Original Article

Comparison of Hexaco Personality Model and Self-Compassion in Clinical Depressed and Normal People in Isfahan

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Abstract

Background and aim: Depression is a form of mood disorder characterized by symptoms of low energy, energy loss and interest, feeling guilty, difficulty concentrating, infertility, thoughts of death and suicide, insomnia or Hypersomnia, significant weight loss, and functional impairment. The purpose of the study was to compare the Hexaco personality model and self-compassion in clinical depressed and normal people in Isfahan.

Methods: The research method is causal-comparative. The statistical population of this study was people with clinical depression and normal people in Isfahan. Sampling was done in an accessible manner. In total, 50 patients in the clinical depression group and 80 in the normal group were selected after the process. The research instrument was the Self-Compassion Scale (2003) and Hexaco Personality Questionnaire (2004). Data were analyzed using SPSS-22 software.

Results: The results of multivariate analysis of variance showed a significant difference between two groups of normal and clinical depression in self-compassion and Hexaco personality dimensions (p <0.05). ETA is 989/0. The results showed that there was a significant difference in terms of Hexaco personality dimensions between normal and clinical depressions (p <0.05). Also, there was a significant difference in the mean self-compassion between normal and clinical depressions (p <0.05).

Conclusion: According to the results, it was found that people with clinical depression and normal people are different in terms of Hexaco personality dimensions and self-compassion, and with the strengthening of their self-compassion and positive personality dimensions in HexaCo's model, the severity of depression can be reduced.

Keywords: Hexaco Personality Dimensions, Self-Compassion, Clinical Depression, Normal People

Introduction

Depression is one of the most common psychiatric disorders in patients. Depression is a highly contagious and disabling disease that is more prevalent in patients than in the general population. Depression is a mood disorder characterized by signs of low energy, decreased energy and interest, feeling guilty, difficulty concentrating, infertility, thoughts of death and suicide, insomnia or Hypersomnia, significant weight loss, and functional impairment (1).

The psychoanalytic theories about depression focus more on lack, excessive dependence on external confirmation and the internalization of anger. It seems that these theories give a convincing explanation of some of the depressed person's behaviors, but proving or rejecting these theories is a difficult task. It is a disorder that disrupts their mood and makes

them lose their interest in the things they should enjoy and make them sensitive. Any person at different stages of his age may experience depression. This disease can affect physical health, emotions, behavior and mental health of humans (2). This disease is a kind of intermittent disorder in emotional functioning that is expressed in the form of depressed mood and lack of sense of pleasure (3).

Major depressive disorder is one of the most commonly diagnosed psychiatric symptoms characterized by depression and sadness, low self-esteem and unconsciousness toward every kind of activity and everyday enjoyment, something called "mental cold". Depression is a set of different mental and emotional states that ranges from mild to moderate feelings of silence and distraction from everyday activity. Acute depression leads to significant disability in individual and social life and employment, and affects the everyday functions of the individual, such as eating and sleeping and the health of an individual. (4).

The results of the studies indicate that self-compassion is associated with mental health in patients with mood disorders (5). Self-compassion is a healthy form of self-acceptance that expresses acceptance of undesirable aspects of ourselves and our lives. This structure consisted of three main components of kindness with itself, a general sense of self-awareness and a balanced awareness of personal excitement (6). Van Dam et al. (7), found that self-compassion was a strong predictor of mental health, especially depression, by examining their self-compassion on the severity of symptoms of mental harm. Concerned about the role of self-compassion on Causley, McCoy, Saslow & Epel (8), compassion for others can provide the capacity for social support and lead to adaptive physiological responses to stress. Terry & Leary (9) concluded that self-compassion would probably increase the ability of individuals to behave in a prudent way toward

health and to cope with physical problems. Krieger et al. (10) concluded that depressed patients even showed lower levels of self-compassion than non-depressed people, even when their symptoms of depression were controlled.

Another variable that seems to have a significant difference between depressed and normal people is personality traits (11-16). Personality can be defined by certain patterns of thought, emotion and behavior that characterize a person's personality in interacting with his social and material environment. In other words, the personality includes relatively stable and stable features that are used to describe them from traits such as drowsiness, anxiety, inflammation, introversion and extroversion, etc. (17).

