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Understanding Resilience And Coping In Depression And Ocd: Insights From A Clinical Sample

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ABSTRACT

Background: Obsessive-Compulsive Disorder (OCD) and Depression are among the most prevalent mental health conditions globally. Both disorders differ in symptomatology but share common psychological constructs such as resilience and coping mechanisms that influence prognosis and functioning**.**

Aim and Objective: To evaluate and compare resilience and coping mechanisms among individuals diagnosed with OCD and Depression.

Material and Methods: A cross-sectional analytical study was conducted at a tertiary care centre involving 100 participants—50 with depression and 50 with OCD—diagnosed per ICD-10 criteria. Sociodemographic data were collected, and participants were assessed using the Brief Resilience Scale (BRS) and the Brief COPE Inventory. Statistical analysis was performed using SPSS version 29.0.1.0, with significance set at $p<0.05$.

Results: In the present study emotion-focused coping was predominantly used by depressed patients (56%), whereas OCD patients mostly employed avoidant coping strategies (60%), a difference that was statistically significant ($p=0.001$). The mean resilience score was significantly higher in depressed individuals (3.1±0.7) compared to those with OCD (2.2±0.6) ($p<0.0001$). No significant difference was observed in problem-focused coping between the two groups.

Conclusion: Depressive patients demonstrated higher resilience and a preference for emotion-focused coping, while OCD patients relied more on avoidant strategies and exhibited lower resilience. These findings underscore the importance of tailored psychotherapeutic approaches that enhance adaptive coping and resilience in both groups

Keywords: Resilience, Obsessive-Compulsive Disorder, Depression, Coping Mechanisms, Mental Health

1. INTRODUCTION

Mental health disorders remain among the leading causes of disability worldwide, with Obsessive-Compulsive Disorder (OCD) and Major Depressive Disorder (MDD) ranking prominently in terms of prevalence and impact. According to the World Health Organization, depression affects over 280 million people globally, while OCD, though less prevalent, causes considerable distress and functional impairment in affected individuals [1,2]. Despite their distinct diagnostic criteria, both disorders share common ground in the psychological domains they affect, particularly in terms of resilience and coping mechanisms.

OCD is defined by the presence of obsessions—repetitive, intrusive, and distressing thoughts—and compulsions—repetitive behaviors or mental acts intended to neutralize distress [3]. These symptoms often result in significant anxiety and disruption to daily functioning. Conversely, depression is characterized by persistent sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration [4]. Both disorders challenge the individual's ability to maintain emotional stability, relationships, and productive functioning.

A key psychological factor influencing how individuals manage such distress is resilience—defined as the capacity to recover from difficulties or adapt successfully in the face of adversity [5]. Resilience has gained increasing attention in the field of psychopathology as a potential moderator of mental health outcomes [6]. Higher resilience is associated with lower levels of psychopathology, including depression and anxiety, and may buffer against the development or exacerbation of mental

disorders [7].

Parallel to resilience is the concept of coping mechanisms, which refers to the strategies individuals use to manage psychological stress. These mechanisms can be broadly categorized as problem-focused, emotion-focused, or avoidant [8]. The nature and effectiveness of coping strategies are pivotal in determining mental health outcomes. While emotion-focused coping may involve efforts to manage emotional distress (e.g., seeking support, acceptance), problem-focused coping involves taking active steps to resolve the source of stress. Avoidant coping, such as denial or disengagement, is typically associated with poorer outcomes [9]

In clinical observations and empirical studies, depressive patients often exhibit increased emotional sensitivity and rumination, making emotion-focused coping more prevalent in this group [10]. On the other hand, OCD patients, who struggle with intrusive thoughts and compulsive rituals, may exhibit avoidant coping to reduce the discomfort caused by their obsessions, even if such strategies are ultimately maladaptive [11].

Several studies highlight the interaction between resilience and coping strategies in mental health conditions. Hjemdal et al. [12] demonstrated that adolescents with higher resilience levels showed lower anxiety and depressive symptoms. Hezel et al. [13] noted that resilience could predict positive mental health outcomes in individuals with OCD during the COVID-19 pandemic. Rosa-Alcazar et al. [14] found that OCD patients were more likely to employ maladaptive coping strategies during periods of elevated stress.

