Section: Psychiatry

Research

A COMPARATIVE STUDY ON PERSONALITY TRAITS OF INDIVIDUAL WITH OBSESSIVE-COMPULSIVE DISORDER AND DEPRESSIVE DISORDER

Received : 09/11/2022
Received in revised form : 18/12/2022
Accepted : 30/12/2022

Keywords:
Personality traits, obsessive-compulsive disorder and Depression.

Corresponding Author:
Dr. Gaurav Singh,
Email:shanky.gauravsingh@gmail.com
ORCID: 0000-0001-5332-7611

DOI: 10.47009/jamp.2023.5.1.71

Source of Support: Nil,
Conflict of Interest: Nonedeclared

Int J Acad Med Pharm
2023; 5 (1); 343-349

Sachin Gupta[1], Gaurav Singh[2], Richa Ojha[3]

[1]Clinical Psychologist, Kanti Devi Medical college Hospital and Research Center, Mathura, Uttar Pradesh, India
[2]Associate Professor, Department of Psychiatry, Kanti Devi Medical College, Hospital and Research Center, Mathura, Uttar Pradesh, India
[3]Assistant Research Officer, Inclen Trust International, Bareilly, Uttar Pradesh, India

Abstract

Background: This study investigates and compares the personality traits of individual with obsessive compulsive disorder and Depressive Disorder. **Materials and Methods:** Socio-demographic and clinical data sheet, The Yale-Brown Obsessive Compulsive Scale (Y-BOCS Goodman et al., 1989), The Beck Depression Inventory second edition (BDI-II; Beck, Steer & Brown, 1996) and 16 PF- Form D-105 items (Raymond Cattle) was used for data collection. 60 patients (30 for OCD and 30 for Depression) already diagnosed with a psychiatrist as per ICD-10 DCR criteria and meeting their inclusion and exclusion criteria were selected from the inpatient and outpatient department of NIMHABS (Newada), BHU (psychosomatic department of psychiatry in Ayurveda) and Mental Hospital Varanasi (MHV) Pandeypur, Varanasi (Uttar Pradesh). **Result:** The results of the study show the comparison of personality traits in individual with obsessive compulsive disorder and depressive disorder. It was found that there was no significant difference between personality traits in patients with OCD and Depression. **Conclusion:** It can be concluded that there was no commonality between these factors for individuals with OCD and Individuals with depressive disorder. Further, based on the results we can say that certain personality dimension does exist in depressive and obsessive-compulsive disorder and that some of these changes are independent of clinical treatment response.

INTRODUCTION

Depression

Depression may be defined as – "the exaggerated, magnified and inappropriate expression of some otherwise quite common responses". Depression is a disorder that is defined by certain emotional, behavioral and thought patterns. (Petersen and colleagues 1993)Almost all of us experience moment of sadness, loneliness, pessimism, and uncertainty as a natural reaction to stressful and adverse situations. In the depressed individuals those feelings become all pervasive. Symptoms may be triggered by some insignificant event or occur without apparent connection to any outside cause. Depression is a psychological illness that affects feelings, thought, behavior, physical health, interpersonal relationship, job performance, sexual life and other important spheres of life of depressed individual. Depression is considered as a syndrome consisting of a cluster of signs and symptoms sustained over a period of weeks, to months, that represent a marked deviation from an individual's habitual functioning and tend to recur, often in periodic or cyclical fashion.[1]

In fact, the chance of developing depression is estimated to be 1 in 5 for women and 1 in 10 for men. With proper treatment however, nearly 80% depressed people improve completely, and most within a span of weeks. 15% remain with residual symptoms, and only 5% become chronic. In general we can say depression is an aversion to activity and state of low mood. It can affect person's life in the context of physical and mental health as well as person's thoughts, feelings, behaviors and sense of well-being.[2]

ISSN (O): 2687-5365; ISSN (P): 2753-6556

Depression and Personality Traits

Personality is defined as an individual's unique and relatively stable patterns of behavior, thoughts and feelings. Personality traits are specific dimension along which individuals differ in consistent and stable ways. Some people may be more at risk of depression because of their personality, particularly if they have a tendency to worry a lot, have low self-esteem, are perfectionists, are sensitive to personal criticism, or are self-critical and negative. Personality dysfunction has been associated with poor outcome of depression, increased risk of suicide, and extensive use of treatment, and different personality traits have been associated with depressive disorders.[3]