The theory of personality characteristics focuses on the differences between individuals. The interaction of various attributes forms the personality of an individual, and this is unique to each individual. The theory of personality traits focuses on the determination and measurement of these personality traits. In other words, personality means "a set of behaviors and ways of thinking in everyday life characterized by the characteristics of homogeneity, stability, and predictability" (18).

One of the most promising models in the field of personality is the five-factor model of personality. A major operating model, proposed by McCrae & Costa (1985), is a new approach to personality. This model introduces five fundamental dimensions for character, and each dimension includes a number of specific attributes, which together form the characteristics of the five-factor model of the personality. This introduces a basic model for character, and each dimension includes a number of specific attributes, the sum of which is the attributes of the five-factor model of the personality. These five great personality factors include extroversion, inferiority, and

openness to experience, consensus, and duty (19). Although this model was considered by many scholars and thinkers, in 2001 researchers gained six other personality dimensions that were different in terms of the five-factor model of personality. These dimensions of personality are called Hexaco, derived from the first six words: humility, agility, extraversion, chastity or consensus, conscientiousness and openness to experience (20). Various studies have shown that this model is superior to the five-factor model of personality (20). Honesty - Humility involves features such as being pure, honesty, faith and loyalty, humility, etc.; stimulus including feelings, sensitivity, cowardice; extraversion including socialization, life, extroversion, Shaking and being activeagainst being shy, passive, sedentary, introverted, calm and prudent, being consistent, including features such as being patient, tolerating, relaxing, relaxing, agreeing, and being easy to stand against teasing, mistrust, obstinacy and Spontaneous temperance with conscientiousness includes features such as regularity and diligence, endeavor, accuracy and perfectionism against slackness, ... Open-to-experience includes features such as intellectual, creativity, non-militancy and innovation (20). The present research can provide new knowledge for authorities and individuals about depression and examine the factors affecting it. It also identifies and resolves the probable problems that cause depression. In spite of the effect of personality traits on depression, few studies have been carried out in this field. This research seeks to answer this question: Is there a significant difference between Hexagon personality and self-compassion in clinical depressed and normal people in Isfahan city?

Methods

This research is in terms of its purpose and in terms of research method is causal-comparative. The statistical population of this study is people with clinical depression and normal people in Isfahan. Sampling was done in an accessible manner. Individuals who have received psychological and counseling clinics by a specialist psychologist in the 6-month period starting April 2017 who received a diagnosis of clinical depression, entered the depressed group in the study. The process of this work was that after explaining the research goals and how to implement the questionnaires for the secretary of psychological services centers in Isfahan, they were asked after referral to the patient's case and to ensure the severity of depression in patients and the diagnosis that the center psychologist And in order to be sure, a reassessment with the center's specialist about the type of depression caused the patients to complete the questionnaires in order to complete the delivery of the patients. In total, 50 patients in the clinical depression group and 80 in the normal group were selected.

In this study, two questionnaires were used to measure personality and self-compassion and DSM-5 criteria for diagnosis of depression.

A. Depression Scale Based on DSM-5: Depression Disorder based on DSM-5 has the following circumstances: a) At least 5 or more symptoms within two weeks and deviations from previous function or at least one of the symptoms for a disorder Essential depression is a prerequisite: 1. Depressed mood in the mainstream of the day and almost every day: sadness, emptiness of disappointment, and the observation of others, and in children and adolescents as irritable mood. 2. Lack of interest or pleasure in activities in the main part of the day and almost every day 3. Reduce or increase weight or decrease or increase appetite almost every day 4. Sleepiness or somnolence everyday 5. Emergence or mental retardation is visible every day. 6. Fatigue or lack of energy every day 7. Feeling guilty or worthless 8. Decreased ability to think or concentrate almost every day 9-Frequent

thoughts of death, suicidal thoughts without planning or a specific program for handling Suicide.

B) Disruption of social and occupational function, with other functions

C) This course does not result from physiological effects of the substance or physical illness.

D) It is not better justified with other psychiatric disorders.

E) There is never a manic or hypoxic course (American Psychiatric Association, translated by Yahya Seyed Mohammadi) (21).

