional stress is also one of the factors that cause skin rashes. In fact, our body reacts to stressful factors with hormonal changes and chemical secretion. These hormonal changes and the body's reaction cause the skin to become red and swollen. In addition, stress delays the treatment and recovery of skin diseases such as psoriasis and eczema and may be effective in their worsening. A stress rash is not dangerous and can be treated at home with over-the-counter antihistamines. Antihistamine reduces the itching and burning of skin rashes and helps to heal them. Ice compresses and cold water baths help treat rashes.

Pale skin: You have heard the saying that the face color tells from the inside. It may be interesting to know that skin changes are a sign

of changes in the body system. When stress comes to you, changes occur in the body, the blood vessels constrict and do not receive enough blood, this change causes you to have pale and lifeless skin.

Pimples and acne: Pimples and acne not only occur under normal conditions, but also use this opportunity and grow green on the face. People who constantly experience chronic and negative stress are familiar with pimples and acne. Stress causes pimples and acne and makes them resistant to treatment. As a result, pimples stay on the skin for a long time. Teenagers who are in puberty are more prone to pimples and acne, but if you are over 30 years old and you are still suffering from pimples and acne, you should know that the cause is chronic and negative stress. If pimples turn green on the skin from time to time and are resistant to treatment, the cause is chronic and negative stress.

Exacerbation of skin diseases: Be careful not to aggravate your skin diseases with stress. Stress, in addition to have a direct effect on the skin, can indirectly aggravate skin diseases and problems. Of course, stress affects the whole body and organs, but its effect can be seen on the skin. The role that stress plays in these diseases is its indirect effect in aggravating the diseases. The body's immune system performs its activity under normal conditions, but when a person is stressed, the body's immune system is not able to continue its activity in a normal way and is disturbed. This is where the conditions for the worsening of diseases and skin problems are provided.

Occurrence of spots and spots: It is doubtless that stress can also cause spots to appear, you may even experience spots for the first time with stress. Spots give an ugly appearance to the skin and cause discomfort and annoyance. Chronic and negative stress contributes to the appearance of spots and pimples and may even make them appear larger.

Herpes: Everyone knows herpes; you might wake up one morning with a big, ugly cold sore on your face because of the stress you experienced yesterday. During stress, the body's immune system weakens and viruses and bacteria get out of control. This is the reason why you see cold sores on your skin. This condition is temporary and when the immune system takes control of the body, the body and skin will return to their normal state. Herpes is caused by viruses and bacteria that are out of control and the body cannot eliminate herpes viruses.

The effect of stress on hair

Hair is also not immune from stress damage. Just as stress affects the beauty of the skin, it also makes the hair withered and lifeless. Nervous pressure and emotional distress have no effect on the beauty and health of hair. Stress is a condition that everyone has experienced many times. Discomfort, fear, and worry from many issues such as illness, academic problems, work pressures, economic situation, traffic, etc. have led to the creation of a tense world, and it is normal to experience stress, but chronic and negative stress a long time can endanger the health of the hair.

Hair pulling: One of the reasons that causes hair to thin and weaken is hair pulling, which is seen in both women and men. This condition is a severe and unconscious obsession and it appears when you are under stress. These people unknowingly start pulling hair from the head, eyebrows, and eyelashes, and the more stress and pressure, the worse this condition is. All over the world, millions of people show this behavior during stress and nervous pressure.

Alopecia aerate: It is very uncomfortable, but one of the reasons for alopecia are severe stress and anxiety. When you experience sudden shock and stress, white blood cells mistakenly attack the hair follicles and cause hair loss. If this situation continues, most of the hair will fall out and it may occur in several spots. In addition, some people who suffer from nervous attacks and emotional pressures, in addition to hair loss, experience white hair.