Obsessive–compulsive disorder

Obsessive-compulsive disorder (OCD), as defined in the Diagnostic and Statistical Manual of Mental Disorders 4th edition (DSM-IV; American Psychiatric Association, 1994) is characterized by recurrent obsessions or compulsions that are time consuming and cause marked distress or impairment. Obsessions are recurrent and persistent thoughts, urges, or images that are experienced as intrusive and unwanted. The affected individual tries to ignore or suppress these thoughts, urges or images, or tries to neutralize them by performing a compulsion. Typical obsessions are fear of contamination, thoughts about excessive responsibility (like fear of causing fire), or inappropriate thoughts with sexual or aggressive content. Obsessions are experienced as ego-dystonic, which means that they are inconsistent with the person's beliefs, attitudes and desires. Compulsions are physical or mental actions that are performed in response to obsessions in order to prevent a feared catastrophic outcome or to reduce anxiety and discomfort The World Health Organization has ranked OCD as one of the ten most debilitating disorders in terms of lost income and impaired quality of life (Murray & Lopez, 1996). Obsessive–compulsive disorder (OCD) is characterized by re current obsessions and/or compulsions that cause marked distress and interfere with daily functioning (APA, 2013).[4]

Obsessions are defined as:

1. Recurrent and persistent thoughts, impulses, or images that are experienced, at some time during the disturbance, as intrusive and inappropriate and that cause marked anxiety or distress,
2. The thoughts, impulses, or images are not simply excessive worries about real-life problems,
3. The person attempts to ignore or suppress such thoughts, impulses, or images, or to neutralize them with some other thought or action, and,
4. The person recognizes that the obsession thoughts, impulses, or images are a product of his or her own mind (not imposed from without as in thought insertion).

Compulsions are defined as

Repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) are behavior in which the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly. The behaviors or mental acts are aimed at preventing or reducing As many as 2 percent of the people in the united state and other countries throughout the world suffer from Obsessive-compulsive disorder in any given years (Steketee & Barlow, 2002; Frost& Steketee, 2001).[5,6]

Obsessive-Compulsive Disorder and personality traits

Personality and OCD remains elusive. Results from studies on categorically defined personality disorders are quite heterogeneous, with comorbid Axis II diagnoses ranging from 33% to 83% and involving such different personality disorders as dependent, histrionic and schizotypal (Summerfeldt et al., 1998). A dimensional perspective may be a more useful approach in describing personality functioning and may better reveal meaningful relationships between personality and OCD.[7]

Need for Study: Previous studies suggested that there were no personality factors in depressive patients and the patients who suffered from obsessive compulsive disorder. Most of the researchers studied the personality traits in depressive disorder and obsessive compulsive disorder respectively. Therefore, in this study we want to compare the factors such as personality traits in individual with obsessive compulsive disorder and depressive disorder. Individuals with obsessive compulsive disorder (OCD) tend to suffer from comorbid Depression at some time during the course of their illness. The proportion has been estimated at between one-third (Robins et al., 1984) and two-thirds (Pigott et al., 1994).[8,9]

Comorbid conditions are frequently reported in patients with OCD, and Ruscio et al. (2010), using data from 2073 respondents diagnosed with lifetime OCD from the National Comorbidity Survey Replication, reported a comorbidity rate of 90%. The most common comorbid psychiatric conditions were anxiety disorders (75.8%) and mood disorders (63.3%). General and trait measures of anxiety symptoms have been associated with suicidal ideation and/or attempts even after controlling for depression (Chioqueta and Stiles, 2003; Diefenbach et al., 2009; Ohring et al., 1996). Bipolar disorder has been consistently found to be a risk factor for suicide (Brown et al. 2000, Harris et al.1997).[10,11]

Aim of the Study

To study and compare the personality traits of individuals with obsessive compulsive disorder and individuals with depressive disorder

ISSN (O): 2687-5365; ISSN (P): 2753-6556

The Objectives of the Study Were to

- study the socio-demographic profile of patients with OCD and Depressive disorder,
- assess the personality traits of patients with OCD and Depressive disorder,
- Compare the personality traits of patients with OCD and Depressive disorder.

Hypothesis of the Study:

There will be no significant difference of personality traits between individuals with OCD and depressive disorder.