B. Self-Compassion Scale: This scale was developed by Neff (6). There are 26 items that are responded to a Likert scale of 5 degrees (from almost never to almost always). The test questions of the six sub scales of self-compassion (self-esteem, self-judgment, common humanity, isolation, conscientiousness, and extreme identification) in the 5-degree Likert scale measures from a score of almost never up to almost always. The test score is such that in some items and sub-scales the score is reversed and the score is more indicative of self-compassion.

The reliability coefficient of the self-compassion scale retest is 93/0 (6). In the study of Neff et al. (22), the Cronbach Alpha coefficient of this scale in Thailand and Taiwan was 0.86 and in the United States was 0.95 (23). The Cronbach's alpha coefficient and the reliability of this scale have been reported 0.81in Taghipour's study (23). In the research of Golpour et al. (24), the results of Bartlett's Spree test (502/0) showed that there is a high correlation between variables and self-compassion factor and the scale has a good credit. Also, the internal consistency of Spearman Brown was 0.82.

C. Hexagon Personality Questionnaire: The Hexaco Personality Questionnaire has 60 questions. Six dimensions of Hexaco personality model are humility (H), excitability (E), extroversion (X),

agreeableness (A), conscientiousness (C) and openness to experience (O). The questionnaire was made in 2000, but it was revised in 2004 and a form of 60 articles was prepared. The score of this questionnaire is Likert, with scores ranging from 1 to 5. In a study to determine the validity and reliability of this questionnaire, Cronbach's alpha was 0.92 for moderation, 0.90 for exuberance, 0.92 for exaggerated 0.89 for agreeableness, 0.89 for conscientiousness and 0.90 for openness (20).

In the Iranian version of this questionnaire, Cronbach's Alpha for humility was 0.80, agility 0.74, extraversion 0.81, amiability 0.73, conscientiousness 0.71, and openness to experience 0.76 (25). In another study in Iran, the validity and reliability of this questionnaire were evaluated and was desirable. In this narrative study, factor analysis was performed and all the factors found in the original version were confirmed in the Iranian version (26). In this study, SPSS 22 software was used for statistical data analysis. To describe the data, indicators and descriptive statistics methods including frequency, mean, and standard deviation were used. Data were analyzed using T-student and K-S, and ANOVA and independent T-test.

Results

The Kolmogorov-Smirnov test was used to examine the distribution of the main variables. The test results are presented in **table-2**. Therefore, given that the value of p for the Kolmogorov-Smirnov test in the scores of all variables is greater than 0.05, and it is concluded that the distribution of all variables is normal. In order to use parametric tests, Levine test was used to examine the equality of variance of self-compassion and non-hexagonal scores. The results indicate that there is a uniformity of variances for self-compassion and Hexaco personality.

The results of **table-4** show the equality variances box test of self-compassion and Hexaco personality dimensions. The results

indicate that there is a uniformity of variances for self-compassion and personality dimensions of Hexaco. The significance of the box test is greater than 0.05. Therefore, it is concluded that the variance-covariance matrix is homogeneous.

Based on the data in **table-5**, there is no significant difference between the two groups of normal and depression in the dimensions of self-compassion and personality dimensions of Hexaco (p <0.05). ETA is 989/0. That is, 98.9% of the difference between the two groups is explained by the scores of Hexaco personality dimensions. Meanwhile, the test power is 0/1, indicating the adequacy of the sample size.

As the results of **table-6** show, there is a significant difference between the groups in their total scores of self-compassion and personality dimensions of HexaCo in the group stage (normal and depressed patients) (p <0.05). That is, the difference between the total self-compassion score and Hexaco personality dimensions in the normal group and clinical depression is significant.

In **table-7**, it is first seen that according to the pre-determined Levine test, there is a homogeneity of variances for Hexaquo's personality dimensions (p> 0.05). Then, the amount of t statistic and the amount of β obtained can be concluded that the mean of HexaCo's personality dimensions is significant between the two groups of normal and clinical depression (p <0.05). In other words, HexaCo's personality dimensions are different in clinical depression and normal people in Isfahan. Therefore, the first sub-hypothesis "HexaCo's personality dimensions differs in clinical depressed and normal people in Isfahan", the research is confirmed.