Hair loss: Stress causes many people to experience hair loss. Hair loss is one of the well-known effects of stress and anxiety that anyone can experience. People who have lost a family member, students who are only a few weeks away from the exam, patients who have a difficult and important operation ahead, etc. can cause hair loss and make them thin. Continuous

and long-term stress weakens the body's immune system and causes hair follicles to be damaged. As a result, they become weak and fall out. Of course, if the stress and nervous pressure are removed, the hair follicles will renew their strength and the lost hair will grow again.

Hair whitening: Stress and nervous pressure damage the DNA of cells that produce pigment and destroy it. Thus, it is effective in hair whitening. Maybe it happened to see a mourning person whose hair has turned white within a few months, the reason being that he/ or she is under severe nervous pressure and stress. Do not underestimate stress; stress can destroy your hair.

What are mental disorders (psychosomatic)?

Mental illness affects both the mind and the body. It is believed that some physical diseases become worse due to mental factors such as stress and anxiety. Your mental state can affect your body and physical appearance at any time.

Psychosomatic disorder: It is a disorder with a psychological origin and the person's body suffers from physical problems under the influence of the disease and its disorders until the psychological cause is not eliminated, no matter how much a person undergoes physical treatment and takes medicine, the result will not be achieved. In this case, the person should undergo psychological treatment and communicate with a psychologist to eliminate his physical disorder. Psychosomatic diseases are generally physical diseases with a psychological origin. In cases where there is no physical illness, the term psychosomatic disorder is used. For example, chest pain may be caused by stress and no physical illness can be found.

Psychological challenges of the patient in facing skin cancer (melanoma)

There are favorable and unfavorable methods to cope with the diagnosis of melanoma or any other disease that threatens a person's life. What is meant by desirable is that some coping methods have been identified to moderate psychological problems and strengthen emotional well-being over time, while other coping methods are less successful in this direction.

The difference results in one of the following: Better methods are not perfect, and not all worse methods are completely useless. All coping methods, as clearly understood from the concept of coping, have adaptive goals, but some methods lead to more adaptive outcomes. As a coping structure, it includes feelings, attitudes, and behaviors. These factors are interrelated, because the way a person feels makes him/ or her have certain attitudes and beliefs, and this in turn leads to certain behaviors.

As several studies have shown, better ways to deal with a serious illness should include key features to fit the following: for the patient to face the reality of his/ or her illness and learn about it, appropriate treatment options and factors related to the disease prognosis, for the patient to experience an emotional response that corresponds to reality (more on this concept will be explained later) and to express his feelings, for the patient to take an active and cooperative position which includes the feeling of self-efficacy (that the person is an active agent and can influence the psychological, social, or medical results) and the behaviors that originate from this feeling, for the patient to think about his illness as a part of the human condition (in opposition to the conditions in which the patient considers himself/ or herself deserving of the disease due to his unworthiness) and for the patient to obtain interpersonal support and help from his/ or her relatives in illness experience (as opposed to the condition in which the patient wants the conditions to experience what happened alone). There are several factors that affect the degree that the patient has these coping characteristics has an effect.

The personality of the person, the way of dealing with problems in the past and the current socio-psychological situation are important. Some social expectations or behavioral norms often affect an individual's positive coping behavior in unproductive ways. Illness often takes on different meanings according to personal life history, and this concept also affects the patient's emotional

reactions and coping method. It is widely believed in our society that cancer patients who have a positive attitude are more likely to survive longer than cancer patients who are worried and upset. Thus, when patients display these negative emotions, others encourage them to think positively and often advise them to focus on the encouraging or hopeful aspects of their situation (and often the worrisome aspects). When patients feel happy, they are usually encouraged by how well they have coped with the situation. They rarely express their discomfort, although these feelings are necessary. From a psychological viewpoint, it is not wrong to express a feeling of discomfort, and the patient should not feel that he/ or she bears the feeling of worry alone, but should share these feelings with those around him.

