Comparison of Hexaco 'S Personality Model in Clinical Depressed and Normal People in Isfahan

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Abstract:

Background: Depression is one of the mood diseases characterized by symptoms of low mood, decreased energy and interest, feelings of guilt, problems in concentration, anorexia, thoughts of death and suicide, insomnia or hypersomnia, significant weight loss, and functional impairment. The purpose of the research was to compare the Hexagon personality model and self-compassion in clinically depressed people and normal people in Isfahan.

Method: The research method is causal-comparative. The statistical population studied in this research were people with clinical depression disorder and normal people of Isfahan city. Sampling was done in a targeted way. In total, after the process, 50 people were selected in the clinically depressed group and 80 people were selected in the normal group. The research tool was Hexagon (2004) personality questionnaire. SPSS-22 software was used to analyze the data.

Findings: The results of multivariate analysis of variance showed the difference between two groups of normal and clinically depressed people in Hexagon personality dimensions (p<0.05). The value of Eta is 0.989. The results showed that there was a significant difference between the average Hexagon personality dimensions between the two groups of normal and clinically depressed people (p<0.05).

Conclusion: According to the results, it was found that clinically depressed people and normal people are different in terms of Hexagon personality dimensions, and by strengthening positive personality dimensions in the Hexagon model, the severity of depression of these people can be reduced.

Keywords: hexaco personality dimensions; clinically depressed people; normal people

Introduction

Depression is one of the most common psychiatric disorders in patients. Depression is a complicated and debilitating disease that is more common in patients than in the general population. Depression is one of the mood diseases characterized by symptoms of low mood, decreased energy and interest, feelings of guilt, difficulty concentrating, loss of appetite, thoughts of death and suicide, insomnia or hypersomnia, significant weight loss, and performance impairment (Sadock and Kaplan, 2016).

Psychoanalytic theories about depression focus more on lack, excessive dependence on external validation and internalization of anger. It seems that these theories provide a convincing explanation of some behaviors of depressed people, but it is difficult to prove or disprove these theories. This is a disorder that messes up their mood. It makes them lose their interest in the things they should enjoy and makes them sensitive. Every human being can experience depression at different stages of their age. This disease can overshadow the physical health, emotions, behavior and mental health of humans (Hosseini and Mehdizadeh Ashrafi, 2016). This disease is a type of

periodic disorder in emotional functioning that manifests itself in the form of a depressed mood and not knowing the feeling of pleasure (Salehi et al., 2017).

Major depressive disorder is also one of the most common psychiatric diagnoses, which is characterized by a depressed mood and a feeling of sadness, low self-confidence, and disinterest in any kind of everyday activity and pleasure; What is referred to as a "mental cold". Depression is a set of different mental and emotional states that appear from a mild feeling of boredom to silence and avoidance of daily activities. Acute depression leads to a person's significant disability in the realms of personal and social life and employment, and affects the person's daily functions such as eating and sleeping and the person's health. (Khosravi et al., 2016).

The results of studies show that in patients with mood disorders, personality traits are associated with mental health (Neff and Vank, 2018). The variable that seems to have a significant difference between depressed and normal people is personality characteristics (Farah Bejari et al., 2017; Kechoi et al.,

2016; Basharat Karamelki et al., 2015; Chiokuta and Steele, 2019; Harkness , Bagby, Joffe, & Levitt, 2018; Grucza, Przybek, Spitznagel, & Cloninger, 2017). Personality can be defined as specific patterns of thinking, emotion and behavior defined that a person's personal style is defined in interaction with his social and material environment. In other words, personality includes relatively stable and stable characteristics, which are described by traits such as irritable, anxious, talkative, introverted and extroverted, etc. (Briens and Chen, 2016). Trait theory focuses on the differences between individuals. Interaction is the different characteristics that make up a person's personality and it is unique for each person. The theory of personality traits on the determination and measurement of these individual personality traits It is focused. In other words, personality means "a set of behavior and ways of thinking of a person in everyday life, characterized by the characteristics of being unique, stability (stability), and predictability" (Schultz, translated by Karimi et al., 2015).

