



ROLE OF RESILIENCE AND COPING MECHANISMS IN INDIVIDUALS WITH OBSESSIVE-COMPULSIVE DISORDER AND DEPRESSION – A COMPARATIVE STUDY

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ABSTRACT

Background: In the realm of mental health, Obsessive-Compulsive disorder (OCD) and Depression affect millions of individuals worldwide. These two conditions are among the most prevalent mental health disorders globally, each carrying its unique burden of suffering and impairments. However, despite their distinct clinical presentations, these conditions share a common thread of resilience and coping mechanisms that individuals employ to confront and manage their challenges.

Aim and Objective: This study aimed to evaluate the role of resilience and coping mechanisms in individuals suffering from OCD and depression.

Material and Methods: A cross-sectional analytical study was conducted in the Department of Psychiatry at Rama Medical College, Kanpur. Patients attending the Psychiatry OPD were recruited by purposive sampling technique. The study comprised a total of 60 patients who were diagnosed through mental status examinations and ICD-10 Diagnostic Criteria for Research. 30 patients with depression and 30 with OCD were taken for the study. Sociodemographic information was obtained through a semi-structured questionnaire. Brief Resilience Scale and Brief Coping scale were administered to both groups to know about the resilience and coping mechanisms used by patients.

Results and discussion: The coping mechanism used by the patients of depression was mostly emotion-focused (53.33%) as compared to the avoidant mechanism mostly used by OCD patients (63.33%) and this difference in the coping mechanism used was statistically significant ($p < 0.05$). There was also a highly significant difference in the mean resilience score between depression and OCD patients ($p < 0.0001$), with patients with depression showing more resilience.

Conclusion: Our study shows that resilience is more among depressive patients and the coping mechanism mostly used by them is emotion-focused compared to the avoidant coping mechanism used by OCD patients.

Keywords: Resilience, Obsessive-Compulsive Disorder, Depression, Coping mechanism

Introduction

Mental health disorders are a pervasive and often debilitating aspect of the human experience. In the realm of mental health, Obsessive-compulsive disorder (OCD) and Depression affect millions of individuals worldwide. OCD is characterized by the presence of obsessions and compulsions. Obsessions are intrusive and unwanted repetitive thoughts, urges, or impulses that often lead to a marked increase in anxiety or distress. Compulsions are repeated behaviors or mental acts that are done in response to obsessions, or in a rigid rule-bound way. Some patients may have only obsessions or only compulsions, but in most cases both obsessions and compulsions are present.^[1] It often leads individuals into the relentless grip of anxiety and distress.

On the other hand, Depression is a pervasive mood disorder that casts a prevalent shadow over one's life, enveloping them in feelings of sadness, hopelessness, and despair.^[2] Depression is a common illness worldwide, with an estimated 3.8% of the population affected.^[3] It can cause the affected person to suffer greatly and function poorly at work, at school, and in the family. These two conditions are among the most prevalent mental health disorders globally, each carrying its unique burden of suffering and impairments. While distinct in clinical presentation these conditions share a common thread of resilience and coping mechanisms that individuals employ to confront and manage their challenges.

Resilience refers to the human capacity to adapt positively to adversity, trauma, tragedy, threats, or even significant sources of stress. It encompasses an individual's ability to bounce back from setbacks, maintain emotional equilibrium, and continue functioning effectively despite the presence of adversities. It is associated with positive emotions and can also reduce a person's involvement in rumination.^[4] Resilience is the capacity and dynamic process of adaptively overcoming stress and adversity while maintaining normal psychological and physical functioning.^[5]

Another definition of resilience, given by the American Psychological Association is “the process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of threat”.^[6] The term resilience has been borrowed from physics where it is used to describe the ability of a material to withstand impact without cracking and regain its original shape.^[7]

In the context of OCD and Depression, understanding the role of resilience becomes particularly significant. These conditions often place individuals in a state of distress, and their ability for resilience can significantly impact their quality of life, recovery, and the overall course of the illness. Coping strategies, in this context, serve as the tools that individuals utilize to manage emotional, cognitive, and behavioral aspects. Lazarus and Folkman (1986) defined these “coping strategies” as constantly changing cognitive and behavioral efforts, which are developed to handle specific demands that are valued as situations that exceed a person's resources. Coping mechanisms can be adaptive, maladaptive, or a blend of both, depending on their effectiveness in promoting mental well-being.