Focusing and insisting on positivity has two negative effects on patients: It causes them to suppress their fears and worries (because they believe they should have positive feelings or respect the wishes and needs of others). Thus, they feel more afraid of being upset. They are more afraid that the negative emotions they experience will affect the relapse of their disease. The first negative effect can cause them to become overwhelmed, and the second can cause them to overreact (i.e. their concern about the risk of their disease is out of proportion to their concern about being worried). The prognostic benefits associated with a positive attitude are not supported by the scientific literature on the subject. However, there is evidence that stress affects the immune response and coping with stress through positive methods improves the immune system and is associated with a lower likelihood of disease recurrence in melanoma patients. One of the important aspects of "positive coping" is emotional expression, and another is attracting emotional support. They need to experience and acknowledge the stressful feelings that come with a melanoma diagnosis.

Coping style used by the patient in the past

When faced with the diagnosis of melanoma, patients use the same coping style that they have used in stressful situations in the past. The conditions that caused the emergence of this coping style as a tool to adapt to stressful situations, usually do not apply to the current situation. For example, this may be the case for a young boy who does not express his/ or her feelings not to be ridiculed by his/ or her father or to cause further distress to his mother. Over time, such experiences lead to a coping style of suppressing emotions in stressful situations because of the risks associated with expressing them. If a life-threatening patient is diagnosed with such frambtella, he/ or she may suppress his/ or her feelings and emotions to a great extent or perhaps show them unilaterally to see how his/ or her family members or caregivers react. Another example is a child who finds that the best way to deal with the problems his/ or her parents have created for him/ or her is to be alert (suppose he/ or she needs to be acutely aware of his alcoholic parent's temperament to prevent problems and provide effective interventions). Such a person as an adult, if diagnosed with melanoma, may take the possibility of recurrence of the disease very seriously and as a result, worry too much about it. The important point here is that the coping style that patients use when facing their illness can lead to extreme reactions or reactions that are lower than normal.

The concept of disease

It is not uncommon for patients to attach negative connotations to their diagnosis of melanoma (meaning they view the disease as a negative event). One reason for this is the concept of happiness and unhappiness in cultures. When things are going well for us (everything is going well in our personal lives and we enjoy our good fortune and the health we enjoy), we tend to assume that what we are doing is right. Yes, we have chosen the right path in our life and as a result we deserve happiness. The main point in this assumption is that unhappiness evokes a certain concept for us (meaning that we are not worthy of happiness due to our personality defects, we have chosen our priorities in life wrongly and in stressful situations we have lived). Therefore, when a person feels miserable when faced with the diagnosis of skin cancer, he tries to find the reason for it in his personality traits or his life

history. For example, the patient may feel that having cancer is a physical manifestation of some defect in him/ or her that is being punished for committing a sin in the past. In other cases, when the patient has suffered in the past from the experience of life with silence and difficulty, the diagnosis of cancer can be like another blow to him/ or her putting in this situation where he/ or she has to save his current happy life. Although cancer is a biological disease, culturally there is a tendency to relate it to the person and their life, and these conceptualizations can strongly affect the patient's emotional response.

The perils of optimism

While an appropriate degree of optimism is a necessary aspect of a positive response to illness, feeling optimistic can actually be problematic and these problems can lead to more pessimistic feelings in the patient. When a patient feels optimistic, especially for a long time, this can lead to the feeling that he is not worried enough about his cancer. Not worrying enough means that the patient does not let the cancer bother him/ or her, he faces it in practice and deals with it with confidence, so he looks for a solution to the problem. Cancer seems to be a lesson for him/ or her. Sometimes this is nothing more than a lie/superstition (saying that the cancer will be provoked if it is not taken seriously enough) and sometimes it is more like a fantasy of punishment (the patient will be punished for being too bold or strong). Another problem with optimism is believing that a person deserves a good outcome.