Although the individual constructs of resilience and coping have been well-documented in relation to depression and OCD, comparative studies exploring both dimensions across these two disorders remain limited. Understanding the nuanced differences between how depressive and OCD patients cope and bounce back from adversity can inform targeted therapeutic strategies, especially psychotherapeutic interventions such as Cognitive Behavioral Therapy (CBT), which often aims to restructure maladaptive coping mechanisms and bolster resilience.

Therefore, this study aims to evaluate and compare the role of resilience and coping mechanisms in individuals diagnosed with either OCD or depression. We hypothesize that there will be significant differences in the types of coping mechanisms employed and levels of resilience across the two groups.

2. MATERIAL AND METHODS

Study Design and Setting

A cross-sectional analytical study was conducted at a Tertiary care centre for a period of 12 months in the Department of Psychiatry.

Sample

A total of 100 participants were included, comprising 50 patients with OCD and 50 with depression, as diagnosed by a psychiatrist using ICD-10 Diagnostic Criteria for Research. Sample size was calculated based on standard statistical methodology for cross-sectional comparison studies.

Inclusion Criteria

Age above 18 years

Both male and female patients

Clinical diagnosis of either OCD or depression

Willingness to provide informed consent

Exclusion Criteria

Presence of comorbid psychiatric disorders (except tobacco dependence)

Chronic physical illnesses or neurological disorders

Intellectual disability or organic brain syndrome

Non-cooperative or non-consenting individuals

Assessment Tools

1. Brief Resilience Scale (BRS): A six-item scale developed by Smith et al. [15], assessing the ability to recover from stress. Scores range from 1–5, categorized into low (1–2.99), normal (3–4.30), or high resilience (4.31–5).

2. Brief COPE Inventory: A 28-item scale designed by Carver [16] to assess various coping strategies. It categorizes coping styles into emotion-focused, avoidant, and problem-focused.

Data Analysis

Data was analyzed using IBM SPSS version 29.0.1.0. Descriptive statistics were used to summarize sociodemographic data. The Pearson correlation coefficient, Chi-square test, and independent t-tests were applied to compare variables between the two groups. A p-value <0.05 was considered statistically significant.

3. RESULTS

The study included 100 participants, equally divided between depression (n=50) and OCD (n=50) groups. Most participants were aged 18–29 (18 in depression, 24 in OCD), followed by 30–39 years. Gender distribution was relatively balanced with a slight male predominance in both groups. A majority of the depression group were married (56%) compared to 70% in the OCD group. Educational status showed most participants in both groups were graduates or above, with 54% in the depression group and 44% in the OCD group.

Table 1: Frequency Distribution of Demographic Characteristics

Characteristic	Depression(n=50)	OCD (n=50)
Age		
18-29 years	18 (36%)	24 (48%)
30-39years	15(30%)	14 (28%)
40-49years	10(20%)	7 (14%)
50 and above	7 (14%)	5 (10%)

Gender	Depression(n=50)	OCD (n=50)
Male	27 (54%)	26 (52%)
Female	23 (46%)	24 (48%)

Marital status	Depression(n=50)	OCD (n=50)
Single	22 (44%)	15 (30%)
Married	28 (56%)	35 (70%)

Education	Depression(n=50)	OCD (n=50)
Primary	5 (10%)	8 (16%)
Secondary	18 (36%)	20(40%)
Graduate & above	27 (54%)	22 (44%)

Emotion-focused coping was significantly higher in the depression group (35.5 ± 4.8) than in the OCD group (29.3 ± 5.1) ($p < 0.0001$). Conversely, avoidant coping was higher in the OCD group (25.9 ± 4.0) compared to the depression group (22.8 ± 3.9) ($p = 0.004$). Problem-focused coping showed no significant difference between groups ($p = 0.318$). Resilience, measured using the Brief Resilience Scale (BRS), was significantly higher in the depression group (3.1 ± 0.7) than in the OCD group (2.2 ± 0.6) ($p < 0.0001$).