Among the models that have been presented in the field of personality and have been followed by many researches, is the five-factor model of personality. The grand factor model proposed by McCree and Costa (1985) is a new approach in the field of personality. This model introduces five basic dimensions for personality, and each dimension includes a number of special traits, the sum of which constitutes the traits of the five-factor model of personality. It introduces the basic model for personality and each dimension includes a number of special traits, the sum of which constitutes the traits of the five-factor model of personality. These five big personality factors are: extroversion, neuroticism, openness to experience, agreement and conscientiousness (Banoush et al., 2015). Although this model has attracted the attention of many experts and researchers, in 2001, researchers obtained another six dimensions of personality, which were different from the dimensions of the five-factor model of personality. These personality dimensions were called Hexaco, which was derived from the first letter of the six dimensions: humility, excitability, extroversion, agreeableness, conscientiousness, and openness to experience (Ashton and Lee, 2017). It has been shown in various studies that this model is superior to the Big Five personality factor model (Ashton and Lee, 2017; Salmayer, Sausier and Eigenhuis, 2016). Honesty - humility includes characteristics such as purity, honesty, faith and loyalty, humility, etc.; Irritability includes features of being emotional and sensitive being, timidity, etc.; Extroversion includes being sociable, head of life, extroversion, being talkative, outgoing and active versus shyness, passivity, inactivity, introversion, being calm and cautious, adaptability including characteristics such as being patient, tolerating, being calm, Being gentle, agreeable, and easy-going in the face of temper tantrums, belligerence, stubbornness, and hot-temperedness, being conscientious includes features such as orderliness, effort, being meticulous and perfectionist in the face of sloppiness, etc.; Openness to experience includes features such as intellectualism, creativity, non-militantness, innovation, etc.

Conducting the present research can give new knowledge to the officials and those involved about depression and investigate the factors affecting it. Also, identify the possible problems that depression causes and provide solutions. Despite the influence of personality traits on depression, few researches have been done in this field in the country. This research aims to answer this question: Is there a significant difference between Hexaco's personality model in clinically depressed people and normal people in Isfahan city?

Method

The work process was as follows: after explaining the objectives of the research and how to implement the questionnaires for the secretaries of psychological service centers in Isfahan, they were asked after referring to the patient's file and ascertaining the severity of the patients' depression and the diagnosis given by the center's psychologist. and for more assurance, again consultation with the specialist of that center about the type of depression disorder of the people, the questionnaires were handed over to the clients in order to complete them. In total, after the process, 50 people were

selected in the clinically depressed group and 80 people were selected in the normal group.

In this research, Hexaco personality questionnaire and DSM-5 criteria were used to diagnose depression.

a. Depression scale based on DSM-5: Depressive disorder based on DSM-5 has the following conditions: a) having at least 5 or more symptoms during a two-week period and deviating from previous performance, or having at least one of the symptoms for the disorder Major depression is considered mandatory: 1-Depressed mood in most part of the day and almost every day: feeling sad, empty, hopeless and observing others and in children and teenagers it is seen as irritable mood. It can be 2- Lack of interest or pleasure in activities for the majority of the day and almost every day 3- Weight loss or gain or loss or increase in appetite almost every day 4- Insomnia or oversleeping every day 5- Restlessness or psychomotor slowness is visible every day 6- Tiredness or lack of energy every day 7- Feeling of guilt or worthlessness 8- Decreased ability to think or concentrate or hesitancy every day 9- Frequent thoughts of death, suicidal thoughts without planning or attempting suicide or a specific plan to handle to commit suicide b) Disruption of social functioning, occupation with other functions

c) This period is not caused by the physiological effects of substances or physical illness.

d) It is not better explained by other psychotic disorders.

e) There should never be a manic or hypomanic period (Mohammedzadeh, 2014).

B. Hexaco personality questionnaire: Hexaco personality questionnaire has 60 questions and six dimensions of the Hexaco personality model are humility (H), excitability (E), extroversion (X), agreeableness (A), conscientiousness (C) and openness to experience. (O) measures. This questionnaire was created in 2000, but it was revised in 2004 and its 60-item form was prepared. The scoring of this questionnaire is on a Likert scale with a range of scores between 1 and 5.

In a study conducted to determine the validity and reliability of this questionnaire, Cronbach's alpha was 0.92 for humility, 0.90 for irritability, 0.92 for extraversion, 0.89 for agreeableness, 0.89 for conscientiousness, and 0.90 for openness to experience (Stone and Lee, 2017). In the Iranian version of this questionnaire, Cronbach's alpha was 0.80 for humility, 0.74 for excitability, 0.81 for extroversion, 0.73 for agreeableness, 0.71 for conscientiousness, and 0.76 for openness to experience (Basharat Qaramelki et al., 2015). In another study in Iran, the validity and reliability of this questionnaire was evaluated and reported favorably. In this validity study, factor analysis was used and all the factors that were obtained in the original version were confirmed in the Iranian version as well (Palahang, Neshat Dost and Molavi, 2013).