Patients do not consciously say to themselves: "I deserve to live. Therefore, I am optimistic". However, they will not feel optimistic if they do not see themselves as worthy of continuing to live. This problem occurs when they are faced with the fact that other patients with the same diagnosis are suffering greatly from their disease. The patient may try to imagine that these patients somehow deserve to live less than him/ or her or that their life is less important for themselves, their family, or society. Such imaginings rarely occur, and the patient is faced with the fact that survival has nothing to do with competence. The patients who died deserved to continue living as much as other patients. Therefore, the patient's optimism begins to be stimulated and makes the person feel inferior to himself. I have heard patients say in support groups, "I really do not have a right to feel optimistic; look what has happened to other people." A patient's optimism can be eroded based on survival probability statistics in this process. (Upon further reflection, one can say that extreme optimism is wrong. In fact, realism is that patients should try to understand that achieving a good outcome or the occurrence of a bad outcome are both real possibilities). Not only do patients not feel optimistic when other patients with similar prognoses die, but also they feel guilty that they are luckier than other patients because many other patients have far worse prognoses. Typically, patients are grateful for the relative good fortune they have compared to the others, but they do not feel they deserve it (especially when others are greatly affected) and therefore do not want to have it. They have a better chance of feeling happy and enjoying their life in a more positive and productive way, they feel guilty. It is not unusual for patients who have far more favorable prognoses to give up their normal lives and wait to see if the disease will recur or not. They do not feel comfortable in this situation: "I want to take my chance to have a better life." We feel this is not the right thing to do.

Major depression

When the depressive disorders become more severe, all the manifestations related to the moderate depressive disorder appear more intensely. In addition, other symptoms may occur that are not seen in moderate depressive disorder. These symptoms include delusions and hallucinations (symptoms of psychosis, a disorder accompanied by these symptoms is called psychotic depression).

Table 1: Signs and symptoms of moderate depression

Sad appearance, mental-motor slowness	Appearance
Feelings of misery and lack of happiness, day and night changes, and worse in the mornings.	**Low mood**
Decreased energy, poor concentration, and poor memory from the patient's viewpoint (mental)	**Lack of interest and pleasure**
Pessimistic thoughts and feelings of guilt, belief in personal failure, hopelessness, suicidal thoughts, self-blame, and self-morbid beliefs.	**Depressive thinking**
Early morning awakening and other sleep disorders, weight loss, loss of appetite, and reduction of sex drive	**Biological symptoms**
Obsessive compulsive symptoms, depersonalization, etc.	**Other symptoms**

Table 2: Symptoms of severe depression

Uselessness and feelings of worthlessness, feelings of guilt, illness, poverty, nothingness, bitterness, and damage	Delusions
Hearing, rarely sight	**Illusions**

Epidemiology of depression

Women suffer from depression more than men. In fact, the rate of depression in women is twice that of men. Depressive disorder among both sexes in cases related to the clinical effects of treated patients and prospective studies of people who were not treated. Studies leading to suicide and actions related to suicide have been observed with a reaction to being hot. This difference in depression between the two sexes has existed not only in the United States, Canada and Western Europe, but globally. Women use pharmaceutical facilities more than men. Therefore, the number of depressed women may be more than men, and more of them seek treatment. In some depressions, it is thought that it is transmitted through genes related to the X chromosome. If depression is related to the X chromosome, this can be an explanation for sex ratio because women have two X chromosomes [4].

Views related to depression

Biological perspective

Biological theories assume that the cause of depression is either in genes or in some incomplete physiological functions that may or may not have a hereditary background. Although genetic factors appear to be important in many cases of depression, the exact mechanism by which depression is inherited is not known and may vary from family to family. Depression requires non-genetic factors, including physical factors, environmental factors, and factors related to relationships with others [5].

Thyroid axis activity

About 2 to 10 percent of people being evaluated for depression have previously undiagnosed thyroid dysfunction (diagnosed by elevated baseline TSH levels or an increased TSH response to an infusion of 500 mg of TRH). These abnormalities are often associated with high levels of anti-thyroid antibodies, and if they are not corrected by hormone replacement therapy, they can weaken the response to antidepressant treatment. In a larger group of depressed patients (20 to 30%), the TSH response has decreased. The main importance of treatment for this condition is the increased risk of relapse despite preventive anti-depressant treatment [6].

