Resilience and Suicidal Ideation among Patients with Obsessive-Compulsive Disorder

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ABSTRACT

Background: Obsessive-compulsive disorder (OCD) is described as one of the most common, disabling, and resistant disorders. This disorder is separated from the other anxiety disorders in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), in this revision, a prominent feature of the disorder is obsessive and recurrent preoccupation , awide spread group of symptoms that include intrusive thoughts, rituals, preoccupations, and compulsions represents OCD. ***Aim of the study***: was to assess resilience and suicidal ideation among patients with obsessive -compulsive disorder. ***Subjects and methods***: A cross-sectional design was adopted to carry out this study. **Setting:** The study was conducted at psychiatric outpatient clinic at Zagazig University Hospitals and Abbasyia Hospital for mental health in Cairo city. **Subjects**: A purposive sample of 140 patients with obsessive compulsive disorder. **Tools of data collection:** Four tools will be used to collect the necessary data for this study. They were: Socio-demographic questionnaire, Yale-Brown Obsessive Compulsive Scale (Y-BOCS), the Resilience Scale and scale for Suicidal Ideation. ***Results***: The study reveals that more than two thirds of studied patients had mild obsessive compulsive level, more than half of patients had a moderate level of resilience , slightly more than two-thirds of studied patients had suicidal ideation. ***Conclusion***: positive and significant correlation was found between patients' obsessive-compulsive scores and suicidal ideation scores. Negatively significant correlations were found between resilience and each patient's obsessive-compulsive score and suicidal ideation: ***Recommendations*:** Developing psychoeducation program to patients and family member (s) about OCD, its course, treatment options including duration of treatment. Future researches to implement longitudinal studies to establish the causality between OCD patients' resilience and suicidal ideations symptoms is recommended.

Keywords: Obsessive compulsive disorder, Resilience, Suicidal Ideation.

INTRODUCTION

Obsessive–compulsive disorder (OCD) is a mental disorder in which a person feels the need to perform certain routines repeatedly (called "compulsions"), or has certain thoughts repeatedly (called "obsessions"), the person is unable to control either the thoughts or activities for more than a short period of time, common compulsions include hand washing, counting of things, and checking to see if a door is locked, some may have difficulty throwing things out ***(American psychological Association, 2016).***

Obsessive-compulsive disorder (OCD) is characterized by largely variable phenotypic expressions, moreover, it often occurs with comorbid conditions, with the most common being anxiety, mood and other

OC-spectrum disorders, previous findings suggested that gender may be a relevant factor in mediating this heterogeneity, for example, females were more likely to report obsessions associated with contamination belief or aggressive concerns, while males usually reported blasphemous thoughts , besides gender seems to play a role in the onset of OCD comorbidities, males with OCD seem to be more vulnerable to social phobia, alcohol use disorders, compulsive Internet use and sexual disorders , whereas females with OCD seem more likely to present with eating disorders, specific phobias, skin picking and compulsive buying ***(Benatti et al., 2022).***

Resilience is adaptability in the face of adversity may impact an individual's ability to cope with inflated levels of anxiety and uncertainty, importantly, ample research demonstrates that elevated emotion dysregulation, as well as low levels of resiliency, are significantly associated with heightened OC symptom severity and have been shown to exacerbate internalizing symptoms over time in longitudinal designs, therefore, we anticipated that higher baseline ratings on each risk factor would be associated with worsening OC symptoms, whereas higher baseline resilience ratings would be associated with less worsening OC symptoms ***(Fang et al., 2022).***

It is apparent that resilience is best conceptualized as a dynamic interactive process, definition of resilience as "the dynamic process by which a biopsychosocial system returns to a previous level of functioning, following a perturbation caused by a stressor" , moreover the process-based views of resilience highlight that resilience is an interactive concept with interaction occurring between the adversity, the individual, the outcome and the environment, it is important to note that resilience is best conceptualized as occurring on a continuum, rather than being merely present or absent in a binary sense, that is individuals will demonstrate differing degrees of resilience within different contexts ***(Vella & Pai, 2019).***