In **table-8**, it is first seen that according to Levin's pre-test, homogeneity of variances for self-compassion is observed (p> 0.05). Then, the amount of t statistic and the amount of p obtained can be concluded that there is a significant difference between the mean self-compassion between normal and clinical depressions (p <0.05). In other words, caring is different from those in clinical depression and normal people in Isfahan. Therefore, the second sub-hypothesis "self-compassion in clinical depressed and normal people is different in Isfahan". The research is confirmed.

Discussion

The purpose of the study was to compare the HexaCo personality model and self-compassion in clinical depressed and normal people in Isfahan. For this purpose, after collecting and analyzing the data, it was determined that: The results of multivariate analysis of variance analysis of the difference between the two groups of normal and clinical depression in the scores of self-compassion and personality dimensions of Hexaco show that among the groups in their total scores of compassion and Hexaco's personality dimensions in the group stage (normal and depressed patients). There is a significant difference. That is, the difference between the total self-compassion score and Hexaco's personality dimensions in the group of normal and depressed clinical people is meaningful.

Hypothesis 1: Hexaco's personality dimensions differ in clinical depression and normal people in Isfahan.

The results show that there is a significant difference between the mean Hexaco's personality dimensions between normal and clinical depressions. In other words, Hexaco's personality dimensions are different in clinical depression and normal people in Isfahan. Therefore, the first hypothesis of the research is confirmed. This finding is based on the findings of Harkness et al. (12, 14-16, 27-29) are consistent. In explaining these findings, one can say that people who score high in the extroversion factor have a wide range of verbal and communication abilities. These abilities facilitate relationships with others and provide

them with a wider social network and social support that will increase the ability and capacity of the individual to prevent and deal with disorders such as depression.

On the other hand, as other people find themselves unwell with depressed people, as they become depressed, depression persists. But excessive externalizing can have negative effects on individuals, such as revealing weaknesses against others, and increasing vulnerability to long-term depression (15). The elements that make up the personality trait open to experience include active imagery, sensitivity to beauty, attention to inner emotional experiences, and independent judgment. Open people are people who are curious about the fertility of the inner experience and the world around them, and their life is full of experience. These people have a lot of positive and negative feelings in comparison to uncontrollable people. Being open to experience means that a person has a good power to understand emotions and personal emotions and has a positive attitude to emotions as one of the important dimensions of personal life. Individuals with high scores are more distinct and differentiated than others in deeper experiences and emotional states and are less likely to develop depression. But openness too much experience can affect a person's negative effects, such as being vulnerable to adverse events, due to high risk behavior and long-term depression.

Amiability future is an interpersonal tendency, and as extraversion, the need for self-empowerment extends sympathy and communication with others. Generally high scores in this trait lead to more positive social aspects and more mental health. Therefore, it is normal that in this research we see the negative relationship of this trait with depression. That is, the lower one is, and the less one has a lower mental health. But it can increase the increase of internal anxiety and this causes the possibility of avoiding,

doubting and challenging others and competing in these individuals and removing them from others and thus causing. They will be depressed (16). Stimulus (in contrast to emotional stability and neuroticism) includes socially-friendly features (such as sentimentality), as well as non-social characteristics (such as anxiety) (27). In this study, depression was found to be higher among depressed people. Therefore, it is clear that in the research community, the negative characteristics of depression are more than anxiety and have a higher score in depressed people. Humility also has aspects such as being pure, honesty, faith and loyalty, humility against intruding, deception, greed, hypocrisy, hypocrisy, bragging, and self-nose (30). But it seems that depressed people, despite the positive qualities in this unchallengeable trait, may lead to further psychological attacks in the person and can exacerbate her depression. Ultimately, perfectionism against slovenliness, neglectfulness, negligence, laziness, irresponsibility, and forgetfulness of work (20) can cause her obsession with her duties and increase her anxiety. Exacerbates depression in depressed people.