Sleep neurophysiology changes

Depression is associated with loss of deep sleep (slow wave) and increased nocturnal arousal.

The latter state appears as four types of sleep disturbances

1) Increased nighttime awakenings,
2) Decreased overall sleep volume,
3) Increased sleep (rapid eye movements), and
4) Increased central body temperature.

The combination of increased REM sleep and decreased slow wave sleep leads to a significant decrease in the initial period of non-REM sleep, which is called a decrease in REM latency. Reduced REM latency and slow wave deficits usually persist after the depressive episode has resolved. The combination of reduced REM latency, increased REM density, and reduced sleep stability is seen in approximately 40% of outpatient depressed patients and 80% of hospitalized depressed patients. False negative findings are seen in younger and sleepy patients. In these patients, slow wave sleep may actually increase during periods of depression. Almost 10% of healthy people have an abnormal sleep profile, and false positive cases are seen in other psychiatric disorders, such as the dexamethasone suppression test, and these cases are not uncommon [7]. Patients who have specific sleep abnormalities are less likely to respond to psychotherapy, and the risk of recurrence or return of the disease is high in them, and these patients benefit more from drug therapy.

Psychotic factors in depression

The psychodynamic understanding of depression, explained by Sigmund Freud and expanded by Carl Abraham, forms the classic view of depression.

This theory includes four key pillars:

1) The disruption of the infant-mother relationship during the oral stage (10-18 months at the beginning of life) is the basis of the subsequent vulnerability to depression,
2) Depression can be related to the loss of a real or imaginary object,
3) Internalization of lost objects is a defense mechanism that is used to deal with the suffering and discomfort associated with the loss of an object, and
4) Since the lost object is looked at with a mixed view of love and hate, the feelings of anger are directed towards himself/ or herself and directed inward [8].

Melanie Klein considered depression to be an expression of aggression towards the beloved, and in this sense, she was very similar to Freud. According to Edward Bibring, the phenomenon of depression is formed when a person becomes aware of the distance from his very perfectionist ideals and his inability to achieve these goals. Edith Jacobsen saw the state of depression as the state of a weak and helpless child who is the victim of a torturing parent. Silvano Ariti had seen that many depressed people, not for their own hearts, who live for others. He referred to this person for whom the depressed person lives as the dominant other, which can be a principle, the ideal of an institution or a person. Depression occurs when the patient realizes that the person or the ideal he/ or she lived for was never able to meet his/ or her expectations.

Hytens Kohut's conceptualization of depression is rooted in his/ or her own psychological theory and is based on the assumption that he/ or she has certain needs for growth that parents should meet to form a positive sense of self-confidence and cohesion in the child. When others do not meet these needs, self-confidence is lost to a great extent and this manifests as depression. John Bowlby believed that damage to early attachments and separation along with trauma in childhood provides the basis for depression. It is mentioned that the loss of adulthood causes the recollection of the traumatic loss of childhood, and in this way, the occurrence of depressive episodes in adults.

Cognitive-behavioral perspective of depression

The cognitive-behavioral approach owes to the efforts of Albert Ellis and Aaron T. Beck, both of whom were followers of Freud's school of psychoanalysis, and then turned away from that school. Ellis founded rational-emotional therapy and cognitive therapy style. According to these views, how to organize experiences determines the behavior and emotions of a person. Organizing experiences is done based on cognitive processes, and disruption in cognitive processes causes psychological problems [9].

Based on this theory, cognition is divided into several levels; the lower levels are relatively more stable, general, and decisive. For example, according to Beck's cognitive therapy theory, personality types, schemas or underlying assumptions, cognitive errors, cognitive triangle, and spontaneous thoughts determine the emotional and behavioral response [11]. The formation of the above levels is done by cognitive processes, which refer to the rules and principles that are used in processing information about stimuli. Schemas are permanent information distances that represent a person's interpretation of himself/ or herself and his environment. Their origin is in childhood and they were learned at the same time, without being modified during the stages of development through the externalization process. Since people's perception of phenomena is based on their schemas, each person tends to confirm the information he/ or she gets from his previous schemas. For this reason, the investigation of the inferences of depressed patients about the environment and the future should be taken into account. This inference is made through information processing and based on schemas, and the depressed patient reaches the information conclusion given to him/ or her. Knowledge that is more stable than schemas are the "Cognitive processes" of a person [12].