Resilience is not just passive resistance to harms or threatening conditions, but a resilient person is an active participant and surrounding environment constructor, resilience is an individual's ability to maintain a biological-psychological-psychological balance in the face of threatening situations, it is a kind of self-restoration associated with positive emotional and cognitive consequences ***(Kheirkhah, 2020).***

Suicidal ideation is defined as the presence of passive thoughts about wanting to be dead or active thoughts about killing oneself, not accompanied by preparatory behavior, recent systematic reviews and meta-analyses suggested that individuals with OCD are at a substantially higher risk of suicide attempts and suicidal ideation than the general population, suicidal ideation rate was positively associated with severity of obsessions, lower education, higher unemployment rates, lifetime alcohol use disorders, personality disorders and family history of completed suicide **(Pellegrini et al., 2021).**

Suicidal behavior is a continuum process that ranges from suicidal ideation to attempting and eventually completing the suicide, suicidal ideation was defined as any self-reported thoughts of engaging in suicide related behavior, suicidal behavior among patients with anxiety disorders is much higher than in the general population, OCD is ranked among the 10 most disabling medical conditions worldwide, obsessions and compulsions cause functional impairment, interfering with leisure activities and affecting family, marital, and social relationships ***(Sehlo et al., 2021).***

Inpatient treatment for OCD is generally provided through a multidisciplinary team composed of healthcare professionals (e.g.,

psychiatrists, psychologists, psychiatric nurses, occupational and physical therapists, social workers and case managers); in particular, psychiatric nurses play a specific and prominent role because they are afforded unique assessment and intervention opportunities by virtue of their 24-hour presence on the unit, psychiatric nurses observe and interact with patients and significant others with the purpose of assessing behaviors, symptoms and responses to treatment and caring for patients, because of their continuous presence, nurses have relatively frequent opportunities to recognize patterns of behavior, symptoms, deficits, thoughts and beliefs and to intervene immediately ***(Yoshinaga, 2014).***

AIM OF THE STUDY

The aim of the study was to assess resilience and suicidal ideation among patients with obsessive-compulsive disorder.

SUBJECTS AND METHODS

Research design: Cross-sectional design will be used to conduct this study was adopted for this study.

Study setting: The study was conducted at psychiatric outpatient clinic at Zagazig university hospitals and Abbasyia Hospital for mental health at Cairo city.

Psychiatric outpatient clinic locates in the fifth floor of outpatient clinics building and includes 10 rooms (department manager room, 2 teaching rooms, general psychiatry room, psychiatric measurements room, forensic psychiatry and psychotherapy room, geriatric psychotherapy, addiction therapy and child psychiatry room, secretarial room and 2 bathrooms)

Abbasyia Hospital, composed of 16 rooms that include (treatment at state expense room, clinics manager room, 2 rooms of patient affairs, psychologist room, social worker room, 2 rooms of pharmacy, 4 rooms of medical examination, bathroom, 3 medical store rooms).

Subjects: A total study subjects consisted of 140 psychiatric patients with obsessive compulsive disorder at psychiatric outpatient clinic at Zagazig University Hospitals and Abbasyia Hospital for mental health at Cairo city.

Data collection tools: Five tools were used for data collection:

*Tool I**: Socio-demographic data sheet:*

This section was developed by the researcher to decument the personal characteristics of patients. It included questions about age, gender, education, marital status, employment status, family history of OCD, age of first OCD onset and disorder duration.

Tool II: Yale-Brown Obsessive Compulsive Scale (Y-BOCS):

This scale was developed by ***Goodman et al., (1989 a , b)*** It consists of 10-item, semi structured, clinician-administered measure of obsession and compulsion severity.