Second hypothesis: self-compassion is different in clinical depressed and normal people in Isfahan. Based on the findings, it can be concluded that there is a significant difference between the mean self-compassion between the two groups of normal and clinical depression. In other words, caring is different from those in clinical depression and normal people in Isfahan. Therefore, the second sub-hypothesis of the research is confirmed. This finding is based on the findings (6-8, 22, 24, 31-33). In explaining these findings, Wean dam et al. (7) state that self-compassion is related to higher levels of better psychological function. They showed that self-compassion accounted for 20% of negative affective variance and a significant percentage of positive emotion. High levels of positive

affection and low levels of negative affection to health problems have negative emotions. Self-compassion has the capabilities that individuals can learn from happiness and psychological well-being through learning and performing their related skills.

Self-compassion makes it possible to become more systematic with the use of experiences, such as learning and / or alternative behaviors. According to Craigger et al. (10), self-compassion has appropriate coping resources that help individuals to encounter negative events. Pauley & McPherson (32) state that self-denial makes people fear less and fail to appreciate their worth. Neff (6) believes that self-compassion with self-criticism, depression, anxiety, rumination, repression of thoughts and neurotic perfectionism has a positive relationship with life satisfaction. Also, there is a positive relationship with happiness, optimism, positive emotion, positive attitude, transnationalism, consistency, and conscientiousness (22). Therefore, it can be said that self-compassion can be attributed to negative and negative emotions with a low level of negative emotion of depression. Also, the presence of the mind and consciousness of thoughts, feelings and senses as a component of self-compassion is a means of confronting and overcoming the disadvantages of self-awareness by which one can self-aware of the contents of the mind, Make your own personal control. It can also be said that self-compassion can be achieved by creating some positive qualities, such as perceptual perception, patience, tolerance, and emotional balance during difficult experiences, and also reminding a person who is notorious and misleading They come to everyone, preventing their negative effects, as a defensive shield against depression. In addition, this sympathetic relationship with some important psychological variables such as goodness and well-being can be a key point

in understanding the negative relationship between this variable and depression.

References

1. Sadock, B.J, Kaplan, H.I. (2013). Synopsis of psychiatry, (9th Ed). Philadelphia: Lipincott Williams & Wilkins.
2. Hosseini, M; Mehdizadeh Ashrafi, AS. (2014). Depression and its causes. Management Quarterly, Eighth Year. Special Issue. Spring.
3. Salehi, A., Baghban, A., Bahrami, F., Ahmadi, A. (2015). The Relationship between Cognitive Strategies for Emotion Regulation and Emotional Problems with respect to Individual and Family Factors, Family Counseling and Psychotherapy, 1 (1), 18-18.
4. Khosravi, M; Mehrabi; H; Azizi Moghaddam, M. (2013). Comparative study of the components of rumination in depressed, obsessive compulsive patients and normal people, Semnan University of Medical Sciences. 10 (1), 65-72.
5. Neff,K.D, Vonk, R. (2016). Self-Compassion Versus Global Self-Esteem: Two Different Ways of Relating to Oneself,Journal of personality andsocial psychology, 84(4), 822–848.
6. Neff KD. (2003). Development and validation of a scale to measure self-compassion.Self and Identity, 2 (4), 223-250.
7. Van Dam, N.T, Sheppard, S.C, Forsyth, J.P, Earleywine, M. (2015). Self-compassion is a better predictor than mindfulness of symptom severity and quality of life in mixed anxiety and depression,Journal of Anxiety Disorders, 25(1), 123-130.
8. Cosley, B.J, McCoy, Sh.K, Saslow, L.R, Epel, E.S.(2015). Is compassion for others stress buffering? Consequences of compassion and social support for physiological reactivity to stress,Journal of Experimental Social Psychology, 46(5), 816-823.
9. Terry, L.M, Leary, R.M. (2014). Self-compassion, self-regulation and health,Journal of Self and Identity, 10 (3), 352-362.
10. Kreiger, T., Altenstein, D, Baetig, I, Doering, N, Holtforth, M.G. (2013). Self-compassion in depression: Associations with depressive symptoms, rumination and avoidance in

depressed outpatients,Journal of Behavior Therapy, 44(3), 501–513.

11. Farah Bijeri, A; Sustainer, M. Sadat Sadr, M. (2015). The relationship between resilience with five dimensions of personality and clinical disturbances of depression, anxiety and physicalization in undergraduate students of Alzahra University, Journal of Psychological Studies, 11 (3), 53-78.