Studying coping mechanisms in OCD and depression reveals how individuals navigate their challenges and influence their condition's severity. Coping involves consciously managing thoughts, emotions, and behaviors to reduce distress. Effective coping skills are essential for positive psychological well-being. By comparative analysis, we seek to unravel the similarities and differences in the ways these individuals adapt to their respective challenges.

Several studies have explored the relationship between resilience, coping strategies, and mental health conditions. Odin Hjemdal et al.^[8] study found that higher resilience correlated with lower levels of depression, anxiety, stress, and obsessive-compulsive symptoms and Leila Salek Ebrahimi et al.^[9] found that OCD patients exhibited higher rates of certain cognitive errors. However, resilience did not significantly differ between the two groups. Dianne M. Hezel et al.^[10] study revealed that lower resilience was associated with worsening OCD, depression, and anxiety symptoms. Another study by Angel Rosa-Alcazar et al.^[11] found differences in coping strategies between OCD patients and healthy controls, with OCD patients using maladaptive strategies more frequently. Chorom Lee et al.^[12] study

revealed a significant inverse relationship between depressive symptoms and resilience, even after adjusting for demographic and occupational factors.

Building upon existing literature and recognizing its limitations, our study aims to delve deeper into resilience and coping strategies among patients with depressive disorder and OCD.

Material and Methods

This cross-sectional analytical study was conducted at Rama Medical College, Hospital, and Research Centre in Kanpur. Before the commencement of the study, permission was obtained from the Institutional Ethics Committee, and written informed consent was obtained from willing participants. The study was conducted on 60 patients calculated using scientific statistical tools. The patients were recruited from the Outpatient Department of Psychiatry till the required sample size was met. Among them, 30 patients diagnosed with depression and 30 with OCD, based on the ICD-10 Diagnostic Criteria for Research^[13] were included. Patients with OCD were further evaluated for the presence of any depressive symptoms and those who were having OCD with depression were not included in the study. Sociodemographic data were collected through a semi-structured questionnaire. Both the Brief Resilience Scale and Brief Cope scale were administered to assess resilience and coping mechanisms used by the patients.

Inclusion Criterion:

1. The patients aged > 18 years.
2. Both male and female patients were included in the study.
3. Cooperative patients were taken.

Exclusion Criterion:

1. Patients with chronic physical illness, comorbid psychiatric disorders (except tobacco dependence), organic brain syndrome, and intellectual disability, were excluded from the study.

2. Non-cooperative and Non-consenting patients.

Data collection encompassed various sociodemographic factors such as age, sex, education, marital status, socioeconomic status, religion, family type, and occupation.

Assessment Tools

1. **Brief Resilience Scale:** It is a six-item scale used to assess the resilience developed by Smith et al. Responses for each item in the scale range from strongly disagree to strongly agree. The total score can be calculated by summing the scores of each item and then dividing the total score by six. The score thus obtained can be categorized into low (1–2.99), normal (3–4.30), or high (4.31–5).^[14]

2. **Brief Cope scale:** Brief Cope Inventory is a 28-item scale propounded by Charles Carver. It is a 28-item self-report 4-point Likert scale. This scale evaluates various coping strategies individuals employ when facing stressors and challenges.^[15]

Participants were assured of the anonymity and confidentiality of their information to prevent reporting bias. Sociodemographic and individual characteristics were presented as numbers and percentages. Descriptive statistics were employed to analyze sociodemographic features and resilience/coping mechanisms. The comparison between patients with depression and OCD was assessed using the Pearson correlation coefficient. Statistical analysis was performed using IBM SPSS version 29.0.1.0 for Windows, with significance determined by the P-value.