Cognitive processes determine a person's behavioral and emotional responses through creating the content of thoughts and automatic thoughts. Dysfunctional assumptions alone cannot justify the emergence of morbid depression. The problem arises when important things happen. Events that are not compatible with a person's belief system, in this way, the belief that the value of each person depends solely on his situation and in case of failure, it may lead to depression, and the belief that for a person's happiness, it is necessary for others to love him. The face of rejection may fuel depression (13).

When dysfunctional assumptions are activated, the thoughts themselves trigger negative action. From that viewpoint, these thoughts are called negative because they are related to unpleasant emotions, and from that viewpoint, they are called automatic because they come to a person's mind by themselves and do not arise from any conscious reasoning process. These thoughts may be interpretations of current events or predictions about future events or reminders of issues that have happened in the past, which in turn create other symptoms of depression. Personal thoughts come and logical thoughts also disappear over time [10].

Eren Beck assumed three factors and perspectives for depression, which are

1. Self-views - Negative self-views,
2. Related to the environment- The desire to experience the world in a hostile and expectant way, and
3. About the future- Expect suffering and failure.

Its treatment also includes adjusting and correcting these distortions [14].

Background research

Alizadeh *et al.* (2013) in a research entitled: "Effectiveness of individual training of dialectical behavior therapy skills for major depression", concluded that depression scores showed a significant decrease and a significant increase was seen in the scores of reasons for life in patients compared to the control group.

In a research entitled: "Effectiveness of Dialectical Behavioral Therapy on Sleep Disorders of Patients with Irritable Bowel Syndrome", Haghayegh *et al.* (2012) concluded that there is a significant difference between the average scores of difficulty in starting sleep and stress of the experimental group and evidence. However, no significant difference was observed in the scores of sleep continuity and waking up from sleep.

In the research of Ahmadi *et al.* (2012) on "Inspection of individual characteristics, common clinical symptoms, and history of type of diet consumed in patients with hypothyroidism or hyperthyroidism in Hamedan", it was found that out of 1080 samples, 63% had hypothyroidism and 37% had hypothyroidism. The frequency of blood groups in patients compared to the normal population was not significantly different. The

number of patients was higher in females than males (p<0.001). A family history of marriage was observed in 38.5% and 18.39% of hyperthyroid and hypothyroid parents, respectively, and a history of disturbing events was observed in 45.5% of hyperthyroid patients and 64.4% of hypothyroid patients. The average consumption of meat and grains in patients was lower than the standard average of the minimum required consumption.

Abolghasemi *et al.* (2012) in a research entitled: "Effectiveness of dialectical behavior therapy on body image and self-esteem in girls with bulimia nervosa" showed that dialectical behavior therapy significantly reduced the symptoms of morbid overeating and negative body image and automatically Increases income.

Alavi *et al.* (2011) in a research entitled: "Effectiveness of dialectical behavior therapy in a group manner (relying on the components of comprehensive awareness, distress tolerance, and emotional regulation) of depression symptoms in students" concluded that the effectiveness dialectical behavior therapy in reducing the symptoms of depression (p<0.001) and a significant increase in the indices of comprehensive alertness and distress tolerance of the subjects of the test group compared to the control group did not show a significant decrease in the index of emotion regulation difficulties. The improvement observed in the test group was maintained in the one-month follow-up.