12. Katchoi, M. W. Savisie, M. (2014). Comparative study of defensive styles and personality traits in non-depressed and depressed individuals referring to treatment centers affiliated to the University of Social Welfare and Rehabilitation Sciences, Medical Journal of Islamic Azad University, 24 (3), 182-188.

13. Besharat Qaramlaki, R., Khanjani, Z; Babakpourkhiruddin, J. (2013). Comparison of five major factors of personality in people with major depressive disorder and obsessive-compulsive disorder with normal people. Knowledge and Research in Applied Psychology, 14 (1), 110-117.

14. Chioqueta, A.P, Stiles, T.C. (2015). Personality traits and the development of depression, hoplessness, and suicide ideation,Personality and Individual differences, 38 (8), 1283-1291.

15. Harkness, K.L, Bagby, R.M, Joffe, R.T, Levitt, A. (2016). Major depression, chronic minor depression, and the five factor model of personality,European Journal of Personality, 16 (4), 271-281.

16. Grucza, R.A, Przybeck, T.R, Spitznagel, E.L, Cloninger, C.R. (2013). Personality and depressive symptoms: a multidimentional analysis,Journal of Affective Disorders, 74 (12), 123-130.

17. Breines, J.G., Chen, S. (2012). Self-compassion increases self-improvementmotivation. Personality and Social Psychology Bulletin, 38(9), 1133–1143.

18. Schultz, d. (2013). Theories of personality. (Translators: Karimi; Republic; F; Mapping; S; Goodarzi; B; Marine; E; Nikkhoo M.); Tehran: Arasbaran publication.

19. Benotsch. E.G., Jeffers, A.J, Snipes, D.J, Martin, A.M, Koester, S. (2013). The five factor model of personality and the non - medical use of prescription drugs: Associations in a young adult sample,Personality and Individual Differences, 55(7), 852-855.

20. Ashton, M.C, Lee, K. (2014). A theoretical basis for the major dimensions of personality,European Journal of Personality, 15(5), 327-353.

21. American Psychological Association. (2013).Diagnostic and statistical manual of mental disorder, 5th ed.Washington DC: American Psychiatric Association.

22. Neff, K.D, McGehee, P. (2012). Self-compassion and psychological resilience amongadolescents and young adults. Self and Identity, 9(3), 225–240.

23. Taghipour, M. (2015). The role of personality type D, social support and self-compassion in predicting health behaviors in coronary artery disease patients, Master's thesis at Mohaghegh Ardebili University.

24. Golpour, R., Abolghasemi, A.; Ahadi, B., Narimani M. (2016). Comparison of the effectiveness of self-cognitive-emotional self-cognitive and emotional-focused therapy on improving physical and mental health of students with depression. Journal of Psychology, 3 (2), 153-169.

25. Bashiri, H., Barahmand, U., Akabri, Z.S., Hossein Ghamari, G., Vusugi, A. (2011). A Study of the Psychometric Properties and The Standardization of HEXACO Personality Inventory,Procedia - Social and Behavioral Sciences, 30(10), 1173-1176.

26. Palandang, H, Neshat Doost, H, Molavi, H. (2013). Standardization of 6-factor HEXACO-PI-R questionnaire in Iranian students. Journal of Psychology, Tabriz University, 4 (16), 48-66.

27. Hussein Doost, F. (2016). A Comparative Study of Personality and Personality Dimensions in Patients with Major Depressive Disorder, Bipolar Disorder and Normal Individuals, Master's Thesis, Al-Zahra University.

28. Mohammadzadeh, AS (2015). Relationship between depression and anxiety with three-

factor pattern of schizotypal personality, Journal of Behavioral Sciences, 6 (1), 13-14.

29. Ali Mohammadi, A. Shibani Noughabi, F. Zahedi Tajrishi, K. (2014). Comparison of character-secretarial characteristics of personality among addicted, depressed and anxious people with ordinary people, knowledge and research in applied psychology, 13 (4): 51-60.

30. Salmayer, B, Siever, L.J. (2013). The interpersonal dimension of borderline personality disorder: toward a neuropeptide model,Am J Psychiatry, 167(1),24-39.