MATERIALS AND METHODS

Participants:

A purposive sampling method has been used to collect data. A total of 60 patients (among them 30 of OCD and 30 of Depressive Disorder) already diagnosed with a psychiatrist as per the ICD-10 DCR criteria and meeting their inclusion and exclusion criteria were selected from inpatient and outpatient Department of NIMHABS (Newada), BHU (Psychosomatic Department of Psychiatry in Ayurveda) and Mental Hospital Varanasi, Pandeypur, Varanasi, Uttar Pradesh.

Tools Used For Data Collection:

1. Socio-demographic and clinical data sheet:-

A self-made, semi structured socio-demographic sheet especially designed for the study was developed to collect information from the participants. It included details of name, age, sex, address, religion, marital status, family type and monthly family income etc. The items were all multiple choice questions. The items were coded for analysis.

2. The Yale-Brown Obsessive Compulsive Scale (Y-BOCS Goodman et al., 1989):

OCD symptom severity was assessed with the 10-item.Yale- Brown Obsessive–Compulsive Scale (Y-BOCS) (Goodman et al., 1989). The Y-BOCS, a widely used clinician-administered scale, was developed to assess the severity of obsessions and compulsions.It can assess obsessions (items1–5) and compulsions (items6–10), interference and distress, controllability and resistance, rated 0–4 per item .This scale is known to have the advantage of being of obsessions or compulsions.

3. The Beck Depression Inventory, Second Edition (BDI-II; Beck, Steer & Brown 1996):

It was developed as subjective measures of depression severity. The beck depression inventory second (BDI-II) is a 21-itemself-report instrument for measuring the severity of depression in adults adolescents aged 13 years and older. The BDI-IA replaced the original instrument (BDI) that had been developed by Beck, Ward, Mendelson, Mock and Erbaugh (1961). The BDI consisted 21 items, self-report inventory consisting of affective, cognitive, and somatic symptoms of depression. All symptoms are related on five-point rating scale. Each item is related on a 4-point scale rating from 0-3. If an examine has made multiple endorsement for an item, the alternative with the highest ranging is used. Its reliability has been established and it correlates well with interviewer-based measures of depression (Steer et al 1986).

4. 16 PF-Form D Personality Questionnaire:

The sixteen personality Factor Questionnaire (16PF) is an objectively scorable test devised by basic research in psychology to give the most complete coverage of personality possible in brief time. The test was designed for use with individuals age 16 and above. forms A, B, C, and D, which are the subject of this manual, are most appropriate for individuals whose educational level is roughly equivalent to that of the normal high school student.

Inclusion Criteria

- Individuals diagnosed with OCD and Depressive Disorder as per ICD-10 DCR
- Both Male and Female patients
- Age range between 25-55 years
- Individual scoring 19< on BDI
- Individual scoring 16 or above on Y-BOCS

Exclusion Criteria

- History of any chronic physical illness and organic brain syndrome
- History suggestive of Mental Retardation

Procedures

This study was conducted at the inpatient and outpatient Department of NIMHABS (Newada), BHU (Psychosomatic Department of Psychiatry in Ayurveda) and Mental Hospital Varanasi, Pandeypur, Varanasi, Uttar Pradesh on the sample group of 30 patient of OCD and 30 patient of Depressive Disorder, meeting their inclusion and exclusion criteria. After selecting the patients and taking consent Socio-demographic and clinical data sheet was administered, Y-BOCS and BDI-II was used as a screening tool to assess the severity to obsession and compulsion and Depressive Disorder in patients. 16 PF personality questionnaires were administered to assess the personality traits.

Statistical Analysis

Statistical Package for Social Science of window version 20.0 was used for analysis of the data collected. Descriptive statistics was carried out on the socio-demographic data. Independent t-test and Pearson's correlation method was used to determine significant difference between the variables and the degree of relationship, respectively.

ISSN (O): 2687-5365; ISSN (P): 2753-6556

RESULTS

This table shows comparison of the socio-demographic characteristics of depressive disorder and obsessive-compulsive disorder (OCD). Independent t-test was used comparing both groups. There were no significant differences in the age, education, marital status, residence and occupation in both groups. However there was significant difference found in gender only of OCD and Depressive Disorder groups while comparing Mean±SD 1.57 ± .504 and 1.70 ± .466 respectively with t = 1.064.