Scoring system: Items are rated on a five-point Likert scale ranging from 0–4, with higher scores corresponding to greater symptom severity. Items pertaining to obsession and compulsion are summed to derive the Obsession and Compulsion Severity Scales. All items are summed to derive the Total Severity Score. Total scores range from 10–40 ***DeVeaugh-Geiss et al., (1991):*** The level of obsessive compulsive symptoms was categories as**:**

- Atypical obsessive compulsive symptoms:Total score 0 – 7
- Mild symptoms: Total score 8 – 15
- Moderate symptoms:Total score 16 - 25
- Sever symptoms :Total score 26 – 35
- Profound symptoms : Total score 36 - 40

Tool III: Resilience Scale:

It was construed by ***Connor & Davidson (2003)*** is a self-rated scale to assess resilience. It includes 25 items; based on the subject's feelings throughout the previous month, each item is graded.

Scoring system**:** The 25 items are scored on a 5-point range of answers from (0) not at all true to (4) true nearly all the time. The total points range from 0 to The resilience was considered high if the percent was 75% or more, average if less than 75% and more than or equal to 50%, and low if less than 50%.

Tool IV: Scale for Suicidal Ideation:

This scale was developed by **Beck et al., (1979).** It consists of 19 items. This Scale was used to assess the suicidal ideations in patients with OCD; the SSI is a clinician rating scale with a semi-structured interview format. This 19-item scale evaluates intensity of the patient's active suicide desire, specific plans for suicide, passive suicide desire, and previous suicide attempts.

Scoring system: items were rated on a 3-point scale ranging from 0 to 2. Lower scores indicate less suicidal ideation, while higher scores indicate more suicidal ideation**.**

Content Validity and Reliability: The tools were revised by a 3 panel of consultants. Three are assistant professor of psychiatric and mental health nursing conducted content validity of all the items of these tools. All suggested modifications were performed. All scales were translated into Arabic by the researcher using the translate-back-translate technique to confirm their original validity. Reliability of the tools was assessed by Cronbach's α test in SPSS V.20 (SPSS Inc., Chicago, Illinois, USA). They show a good level of reliability.

Field work: Once permission was granted to proceed with the study, the researcher explained the study aim and procedures, as well as information assortment forms to the psychiatric patients of OCD then the researcher introduced herself to psychiatric patients , and also the purpose and the nature of the study were explained, voluntary participation and confidentiality were ensured. The psychiatric patients were asked to fill in the form sheet beneath the guidance of the researcher once their written approval was taken. Patients took approximately 35 to 40 minutes for answering the queries..

Pilot study: A pilot study was conducted on 14 psychiatric patients of OCD approximately ten percent of the calculated total sample size. The purpose was to test the feasibility and clarity of the tools and to help know the time needed for filling out the data collection forms. From the pilot study results, the average time to fill in the tool was 35 - 40 minutes..

Administration ethical considerations:

The study proposal was approved by the Ethical Committee at the Faculty of Nursing at Zagazig University. Participants were informed about the aim of the study and their participation was voluntary and they had the right to withdraw from the study at any time while not giving any reason. Additionally, the confidentiality and namelessness of the participants were assured through the coding of all data.

Statistical design:

All data were collected, tabulated and statistically analyzed using IBM Corp. Released 2015. IBM SPSS Statistics for Windows, Version 23.0. Armonk, NY: IBM Corp.. Quantitative data were expressed as the mean ± SD &median (range), and qualitative data were expressed as number & (percentage). Wilcoxon sign rank test was used to compare between paired of non-normally distributed variables. Percent of categorical variables were compared using, Chi square test or Fisher Exact test when

appropriate. Spearman' correlation coefficient was calculated to assess relationship between various study variables, (+) sign indicate direct correlation & (-) sign indicate inverse correlation, also values near to 1 indicate strong correlation & values near 0 indicate weak correlation. Multiple linear regressions is a predictive analysis. Multiple linear regression is used to describe data and to explain the relationship between one dependent continues variable and one or more independent variables .All tests were two sided. p-value < 0.05 was considered statistically significant, p-value ≥ 0.05 was considered statistically insignificant.