31. Shapira, B, Leah, M., Leah, M. (2014). The benefits of selfcompassion and optimism

exercises for individuals vulnerable to depression,The Journal of Positive Psychology, 5 (5), 377–389.

32. Pauley, G, McPherson, S. (2013). The experience and meaning of compassion and self-compassion for individuals with depression or anxiety Psychology and Psychotherapy: Theor,Research and Practice, 83 (13), 129–143.

33. Bashpour, S.; Isisadadegan, AS. (1394). Investigating the Role of Self-Compassion Personality dimensions and Forgiveness in Determining Depression Intensity among Students. Research on behavioral sciences, 10 (6), 452-461.

Tables:

Table 1. Analysis of variance of hexaco personality dimensions in normal and depressed group of people

Source	Variable	Sum of squares	Degrees of freedom	Average squared	F	The significance level	Amount of Eta	Statistical power
group	Humility agent	348.925	1	348.925	18.644	0.001	0.127	0.990
	Agreeableness factor	230.579	1	230.579	12.416	0.001	0.319	0.338
	The excitement factor	253.351	1	253.351	12.389	0.001	0.218	0.335
	Duty Operative	420.216	1	420.216	16.171	0.001	0.401	0.370
	Extraterrestrial factor	189.243	1	189.243	9.565	0.002	0.370	0.866
	Openness to experience	331.458	1	331.458	10.258	0.001	0.502	0.580
Error	Humility agent	2395.567	128	18.715				
	Agreeableness factor	2377.168	128	18.572				
	The excitement factor	620.2617	128	20.450				
	Duty Operative	3326.180	128	25.986				
	Extraterrestrial factor	2532.480	128	19.758				
	Openness to experience	2855.968	128	32.312				

Table 2. Testing to determine the normality of the main variables of the research

Variables	group	The statistics	Significance level

Self-compassion	Normal people	0.709	0.697
	Clinical depression	0.506	0.960
Hexaco personality	Normal people	1.300	0.068
	Clinical depression	0.614	0.846

Table 3. Levin test on the coherence of Hexaco self-compassion and personality variance

Variables	Levin's statistics	First degree of freedom	Second degree of freedom	Significance level
Self-compassion	0.242	1	128	0.624
Hexaco personality	0.262	1	128	0.262

Table 4. Box test on the homogeneity of the variance of self-compassion scores and Hexaco personality dimensions

Box's M	F ratio	First degree of freedom	Second degree of freedom	Significance level
0.868	0.284	3	449066.158	0.837

Table 5. General outcomes of multivariate analysis of variance (MANOVA) of differences between normal and clinical depressed individuals for hexaco-personality dimensions

Statistical index	Source	Amount of test statistic	F	The degree of freedom of investigated action	Significance level	Amount of Eta	Statistical power
Wilks Lambda	group	0.011	5615.372	2	0.001	0.989	1.000

Table 6. Analysis of variance of self-compassion scores and personality dimensions of Hexaco and its dimensions in the groups of normal and depressed clinical people

Source	Variable	Sum of squares	The degree of freedom	Average squared	F	Significance level	Amount of Eta	Statistical power
group	Hexaco Personality Dimensions	2627.003	1	2627.003	0.879	0.001	0.066	0.849
	Self-compassion	456699.582	1	456699.582	0.624	0.001	0.035	0.569
Error	Hexaco Personality Dimensions	3005.120	128	289.103				
	Self-compassion	58108.987	128	453.976				

Table 7. Independent T-test results for comparison of mean HexaCo's personality dimensions between normal and clinical depressed patients

Variable	Levin test (homogeneity of variances)		Statistics t	degree of freedom	p Value	Average difference	confidence interval of 95%	
	F statistics	p Value					low	high
Hexaco Personality Dimensions	0.242	0.624	-3.014	128	0.003	-9.240	-15.305	-3.175

Table 8. Independent T-test to compare mean self-compassion between normal and clinical depressed people

Variable	Levin test (homogeneity of variances)		Statistics t	degree of freedom	p Value	Average difference	confidence interval of 95%	
	F statistics	p Value					low	high
self-compassion	1.267	0.262	-2.151	128	0.033	-8.262	-15.863	-0.662