Table 1:Socio-demographic characteristics of individual with obsessive - compulsive disorder and depressive disorder

Variables	Depressive disorder (N=30) Mean ± SD	Obsessive compulsive disorder (N=30) Mean ± SD	t (d f=58)	p
Age	31.13±9.576	30.37±5.756	.376	.708
Education	3.73 ± .691	3.67 ± .802	.345	.732
Gender	1.70 ± .466	1.57 ± .504	1.064	.292
Marital status	1.67± .479	1.73±.450	.555	.581
Residence	2.03±.850	2.03±.809	.000	1.000
Occupation	3.77±1.478	3.73±1.484	.087	.931

Table 2: Comparison of personality traits between individual with obsessive-compulsive disorder (OCD) and depressive disorder

Variables	Depressive disorder Patients (N=30) Mean ± SD	Obsessive compulsive disorder Patients (N=30) Mean ± SD	t (df=58)	P
A	6.03±1.84	6.27±1.41	.550	.585
B	3.93±1.70	4.60±1.61	1.55	.124
C	4.47±1.81	4.40±2.09	.132	.836
E	7.07±1.89	7.33±2.00	.530	.598
F	4.93±1.17	4.70±.95	.846	.401
G	5.37±1.21	4.97±1.40	1.18	.243
H	5.73±1.08	5.73±1.08	.000	1.00
I	6.00±143	5.57±1.87	1.00	.319
L	4.87±1.33	4.80±1.91	.156	.876
M	5.80±1.84	5.73±2.10	.131	.897
N	6.00±2.25	6.90±2.05	1.61	.112
O	6.93±1.61	6.23±2.16	1.42	.161
Q1	4.63±2.02	4.73±1.85	.199	.843
Q2	5.87±1.90	5.87±2.11	.000	1.00
Q3	4.87±1.59	5.00±1.43	.340	.735
Q4	7.00±1.74	6.83±1.96	.347	.729
MD	5.40±1.73	5.33±1.80	.146	.885

The above table shows comparison of personality traits in individual with obsessive compulsive disorder and depressive disorder. There were no significant difference between personality trait in individual with OCD and Depressive Disorder.

DISCUSSION

The present study- A Comparative study on Personality traits of Individual with Obsessive Compulsive Disorder and Depressive Disorder was conducted at the inpatient and outpatient Department of NIMHABS (Newada), BHU (Psychosomatic Department of Psychiatry in Ayurveda) and Mental Hospital Varanasi, Pandeypur, Varanasi, Uttar Pradesh. The aim of the study was to study and compare the Personality traits of Individuals with Obsessive-Compulsive Disorder and Individual with Depressive Disorder. A sample of 60 patients was included in the study, among which 30 patients of obsessive-compulsive disorder and 30 patients of Depressive Disorder. The sample was selected using purposive sampling method, as per their inclusion and Exclusion criteria. The socio-demographics were used to take general information of patients. Clinical data sheet was administered, Y-BOCS and BDI-II was used as a screening tool to assess the severity to obsession and compulsion and Depressive Disorder in patients. 16 PF personality questionnaires were administered to assess the personality traits.

For the purpose of the study, the age, education, gender, marital status, residence and occupation were identified, that can be seen from the table 1. As shown in the above table the mean and standard deviation of age for depressive disorder patients was found 31.13±9.57, whereas the mean and standard deviation for obsessive compulsive disorder was found 30.37±5.756. However, there were no significant difference found on the basis of age between depressive disorder patients and obsessive-compulsive disorder patients it can be clearly seen from the above table 1. The mean and standard deviation on the basis of educational qualification for both the patients (Depressive Disorder and Obsessive-Compulsive Disorder) described in the above table 1. The mean and standard deviation for depressive disorder patients was found 3.73 ± .691, on the other hand the mean and standard deviation for obsessive-compulsive disorder patients was

ISSN (O): 2687-5365; ISSN (P): 2753-6556

found 3.67 ± .802, and on the basis of the results one can say that no significant difference was found between depressive disorder and obsessive-compulsive disorder.

