

# The relationship between personality factors and the dimensions of the hierarchical model with the symptoms of anxiety and depression; with emphasis on the modifying role of genetic components

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## ABSTRACT

The speculation that misery is connected to identity can be followed to relic, when Hippocrates, and afterward Galen, contended that specific “humors” were dependable for particular identity sorts and shapes of psychopathology. In this article, we examine the major conceptual models that have been proposed to clarify the affiliation between identity and misery, comment on a few critical methodological issues, and specifically survey the experimental writing. Due to space confinements, we constrain our survey to nonbipolar shapes of discouragement. (1) If we can learn more about how a person's personality connects with depression, it could help us figure out why they get depressed and why they might have other health problems at the same time. It could also help us figure out who might be more likely to get depressed and how we can help them. This information would be important for doctors trying to treat people with depression. We talk about seven ideas that try to explain how personality and depression are related, and we look at important things to consider like how studies are done, the different types of mood disorders, and how personality is measured.

## **Introduction**

Sometime recently tending to the connection between identity and discouragement, a few conceptual issues with respect to the build of identity ought to be considered. To begin with, identity has customarily been conceptualized as having two components: disposition, which alludes to naturally based, early-emerging, steady person contrasts in feeling and its control, and character, which alludes to person contrasts due to socialization. Be that as it may, the qualifications between these builds are flawed, as a huge body of prove has amassed showing that identity characteristics have all the characteristics of disposition, counting solid hereditary and organic bases and significant solidness over the life expectancy.(2)

In the past, people came up with different ways to group personalities, but in the 1980s they agreed on a system called the Five-Factor Model.

The FFM found out that people's personality can be arranged in a hierarchy, with many small traits leading up to five bigger ones. The "Big Five" traits are feelings of being worried, being social, being responsible, being nice, and being open to new experiences. Basically, the FFM is a way to describe someone's personality. It can be broken down into three parts: negative feelings, positive feelings, and impulse control. These are the most important things that make up a person's personality.(3)

Many people are realizing that a person's character and personality can change and grow as they age and go through different experiences. It's not something that is set in stone forever. For instance, while most personality traits stay the same in order from most to least important, this gets stronger as we grow up. Over time, young adults become more responsible and confident, and less anxious.(4)

Many ideas have been suggested about how personality and mood disorders might be related. One example is from Akiskal et al. Sorry, the given text is too short and incomplete to be rewritten in simpler words. Can you provide more information or context? Klein and his colleagues. The proposed ideas are: (a) People's personality and getting depressed may be caused by the same things. (b) People's personality and getting depressed are like a line that goes from one to the other. (c) People's personality might be the start of getting depressed. (d) People's personality might make them more likely to get depressed. (e) People's personality might affect how depression affects them. (f) When someone is depressed, their personality can change. (g) When someone gets over being depressed, they might still have changes in their personality because of it. These different types of accounts are somewhat similar, but there are some small differences between them. In easy words, and other ideas or possibilities are believable. These seven models are helpful for understanding the problem.(5)

Depressive disorder have many different causes because they come from many different sources that interact together. This means that personality traits may have different effects on different types of depression. The way we categorize depression now is not very good at telling us why someone is depressed. It mostly just looks at their symptoms. It is important to think about if personality affects different types of depression differently. Different types of depression may have different characteristics like age of starting and how often it happens. Not considering individual differences can hide important links between personality and depression. On the other hand, a person's personality can help classify similar groups of people with depression. Sadly, not many studies about personality and depression have tried to consider that people may be different from each other in various ways.(6) Different ways can be used to figure out someone's temperament or personality, such as asking them questions about themselves, talking to people who know them well, or watching how they behave in different situations. Most scientific studies on how a person's personality affects their risk of having depression ask people to fill out surveys about their own personality. This is a problem because when someone talks about their personality, it can be hard to know if their mood at the moment is affecting what they say. Sometimes people don't know themselves very well or answer questions in a certain way. It's also tricky to figure out if someone's personality is a result of their surroundings or just a part of who they are.(7)

## Prevention

Studying someone's personality is important to help stop depression. There is proof that ways of preventing depression can make it happen a quarter less often. The ways we can help people with mental health problems are divided into three different types. We can help everyone, help people who might be at risk, or help people who have less severe problems. Universal interventions are expensive and not tailored to individual needs. They need a lot of people to see any noticeable effects. Indicated interventions are more like treatments than prevention.(8)

## How well someone gets better

The way a person behaves and thinks can affect how they are treated for depression after starting to experience it. Certain qualities can help predict how someone will respond to treatment. We have found strong proof that people with lower levels of N/NE do better during different types of treatment. Less research has been done on some of the other Big Five traits and we are still unsure about how important they are. A study showed that a combination of medication and therapy helped some people more than others. People who had less N/NE and more conscientiousness were more likely to benefit. Having more E/PE didn't make a big difference, but it made the effects of conscientiousness even stronger. Some studies about Cloninger's traits have not given clear and reliable answers.(9)

If someone's personality makes them more likely to develop depression, it's important to figure out what things might make it worse or better and how it happens. There are some things that can make people more likely to struggle with mental health issues. These include things like their gender, difficult experiences when they were young, and stressful situations in their life. There are also things that can make these problems worse, such as having problems with relationships, thinking negative thoughts, not having good ways to cope with stress, and having strong physical and emotional reactions to stress. More research needs to be done to understand how certain factors affect things over a long period of time.(10)

## Conclusion

Many of the traits that suggest someone may have depression are also seen in other kinds of mental problems, such as anxiety disorders. This means that one thing can cause many different outcomes, depending on what happens next. Some mental health conditions are very similar to each other. By studying the connections between personality and these conditions, we can improve the way we classify them. Thirdly, certain characteristics in people are affected by their mental health, while others are not. For example, some traits like nervousness and caution can change depending on how someone is feeling, while traits like extraversion and openness stay the same regardless of mood. However, how someone feels due to their state of mind does not fully explain why some personalities are more likely to experience depression. The reason why N/NE is related to depression is partly because of shared causes like genes. People who have a sad personality and certain behaviors, especially negative thinking, are more likely to develop depression later on. It's not clear yet if they are starting points or tendencies. It's hard to tell them apart, and there's proof for both ideas. There are signs that a child maybe more likely to feel depressed when they are young. This could help us know which children might need help early on. This means that some other characteristics, like being less energetic and less organized, could affect how much a person's negative emotions and anxiety cause them to feel depressed. It's unlikely that feeling sad for a while will change someone's personality in the long run. Your personality can determine how depression affects you, and also how effective treatment will be.

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