Results

The socio-demographic and clinical characteristics are reported in Table 1. Group 1 comprised depressive patients and Group 2 comprised OCD patients. The two groups were compared on different scales i.e., the Brief-Cope scale and Brief Resilience scale. Both groups have an almost equal distribution of gender. Group 2 exhibited a slightly younger age distribution, with a higher proportion of participants aged 20-39. Education levels varied across both groups with a larger percentage having

secondary education. Marital status differed between the groups, with more single participants in Group 1 and more married individuals in Group 2.

Table 1: Frequency distribution of demographic characteristics

DEMOGRAPHIC CHARACTERISTICS	<u>Group 1</u>		<u>Group 2</u>	
	N	%	N	%
Gender				
Male	13	43.33	16	53.33
Female	17	56.66	14	46.66
Age				
19 and below	4	13.33	6	20
20 to 39	18	60	14	46.66
40 to 59	6	20	7	23.33
60 and above	2	6.66	3	10
Education				
Illiterate	2	6.66	4	13.33
Primary	4	13.33	6	20
Secondary	10	33.33	12	40
Graduation	14	46.66	8	26.66
Marital Status				
Single	13	43.33	9	30
Married	11	36.66	14	46.66
Divorced	6	20	7	23.33
Family Type				
Nuclear	18	60	16	53.33
Joint	7	23.33	8	26.66
Three generation family	5	16.66	6	20

Table 2 presents the Mean and Standard Deviation (S.D.) scores for coping mechanisms (Emotion-Focused, Avoidant, and Problem-Focused) and resilience scores in two distinct groups: Group 1 consisting of depressive patients, and Group 2 comprising individuals with OCD.

1. Emotion-Focused Coping: Group 1 demonstrates a notably higher mean score for emotion-focused coping (mean = 36) compared to Group 2 (mean = 28), indicating a highly statistically significant difference ($p < 0.0001$). This suggests that individuals with depression are more inclined to utilize emotion-focused coping strategies.

2. Avoidant Coping: Group 2 exhibits a slightly higher mean score for avoidant coping (mean = 24) compared to Group 1 (mean = 22), with a statistically significant difference ($p = 0.02$).

Table 2: Comparison of means of Brief-Cope scale scores in Depressive and OCD patients

SCALES				
BRIEF-COPE SCORES (type of coping mechanism present) Mean ± S.D.				
	Depression	OCD	F value	P value
Emotion focussed	36±3.02	28±4.09	1.83	<0.0001
Avoidant	22±3.96	24±2.02	3.84	0.02
Problem focussed	16±2.97	17±2.36	1.58	0.15
RESILIENCE SCORE Mean ± S.D.	2.9±0.03	1.8±0.05	2.78	<0.0001

3. Problem-Focused Coping: Both groups display similar mean scores for problem-focused coping, with no statistically significant difference ($p = 0.15$). This suggests that individuals in both groups tend to employ problem-focused coping strategies to a similar extent when facing stressors. Resilience Score: Group 1 (depressive patients) demonstrates a significantly higher mean resilience score of 2.9 compared to Group 2 (OCD patients) with a mean score of 1.8, indicating a highly statistically significant difference ($p < 0.0001$). This implies that individuals with depression exhibit a greater capacity to adapt and recover from adversity.

Table 3: Comparison of Resilience scores in Depressive and OCD

RESILIENCE SCORE	HIGH	NORMAL	LOW	Chi-Square	P value
Depression	2	6	22	6.53	0.04
OCD	0	1	29		

Here are the results of the chi-square tests for resilience scores and coping mechanisms between the Depression and OCD groups. Table 3 indicates that individuals with depression have high resilience scores compared to individuals with OCD. In the Depression group, 2 individuals have a high resilience score, 6 have a normal score, and 22 have low scores. In the OCD group, none have a high resilience score, 1 has a normal score, and 29 have low scores. The chi-square value of 6.53 and a p-value of 0.04 suggest a statistically significant difference in resilience levels between the two groups.