Further, [Table 1] shows the mean and standard deviation of depressive disorder patients (i.e. 1.70 ± .466) and obsessive-compulsive disorder patients (i.e. 1.57 ± .504) on the basis of gender. However, there were significant differences found on the basis of gender in both the groups. Mean and standard deviation on Marital Status for depressive disorder patients was found 1.67±.479, while for obsessive-compulsive disorder patients 1.73±.450, further, table shows that no significant difference was found between depressive disorder patients and obsessive-compulsive disorder patients. The mean and standard deviation for depressive disorder patients was found 2.03±.850, on the other hand mean and standard deviation of obsessive-compulsive disorder patients was found 2.03±.809 on the basis of residence, and no significant difference was found between both the groups. Data were collected on the basis of Occupation and it was found that no significant difference was found between Depressive disorder patients and obsessive-compulsive disorder patients. The mean and standard deviation of depressive Disorder patients was found 3.77±1.478 and, on the other hand mean and standard deviation of Obsessive-Compulsive Disorder was found 3.73±1.484. Depression is the most common mental illness and most studied mental disorder and leading in psychiatric disability in the society. In fact, it is experienced by 21.3 percent of women and 12.7 percent of men at same time during their lives (Kessler et, al., 1994). Hence, it means both the groups were homogeneous on Socio-demographic variables of age, education, marital status, residence and occupation.

The [Table 2] shows comparison of personality traits in individual with obsessive compulsive disorder and depressive disorder. As described by cattle the sixteen dimensions of human personality are Warmth, Reasoning, Emotional Stability, Dominance, Liveliness, Rule Consciousness, Social Boldness, Sensitivity, Vigilance, Abstractedness, Privateness, Apprehension, Openness to Change, Self-Reliance, Perfectionism and Tension. Based on these 16 factors, cattle developed a personality assessment called the 16 PF. Instead of a trait being present and absent, each dimension is scored over a continuum, from high to low.

The above [Table 2] depicts the mean and standard deviation of Depressive Disorder Patients (6.03±1.84) and mean and standard deviation of Obsessive-Compulsive Disorder Patients (6.27±1.41) on the factor A, and no significant difference was found between both the groups. As factor A stands for warmth, if one score low on this index, one tend to be more reserved, impersonal, distant, cool, detached, formal and aloof (sizothymia) on the other hand a high score on this index signifies warm, outgoing, attentive to others, kind, easy going, participating, likes people (Affectothymia).

Result on B factor can be seen as the mean and standard deviation for Depressive Disorder Patients was found 3.93±1.70 whereas mean and standard deviation for Obsessive-Compulsive Disorder was found 4.60±1.61, and significant difference was found between both the groups on this factor. The factor B stands for Reasoning, low score on this index means that one is having concrete thinking, lower general mental capacity, less intelligent, unable to handle abstract problems (lower scholastic mental capacity) high score on this index indicates abstract thinking, more intelligent, bright, higher general mental capacity, fast learner (higher scholastic mental capacity).

The factor C shows Emotional Stability, the mean and standard deviation for Depressive Disorder Patients was found 4.47±1.81, while mean and standard deviation for Obsessive-Compulsive Patients was found 4.40±2.09, as one can understand from the table that there were no significant difference was found between Depressive Disorder Patients and Obsessive-Compulsive Disorder Patients. Low score on this index tend to reactive emotionality, changeable, affected by feelings, emotionally less stable, easily upset (lower ego strength) while high score on this index shows emotionally stable, adaptive, mature, faces reality calm (higher ego strength).

The another factor is E stands for Dominance, low score on this index tend to deferential, cooperative, avoids conflict, submissive, humble, obedient, easily led, docile, accommodating (submissiveness) on the other hand high score on this index indicates dominant, forceful, assertive, aggressive, competitive, stubborn, bossy (dominance). If one sees the results, in the table 2, the mean and standard deviation on factor E for Depressive Disorder Patients found 7.07±1.89 and mean and standard deviation for Obsessive-Compulsive Disorder patients found 7.33±2.00. Table also delineates that there were no significant difference found between both the groups.

The fifth factor, as shown in table 2 is factor F, this factor stands for Liveliness. Low score on this factor denotes serious, restrained, prudent, taciturn, introspective, silent (desurgency) whereas high score on this factor shows lively, animated, spontaneous, enthusiastic, happy go lucky, cheerful, expressive, impulsive (surgency). The table 2 describes that the mean and standard deviation for Depressive Disorder Patients found 4.93±1.17 and the mean and standard deviation of Obsessive-Compulsive disorder Patients was found 4.70±.95 and no significant difference was found between both the groups on this factor.