In this research, SPSS 22 software was used to analyze statistical data. Descriptive statistics indices and methods including frequency, mean, standard deviation was used to describe the data, and Student's T-test, K-S method, variance analysis and independent T-test were used to analyze the data.

Findings

As the results of the table below show, between the groups, Hexaco personality dimensions including humility factor, pleasantness factor, excitement factor, conscientiousness factor, extroversion factor and openness to experience factor in the stage (normal and clinically depressed people) in There is a significant difference at the $P>0.05$ level. That is, the difference between the total score of Hexaco's personality dimensions including humility factor, pleasantness factor, excitement factor, conscientiousness factor, extroversion factor and openness to experience factor in the group of normal and clinically depressed people is significant.

SP	Amont 0f eta	Sig	F	MS	df	Sum of Squares	Variable	Source
0/990	0/127	0/001	18/644	348/925	1	348/925	Modesty	Group
0/338	0/319	0/001	12/416	230/579	1	230/579	Pleasantness	
0/335	0/218	0/001	12/389	253/351	1	253/351	Excitement	
0/370	0/401	0/001	16/171	420/216	1	420/216	Conscientiousness	
0/866	0/370	0/002	9/565	189/243	1	189/243	Extroversion	
0/580	0/502	0/001	10/258	331/458	1	331/458	Openness to experience	
				18/715	128	2395/567	Modesty	Error
				18/572	128	2377/168	Pleasantness	
				20/450	128	620/2617	Excitement	
				25/986	128	3326/180	Conscientiousness	
				19/758	128	2532/480	Extroversion	
				32/312	128	2855/968	Openness to experience	

Table 1: Variance analysis of Hexaco personality dimensions' scores in normal and clinically depressed groups

Kolmogorov Smirnov test was used to check the normality of the distribution of the main research variables. The test results are shown in the table below. Therefore, considering that the p value of Kolmogorov-Smirnov test in the scores of all variables is greater than 0.05, it is concluded that the distribution of all variables is normal.

Sig	Statistics	Group	Variables
0/068	1/300	Normal	Personality
0/846	0/614	Clinically depressed	Hexaco

Table 2: Test to determine the normality of the main research variables

In order to use parametric tests, Levine's test was used to check the equality of variance of personality scores. The results indicate that the equality of variances is established for the Hexaco character.

Sig	Df2	Df1	Levin statistics	Variables
0/262	128	1	0/262	Hexaco Personality

Table 3: Levine's test on homogeneity of personality variance of Hexaco

According to the data in the table below, there is no significant difference between the two groups of normal and clinically depressed people in Hexaco personality dimensions (p<0.05). The value of Eta is 0.989. That is, 98.9 percent of the difference between the two groups is explained by the scores of Hexaco's personality dimensions. In addition, the power of the test is 0.1 and it indicates the adequacy of the sample size.

Sp	eta	sig	df	F	Test statistics	Source	Statistical index
1/000	0/989	0/001	2	5615/372	0/011	group	Wilks Lambada

Table 4: General results of multivariate analysis of variance (MANOVA) of the difference between two groups of normal and clinically depressed people for Hexaco personality.

As the results of the table below show, there is a significant difference between the groups in the total score of Hexaco's personality dimensions in the group stage (normal and clinically depressed individuals) (p<0.05). That is, the difference between the total score of Hexaco personality dimensions in the group of normal and clinically depressed people is significant.

Sp	Amount 0f eta	sig	F	MS	df	Sum of Squares	Variable	Source
0/849	0/066	0/001	9/087	2627/003	1	2627/003	Hexaco Personality	Group
				289/103	128	37005/120	Hexaco Personality	Error

Table 5: Variance analysis of Hexaco personality dimensions' scores and its dimensions in the groups of normal and clinically depressed people

In the table below, it can be seen that according to Levin's test, the presumption of homogeneity of variances is established for Hexaco's personality dimensions (p>0.05). Then, from the value of t-statistic and p-value obtained, it can be concluded that the mean of Hexaco's personality dimensions has a significant difference between two groups of normal and clinically depressed people (p<0.05). In other words, Hexaco's personality dimensions are different in clinically depressed people and normal people in Isfahan. Therefore, the first sub-hypothesis "Hexaco's personality dimensions are different in clinically depressed people and normal people in Isfahan" is confirmed.