Table 4: Comparison between types of coping mechanisms used by patients

TYPE OF COPING MECHANISM	DEPRESSION	OCD	Chi-Square	P value
Emotion focussed	16	8	6.74	0.03
Avoidant	9	19		
Problem focussed	5	3		

Table 4 provides a comparison of the types of Coping Mechanisms used by patients with depression and OCD. In the Depression group, 16 individuals use emotion-focused coping, 9 use avoidant coping, and 5 use problem-focused coping. In the OCD group, 8 individuals use emotion-focused coping, 19 use avoidant coping, and 3 use problem-focused coping. The chi-square value of 6.74, and a p-value of 0.03 indicates a statistically significant difference in coping mechanisms between the two groups.

Discussion

In today's fast-paced world, stress has become a common experience, often leading to mental health challenges for many individuals. How people cope with these stressors varies greatly, some effectively manage and overcome them using various coping mechanisms, while others struggle which results in mental health issues. It's important to acknowledge that not everyone can easily handle stress, and those who struggle may require support and intervention to address their mental health challenges. This study explores adaptive and maladaptive coping strategies using the Brief Coping assessment tool and Brief Resilience scale, shedding light on coping mechanisms, resilience levels, and demographic characteristics among individuals with depression and OCD. Interestingly, high resilience scores were found predominantly among depressive patients, while OCD patients tended to score lower on resilience. These findings align with previous research by O. Hjemdal et al.^[8] Additionally, our study reveals higher Brief coping scores among depressive patients compared to OCD patients, with the former relying more on emotion-focused coping, a pattern consistent with findings by Kasi PM et al.^[16] Regarding coping mechanisms, our study shows significant differences between the two groups. Individuals with depression tend to employ emotion-focused coping strategies more frequently, these findings are consistent with Ravindran et al.^[17] while those with OCD lean towards avoidant coping. This divergence suggests that the choice of coping mechanisms is influenced by the nature of the mental health condition: depression often involves intense emotional distress, prompting individuals to seek emotional coping strategies, whereas individuals with OCD, plagued by distressing obsessions and compulsions, may resort to avoidant strategies to manage anxiety.

Training or mindfulness-based coping strategies like breathing exercises, and RAIN meditation can be used to promote and enhance the mental health of healthcare professionals by bolstering positive emotions^[18]. Furthermore, governmental authorities can offer support to healthcare professionals by providing psychological assistance to those at a higher risk of developing mental health issues.^[19]

The overarching aim is to cultivate greater resilience, as the environment and circumstances consistently undergo change. In this context, nurturing positive emotions can significantly contribute to improved mental health, especially among healthcare professionals during such challenging periods.^[20]

Moreover, the study highlights that individuals with depression exhibit significantly higher resilience scores compared to those with OCD, prompting inquiry into the relationship between mental health conditions and resilience. Despite emotional struggles, individuals with depression may possess a level of adaptability and strength that enables effective coping. This insight encourages further exploration of resilience factors within mental health contexts.

Strengths and Limitations of our study

The study effectively compares coping mechanisms and resilience levels between two distinct groups, individuals with depression and those with OCD. This comparative approach allows for meaningful insights into the differences between these two mental health conditions. A balanced and adequately sized sample enhances the study's strength, allowing for meaningful statistical analyses and more reliable generalizations. The findings have clinical relevance as they offer insights into how individuals with depression and OCD differ in their coping strategies and resilience levels.

The study's limitations include its cross-sectional design, which restricts the ability to draw causal relationships. Longitudinal research is needed to understand coping mechanisms and resilience. Additionally, the study lacks consideration of certain variables that could influence coping and resilience, such as the severity of the conditions, comorbidities, and access to treatment.

Conclusion

This study provides insights into coping mechanisms, resilience levels, and demographics of individuals with depression and OCD, offering a foundation for further research. Despite its

limitations, it serves as a stepping stone for further exploration in this field. Understanding these factors can enhance diagnosis, treatment, and support for affected individuals.

Declarations:

Conflicts of interest: There is no any conflict of interest associated with this study

Consent to participate: We have consent to participate.

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