In the research conducted by Mollahosseini *et al.* (2009) as "Investigation of the relationship between quality of life and hypothyroidism in patients referred to hospitals affiliated to Tehran University of Medical Sciences in 2007", it has been determined that the highest quality of life score is related to the social sphere with an average of 41. 89 and the lowest average was related to the physical domain with an average of 39.9. 73% of the patients had an average quality of life. In the physical dimension, feeling cold with an average of 25.75, and in the psychological dimension, feeling bored, with an average of 30.25. In the social dimension, the inability to perform assigned job duties with an average of 43 is the most common symptom was reported by patients.

Shaabani *et al.* (2008) in a study entitled: "Investigation of thyroid function in patients with major depressive disorder and panic disorder in Zanjan in 2006" showed that out of a total of 103 patients, 47 patients had major depressive disorder 45.6%, 37 patients had panic disorder 35.9% to 19%, patients with both disorders, 18.5%, and 18.4% of patients with depressive disorder, had subclinical hypothyroidism. In 2 patients with depressive disorder and 2 patients with panic disorder, only T4 reduction was observed. T3 levels of all patients were reported as normal.

Rshel and Lory (2012) in a research entitled: "Dialectical Behavior Therapy in a special outpatient program with a mixed diagnosis sample", reached this conclusion that depression and anxiety scores have decreased significantly. Hope scores increased significantly during the treatment period (p<0.001). Concentration scores did not increase significantly. Although the changes happened in the predicted direction. In addition, the extent to which hope and mindfulness increased during treatment was the ultimate predictor of depression and anxiety scores after controlling for baseline symptom levels.

Lineda (2011) in a research entitled: "Dialectical behavior therapy can be learned in many structures of learning environments", concluded that the results of this study on the effectiveness of education in disseminating knowledge from the experimental treatments of doctors, while also showing that Treatment manuals can be effective teaching tools.

Shalini (2011) in a research entitled: "Dialectical behavior therapy for managing interpersonal relationships", reached the conclusion that the use of dialectical behavior therapy and determining the status of DBT training in treating problems by manipulating interpersonal relationships of patients who seek counseling and psychotherapy are. Teaching these skills can teach skills to solve communication problems. Validation and acceptance strategies can reduce sensitivity to rejection and the negative emotions that create chaotic interpersonal situations. Black or white

thinking can be resolved by finding a middle ground through acceptance and change. This article shows that the use of DBT can be useful for increasing mental health in people.

Conclusion

Stress is a condition that causes a specific biological reaction in the body. When you face a big and difficult challenge or problem. Some substances and hormones increase in your body, which causes anxiety reactions. This reaction can be shaking of the hands, constant walking, biting the nails, picking the skin of the lips, and even eating too much food. Anxiety or stress reactions are created by the body to fight against stressful factors or escape from them. Usually, after the response of the body, it returns to a calm and normal state, but excessive stress reactions and exposure to stressful factors for a long time can have a negative effect on a person's health. Stress can also have useful and constructive aspects. Correct and timely stress responses are a sign of the health of the body's immune system. For example, when a person is in a difficult and dangerous situation such as an accident, he/ or she can save his life with a timely stress reaction. When you are stressed, the brain fills the body with chemicals and hormones such as adrenaline and cortisol. This work of the brain causes the heart rate to increase and quickly send blood to the muscles and important organs of the body. In this state, the body reaches its highest energy level and the brain becomes more alert so that you can show a stress or anxiety reaction. When a person is in a stressful situation for a long time, he/ or she experiences chronic and negative stress. Such long-term stress has complications for a person's physical and mental health. These complications include depression, cardiovascular diseases, weight gain, overeating, increased blood pressure, and hair loss. Some of the causes of chronic and momentary stress are: The occurrence of a natural accident such as floods and earthquakes, economic pressures, severe diseases such as cancer, study pressures, unsuccessful marriages, work pressures, lack of interest in work, etc. There are many reasons that make a person suffer it causes stress and anxiety and it depends on individual differences. The scope of damage of stress and anxiety is wide to the extent that they also affect the beauty of skin and hair. The damage caused by stressful factors to the skin and hair can be unpleasant and uncomfortable and may cause more stress.

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