Table 2: Mean and SD of Coping Mechanism scores and Resilience Scores

Coping/ Resilience Measure	Depression (± Mean SD)	OCD (± Mean SD)	P value
Emotion-Focused Coping	35.5±4.8	29.3±5.1	<0.0001
Avoidant Coping	22.8±3.9	25.9±4.0	0.004
Problem- Focused Coping	24.2±3.5	23.5±3.9	0.318
Resilience Score (BRS)	3.1±0.7	2.2±0.6	<0.0001

A higher proportion of participants with depression demonstrated high (12%) and normal (24%) levels of resilience compared to the OCD group, where only 2% showed high and 10% showed normal resilience. Low resilience was reported in 88% of OCD participants and 64% of those with depression.

Table 3: Distribution of resilencing scores

Resilience Level	Depression (n=50)	OCD (n=50)	Chi-square	P value
High (4.31-5)	6 (12%)	1 (2%)	11.2	0.004
Normal (3.00-4.30)	12 (24%)	5 (10%)		
Low (1.00-2.99)	32 (64%)	44(88%)		

Emotion-focused coping was more commonly employed by the depression group (56%) compared to the OCD group (28%). Avoidant coping was more prominent in the OCD group (60%) than in the depression group (30%). Problem-focused coping was least used across both groups, with similar proportions (14% in depression, 12% in OCD).

Table 4: Types of coping mechanisms used

TYPE OF COPING MECHANISM	DEPRESSION (n=50)	OCD (n=50)	Chi-Square	P value
Emotion focussed	28 (56%)	14 (28%)	14.6	0.001
Avoidant	15 (30%)	30 (60%)		
Problem focussed	7 (14%)	6 (12%)		

4. DISCUSSION

The present study revealed significant differences in coping styles and resilience levels between individuals with depression and those with OCD. Emotion-focused coping was more common among individuals with depression, whereas avoidant coping predominated in OCD. Additionally, resilience was notably lower among OCD patients compared to those with depression.

These findings are supported by several contemporary studies. Sobhani et al. (2024) [13] highlighted that coping strategies significantly predict resilience, emphasizing that individuals with adaptive coping show greater resilience—a finding aligned with our observation in the depression group. Guraya et al. (2025) [14] also observed that workplace professionals using emotion-focused strategies maintained better emotional regulation and resilience during stressful conditions.

Conversely, our findings regarding avoidant coping in OCD are echoed by Crișan et al. (2024) [15], who noted that healthcare professionals with higher levels of anxiety and obsessive traits were more prone to avoidance as a stress response. Moreover, Seema (2024) [16] concluded that maladaptive coping styles like avoidance often correlate with lower resilience, which corresponds to our finding that low resilience was highly prevalent among OCD patients.

However, not all studies align with our results. For instance, Ayieko et al. (2025) [17] reported that even among highly vulnerable populations such as day laborers, avoidant coping did not necessarily equate to lower resilience, suggesting that contextual and cultural factors might influence this dynamic.

It is worth noting that problem-focused coping, generally considered the most adaptive, was underutilized in both groups, raising concerns about the effectiveness of coping training and mental health education among patients. This is consistent with Liu and Mostafavi (2025) [18], who found that communities with poor access to cognitive-behavioral resources showed minimal use of problem-solving approaches in crisis situations.

Overall, the differential patterns of coping and resilience underscore the need for targeted interventions tailored to the psychiatric diagnosis, personality traits, and social background of patients. Resilience has therefore become a fundamental necessity in the medical field.

5. CONCLUSION

This study demonstrated that individuals with depression are more likely to use emotion-focused coping strategies and possess higher resilience compared to those with OCD, who predominantly employ avoidant coping and show significantly lower resilience. The findings highlight the need for customized therapeutic approaches to improve adaptive coping skills and enhance resilience, particularly in OCD patients. Early psychological interventions focused on resilience-building and the promotion of problem-focused coping could improve mental health outcomes across both groups.

DECLARATIONS:

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

Consent to participate: There is consent to participate.

Consent for publication: There is consent for the publication of this paper.

Authors & contributions: Author equally contributed the work.

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