The next factor G stands for Rule-Consciousness; low score on this index tends to expedient, nonconforming, disregards rules and self indulgent (low super ego strength) on the other hand high score on this index indicates rule-consciousness,

ISSN (O): 2687-5365; ISSN (P): 2753-6556

dutiful, conscientious, conforming, moralistic, staid and rule bound (high super ego strength). Mean and standard deviation on this factor for Depressive Disorder Patients found 5.37±1.21 while mean and standard deviation for Obsessive-Compulsive Disorder Patients found 4.97±1.40. There was significant difference found between both the groups on this factor.

The results were identified for both the groups on factor H. it was found that the mean and standard deviation for Depressive Disorder Patients was 5.73±1.08 whereas mean and standard deviation for Obsessive-Compulsive Disorder Patients was found 5.73±1.08. The factor H stands for Social-Boldness, if the respondent score low on this factor it means shy, threat-sensitive, timid, hesitant and intimidated (Threctia), high score on this factor tend to socially bold, venturesome, thick skinned and uninhibited (Parmia). Further, no significant difference found on this factor between both the groups.

The eighth factor is, factor I stands for Sensitivity, low score on this factor tend to utilitarian, objective, unsentimental, tough minded, self-reliant, no-nonsense and rough (harria) on the other hand high score on this factor shows sensitive, aesthetic, sentimental, tender minded, intuitive, refined (Premsia). The data from the study shows that the mean and standard deviation for Depressive Disorder Patients were found 6.00±143 while mean and standard deviation of Obsessive-Compulsive Disorder Patients was found 5.57±1.87, there were significant difference found between both the groups on this factor.

The ninth factor is factor L, stands for vigilance, low score on this factor indicates trusting, unsuspecting, accepting, unconditional and easy (Alaxia) on the other hand high score on this factor tends to vigilant, suspicious, skeptical, distrustful and oppositional (Protension). The study identified that mean and standard deviation on this factor for Depressive Disorder Patients was found 4.87±1.33 whereas mean and standard deviation for Obsessive-compulsive Disorder Patients was found 4.80±1.91, and no significant differences found between both the groups on this factor.

The data from the study have been taken for factor M, which stands for Abstractedness. The mean and standard deviation for Depressive Disorder Patients was found 5.80±1.84 and the mean and standard deviation for Obsessive-Compulsive Disorder Patients were found 5.73±2.10, no significant difference found between both the groups. Low score on this index indicates grounded, practical, prosaic, solution oriented, steady and conventional (Praxernia) whereas high score on this index shows abstract, imaginative, absent minded, impractical and absorbed in ideas (Autia).

The table 2 describes that the mean and standard deviation for Depressive Disorder Patients was found 6.00±2.25 while mean and standard deviation for Obsessive-Compulsive Disorder Patients was found 6.90±2.05 for factor N, as one can be seen from the table 2 that significant difference was found between both the Patients. The factor N stands for Privateness, low score on this factor tends to forthright, genuine, artless, open, guileless, naïve, unpretentious and involved (Artlessness) while high score on this index indicates private, discreet, non-disclosing, shrewd, polished, worldly, astute and diplomatic (Shrewdness).

Further, table depicts the twelfth factor O, which stands for Apprehension. The data shows the mean and standard deviation of Depressive Disorder Patients i.e. 6.93±1.61 and the mean and standard deviation of Obsessive-Compulsive Disorder Patients i.e. 6.23±2.16, significant difference was found between both the groups. Low score on this factor shows self-assured, unworried, complacent, secure, free of guilt, confident and self-satisfied (Untroubled) and high score on this factor shows apprehensive, self-doubting, worried, guilt prone, insecure, worrying and self-blaming (Guilt Proneness).

The factor thirteen is Q1, which stands for Openness to Change. The Depressive Disorder Patient's mean and standard deviation was found 4.63±2.02 on the other hand the Obsessive-Compulsive Disorder Patient's mean and standard deviation was found 4.73±1.85, table shows that no significant difference was found between both the groups. It one score low on this factor, tend to be traditional, attached to familiar, conservative and respecting traditional ideas (Conservatism), while if one score high on this factor, tend to be open to change, experimental, liberal, analytical, critical, free thinking and flexibility (Radicalism).