Confidence Interval 95%		Mean Difference	p	df	T test	Levin		Variable
Upper Bound	Lower Bound					p	F	
-3/175	-15/305	-9/240	0/003	128	-3/014	0/624	0/242	Hexaco Personality

Table 6: Independent t-test results to compare the mean scores of Hexaco personality dimensions between two groups of normal and clinically depressed people

Discussion

The purpose of the research was to compare the Hexaco personality model in clinically depressed and normal people in Isfahan. For this purpose, after collecting and analyzing the data, it was determined that:

The results of multivariate variance analysis of the difference between two groups of normal and clinically depressed people in Hexaco personality dimensions' scores show that there is a significant difference between the groups in Hexaco personality dimensions at the group stage (normal and clinically depressed people). That is, the difference between the total score of Hexaco personality dimensions in the group of normal and clinically depressed people is significant.

The results show that there is a significant difference between the average Hexaco personality dimensions between the two groups of normal and clinically depressed people. In other words, Hexaco's personality dimensions are different in clinically depressed people and normal people in Isfahan. Therefore, the first sub-hypothesis of the research is confirmed.

This finding is in agreement with the findings of Harkness et al. (2018), Chiokuta and Steele (2019), Grokza et al. (2017), Hossein Dost (2015), Mohammadzadeh (2014), Ali Mohammadi et al. (2013), Besharat Karamelki et al. (2012) and Kechoi et al. (2016) are consistent. In explaining these findings, it can be said that people who score high in the extroversion factor have extensive verbal and communication skills. These abilities because it facilitates relationships with others and provides them with a wider social network and more social support, which increases the individual's capacity and ability to prevent and deal with disorders such as depression. On the other hand, like other people, they find it unpleasant to be with depressed people, as soon as they become depressed, their depression continues. However, high extroversion can have negative effects on a person, such as revealing weak points to others, and increases a person's vulnerability, and in the long run, causes him to suffer from depression (Harkens et al., 2018).

The elements that make up the personality trait of openness to experience include active imagination, sensitivity to beauty, attention to inner emotional experiences, and independent judgment. Open people are people who are curious about the fertility of their inner experiences and the world around them, and their lives are full of experience. Compared to non-open people, these people have many positive and negative feelings. Being open to experience means that a person has a good ability to understand emotions and Emotions are personal and he has a positive view of emotions as one of the important aspects of personal life. People with high scores have deeper experiences and differentiated emotional states than others and are less likely to suffer from depression. However, openness to a lot of experience can have negative effects on a person, such as vulnerability to unfortunate events due to high risk in behavior, and in the long run, it can cause him to suffer from depression (Chiokuta and Steele, 2019).

Agreeableness is another interpersonal tendency and like extroversion, it expands the need for altruism, sympathy and communication with others. Generally, a high score in this trait leads to positive social aspects and more mental health. So it is natural that in this study we see a negative relationship between this trait and depression. It means that the lower the score a person has, the less mental health he has. But it can fuel the increase of internal excitement and this problem increases the possibility of self-doubt, doubt and competitiveness in these people and makes them distant from others and thus causes them to suffer from depression (Grokza et al., 2017).

Excitability (as opposed to emotional stability and nourism) includes both socially acceptable characteristics (such as emotionality) and socially unfavorable characteristics (such as anxiety) (Hossein Doost, 2015). In this research, it was found that irritability is higher among depressed people, so it is clear that negative characteristics of irritability, such as anxiety, were more prominent in the present study population and a higher score was obtained in depressed people. The attribute of humility also has aspects such as purity, honesty, faith and loyalty, humility and so on unclaiming is against

insidiousness, trickery, greed, pretentiousness, hypocrisy, boasting, and self-conceit (Salmayer et al., 2016). But it seems that depressed people despite having positive characteristics in this trait, continuous denial in this trait may cause more mental blows in the person and cause his depression to worsen. Finally, perfectionism against sloppiness, laziness, carelessness, laziness, irresponsibility and forgetfulness can cause him to become obsessed with performing his duties and increase his anxiety and cause depression in depressed people (Salmayer et al, 2016).

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