



PSYCHOLOGICAL AND CONFLICT SYMPTOM SEVERITY IN PATIENTS WITH DEPRESSION AND OCD

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ABSTRACT

Background: Depression and Obsessive-Compulsive Disorder (OCD) are prevalent mental health disorders that disrupt emotional stability, cognitive functioning, and interpersonal relationships. Although distinct in their symptomatology, both conditions exhibit overlapping features such as distorted self-concept and interpersonal difficulties. **Aims And Objectives:** This study aimed to explore and compare the psychological conflicts in patients with Depression and OCD and examine how these conflicts relate to the severity of symptoms in each group. **Methods And Sampling:** A total of 60 participants (30 with Depression and 30 with OCD) were assessed using the Hamilton Depression Rating Scale (HAM-D), Yale-Brown Obsessive-Compulsive Scale (YBOCS), and Sacks Sentence Completion Test (SCT). **Findings:** Significant findings revealed that patients with OCD experienced higher levels of conflict in the family and sex domains, while both groups showed comparable conflict in interpersonal and self-concept areas. Total conflict was significantly higher in the OCD group. Correlation analysis indicated that self-concept and total conflict were strongly associated with Depression severity, whereas interpersonal conflict was more closely linked with OCD severity. **Implications:** These findings support the view that internal psychological conflict plays a central role in the manifestation and intensity of both disorders. Addressing these conflicts—particularly in areas of self-concept and interpersonal relationships—may enhance the effectiveness of therapeutic interventions. The results underscore the need for comprehensive treatment strategies that consider both symptom severity and underlying psychological dynamics.

KEYWORDS : Depression, Obsessive-Compulsive Disorder, Psychological Conflict

INTRODUCTION

Depression and Obsessive-Compulsive Disorder (OCD) are two prevalent mental health conditions that often disrupt individuals' emotional and social functioning. While both disorders exhibit distinct symptomatology, they also share overlapping features such as cognitive distortions and interpersonal challenges. Recent studies have emphasized the need to understand the psychological conflicts underlying these disorders. For instance, *Zhang et al. (2022)* highlighted the role of negative self-concept in depressive symptoms, suggesting a strong correlation between internal conflict and severity of depression. Similarly, *Kashyap & Abramowitz (2021)* found that patients with OCD often report heightened interpersonal and family-related stress, indicating that their symptoms may be intertwined with social and relational dynamics. Moreover, *Thompson-Hollands et al. (2023)* emphasized that family accommodation in OCD significantly contributes to the maintenance and severity of symptoms, calling for greater clinical attention to familial conflict.

AIMS AND OBJECTIVES

- To examine psychological conflict in patients diagnosed with Depression and OCD.
- To compare conflict domains (family, sex, interpersonal, self-concept) between the two groups.
- To assess the relationship between symptom severity and psychological conflict in both groups.

MATERIALS AND METHODS

Present study employed a comparative cross-sectional design to explore the nature and severity of psychological conflict in patients with Depression and OCD.

Sampling

A purposive sampling technique was used to select 60 participants (30 Depression, 30 OCD) aged between 20–40 years, all with a minimum education level of 10th grade.

Procedure

Participants were recruited from outpatient psychiatric clinics. After obtaining informed consent, standardized assessment tools were administered in individual sessions.

Tools Used

- Hamilton Depression Rating Scale (HAM-D)** – to assess the severity of Depression.
- Yale-Brown Obsessive-Compulsive Scale (YBOCS)** – to measure the severity of OCD.
- Sacks Sentence Completion Test (SCT)** – to evaluate

psychological conflict in four domains: family, sex, interpersonal relationships, and self-concept.

Statistical Analysis

Data were analyzed using SPSS. Chi-square tests, independent t-tests, and Pearson's correlation were applied to examine group differences and relationships between variables.

RESULTS

Table 1: Socio-demographic Characteristics Of Patients With Depression And OCD

	Depression (n=30)	OCD (n=30)	χ^2 value	Sig
Gender				
Male	14	19	1.684	.194
Female	16	11		
Domicile				
Rural	12	5	4.022	.045*
Urban	18	25		
Family Type				
Joint	11	12	.071	.79
Nuclear	19	18		
Socio-economic status				
Lower Middle	5	5	4.447	.349
Middle	12	8		

The above table highlights demographic differences, revealing a significant difference in domicile (urban vs. rural) between the two groups ($p = 0.045$), with OCD patients more likely to reside in urban areas. However no significant differences were found in gender, family type, or socioeconomic status.

Table 2: Areas Of Conflict Among Patients With Depression And OCD

Domains of Sentence Completion Test	Depression n=30 (Mean \pm SD)	OCD n=30 (Mean \pm SD)	t-value	Significance
Family	5.40 \pm 3.04	9.40 \pm 4.10	4.28	.001**
Sex	2.66 \pm 1.58	4.46 \pm 3.27	2.70	.009**
Interpersonal	8.56 \pm 3.79	6.83 \pm 4.17	1.68	.098
Self-concept	16.96 \pm 7.16	19.16 \pm 4.33	1.43	.156
Total Conflict	33.60 \pm 12.26	39.86 \pm 11.81	2.01	.048*

The above table highlights OCD patients reported significantly higher conflict in the Family ($p = .001$) and Sex domains ($p = .009$). Total Conflict was also significantly higher in the OCD group ($p = .048$). No significant differences were found in Interpersonal or Self-concept domains.

Table 3: Moderate To Severe Symptom Severity Of Conflict Among Patients With Depression & OCD

Category	Depression (n=30)	OCD (n=30)	Chi-square (df=1)	Significance
Family				
Moderate to Severe	29	24	4.04	.103
No	1	6		
Sex				
Moderate to Severe	0	4	4.28	.112
No	30	26		
Interpersonal				
Moderate to Severe	1	1	0.000	1.00
No	29	29		
Self-Concept				
Moderate to Severe	3	4	0.162	1.00
No	27	26		

The above table shows that there were no significant differences in the rates of moderate to severe conflict across any domain, although a trend toward higher conflict in the Sex domain was noted among OCD patients.

Table 4: Correlation Between Areas Of Symptom Severity Of Conflict With Depression And OCD

Category	Family	Sex	Interpersonal	Self-concept	Total
Depression	.266	.304	.462	.892**	.770**
OCD	.004	.305	.506**	.400*	.409*

This table highlights the significant correlations were found between Self-concept and Total Conflict with depression severity (HAM-D), and Interpersonal, Self-concept, and Total Conflict with OCD severity (YBOCS), indicating that internal conflict plays a major role in symptom intensity.

DISCUSSION

The study revealed distinct and overlapping psychological conflict patterns in Depression and OCD. While OCD patients experienced more conflict in the family and sex domains—likely due to symptom interference with social and intimate functioning—patients with Depression showed more conflict related to self-concept and interpersonal relationships. These findings align with existing literature, emphasizing the impact of internalized distress and disrupted social functioning in both disorders. The strong correlation between self-concept conflict and symptom severity further underscores the need for targeted therapeutic interventions focusing on self-perception and relational dynamics.

RECOMMENDATIONS AND CONCLUSION

Clinicians should adopt a comprehensive treatment approach addressing both symptomatology and underlying psychological conflict. Cognitive-behavioral strategies focusing on interpersonal functioning and self-concept restructuring may be particularly beneficial. Integrating family-focused interventions could also help alleviate relational stress in OCD. Future research with larger samples is recommended to validate these findings and explore additional psychosocial variables.

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