The mean and standard deviation of fourteenth factor, for Depressive Disorder Patients was found 5.87±1.90, and mean and standard deviation for obsessive-compulsive disorder was found 5.87±2.11, no significant difference was found between the groups. The fourteenth factor is Q2, which stands for Self-Reliance. Low score on this factor defines group oriented, affiliative, a joiner and follower dependent (Group Adherence) on the other hand high score on this factor defines self reliant, solitary, resourceful, individualistic and self sufficient (Self-sufficiency).

The fifteenth factor is Q3, which stands for Perfectionism, low score on this factor represents tolerated disorder, unexacting, flexible, undisciplined, lax, self conflict, impulsive, careless of social rules and uncontrolled (Low Integration) on the other hand high score on this factor represents perfectionist, organized, compulsive, self-disciplined, socially precise, exacting will power, control self and sentimental (High Self-Concept Control). The mean and standard deviation on this factor for Depressive Disorder Patients was 4.87±1.59 and mean and standard deviation for Obsessive-Compulsive Disorder Patients was 5.00±1.43, the result shows that no significant difference was found between both the groups.

ISSN (O): 2687-5365; ISSN (P): 2753-6556

The last factor of personality questionnaire is Q4, which stands for Tension. The result of the study shows that mean and standard deviation for Depressive Disorder Patients was found 7.00±1.74, while the mean and standard deviation was found 6.83±1.96, no significant difference was found between both the groups as one can see from the table 2. Low score on this factor tends to relaxed, placid, tranquil, torpid, patient and composed low drive (Low Ergic Tension) on the other hand high score on this on this factor tends to tense, high energy, impatient, driven, frustrated, over wrought and time driven (High Ergic Tension). Similar result also being suggested in a study (Brody et al, 2000) where it did not found any significant difference between the subject with MDD and OCD in personality changes with treatment. In the whole group treatment responders had great decrease than non-responders in 16 PF factor relating to harm avoidance. An increased in social dominance factor and in decrease in factor relating to hostility in social situations were found but these changes were not significant between responder and non-responder.

CONCLUSION

It can be concluded that there was no commonality between these factors for individuals with OCD and Individuals with depressive disorder. Further, based on the results we can say that certain personality dimension does exist in depressive and obsessive-compulsive disorder and that some of these changes are independent of clinical treatment response.

REFERENCES

1. Alonso, P., Segalas, C., Real, E., Pertusa, A., Labad, J., Jiménez-Murcia, S., ... & Menchón, J. M. (2010). Suicide in patients treated for obsessive–compulsive disorder: A prospective follow-up study. Journal of affective disorders, 124(3), 300-308.
2. American Psychiatric Association. (1994). DSM-IV® Sourcebook (Vol. 1). American Psychiatric Pub.
3. American Psychiatric Association. (2010). APA (2013). Diagnostic and statistical manual of mental disorders, 5.
4. Balci, V., & Sevincok, L. (2010). Suicidal ideation in patients with obsessive–compulsive disorder. Psychiatry research, 175(1), 104-108.
5. Barbee, J. G. (1998). Mixed symptoms and syndromes of anxiety and depression: diagnostic, prognostic, and etiologic issues. Annals of Clinical Psychiatry, 10(1), 15-29.
6. Baumeister, R. F. (1990). Suicide as escape from self. Psychological review, 97(1), 90.
7. Beck, A. T., Kovacs, M., & Weissman, A. (1979). Assessment of suicidal intention: the Scale for Suicide Ideation. Journal of consulting and clinical psychology, 47(2), 343.
8. Lewinsohn, P. M., Petit, J. W., Joiner Jr, T. E., & Seeley, J. R. (2003). The symptomatic expression of major depressive disorder in adolescents and young adults. Journal of abnormal psychology, 112(2), 244.
9. Murray, C. J., Lopez, A. D., & World Health Organization. (1996). The global burden of disease: a comprehensive assessment of mortality and disability from diseases, injuries, and risk factors in 1990 and projected to 2020: summary.
10. Nock, M. K., Borges, G., Bromet, E. J., Cha, C. B., Kessler, R. C., & Lee, S. (2008). Suicide and suicidal behavior. Epidemiologic reviews, 30(1), 133-154.
11. Ohring, R., Apter, A., Ratzoni, G., Weizman, R., Tyano, S., & Plutchik, R. (1996). State and trait anxiety in adolescent suicide attempters. Journal of the American Academy of Child & Adolescent Psychiatry, 35(2), 154-157.

ISSN (O): 2687-5365; ISSN (P): 2753-6556