RESULTS

Table (1) and figure(1): show that obsessive compulsive mean score was 19.4±8.5. And more than two thirds (70%) of studied patients had mild obsessive compulsive level.

Table (2) and figure (2): clarify that slightly more than half of studied patients (53.6%) had moderate level of resilience and (15%) of them had high level of resilience. with mean score 56,7±18.1.

Table (3) and Figure(3): show that that 69.3% of studied patients had suicidal ideation, more than half (57.9%) of studied patients had weak suicidal ideation level and (11.4%) of them had moderate to strong suicidal ideation level. With mean score (7.3±7.2).

Table (4): demonstrates statistically significant positive correlation between patients' obsessive compulsive score and suicidal ideation score. It also shows statistically significant negative correlation between their scores of obsessive compulsive and suicidal ideations and resilience score.

DISCUSSION

Concerning studied patients obsessive compulsive level, the present study findings revealed that more than two thirds of studied patients had mild obsessive compulsive level with mean score was 19.4±8.5. This study finding was incongruent with the study of ***Ezz-Eldin Prince Ali, (2020)*** which showed that over than half of patients have moderate intensity of OCD symptoms.

Concerning of resilience score, the present study results clarified that approximately one third of studied subjects had low level of resilience, more than half of participants had moderate level of resilience and only 15% of them showed high levels of resilience, with mean score 56,7±18.1.

The current study results are in harmony with ***Holm et al., (2019)*** study about dispositional resilience in treatment-seeking patients with obsessive compulsive disorder and its association with treatment outcome in Norway which revealed that OCD patients scored significantly lower on the Dispositional Resilience Scale, the lower scores on resiliency in the OCD group might indicate that higher resiliency works as a buffer against stress and psychopathology in general.

Additionally, these results are congruent with a study conducted in the united-states by ***Fang et al., (2021)*** about state and trait risk and resilience factors associated with COVID-19 impact and Obsessive–Compulsive Symptom trajectories which confirmed that low resilience are associated with OC symptom severity.

Concerning of suicidal ideation score of studied patients, the present study findings showed that the mean suicidal ideation score of the studied patients was 7.3±7.2, and slightly in excess of two-thirds of studied persons had suicidal ideation.

In comparison with the current study results, the study of ***Brakoulias et al., (2017)*** about comorbidity, age of onset and suicidality in obsessive–compulsive disorder (OCD): An international collaboration

reported that prevalence of current suicidal ideations in studied patients with OCD was (33%) in Australia and the rates were reported to be less than 10% in Japan and Italy.

The current study revealed that there were statistically significant positive correlation between patients' obsessive compulsive and suicidal ideation score. The study of the alexithymia as a predictor of Behavioral symptoms in a non-clinical sample by ***Aldawash & Abdelrahman (2023)*** who clarified that obsessive thoughts that are meaningless but cause feelings of distress and anxiety, compulsions that play a significant role in normalizing anxiety, that anxiety is listed as one of the consequences of obsessive-compulsive in the diagnostic and statistical manual of mental disorders (DSM) , characterizes high alexithymia.

The present study result showed that there were a statistically significant negative correlation between obsessive compulsive disorder and resilience score. This result goes on line with the study of ***Abadsa & Thabet, (2013)*** which showed that people scored more psychological problems including obsessive compulsive, had been less resilient.

Additionally, statistically significant negative correlation was revealed between their scores of resilience and suicidal ideation in the current study. This result goes on line with the study of ***Liu et al., (2014)*** **about** Does Resilience Predict Suicidality? A Lifespan Analysis which showed low resilience was shown to predict a high likelihood of suicidal ideation for all ages in a community sample..

CONCLUSION AND RECOMMENDATIONS

In conclusion, the nurses providing care to Positive and significant correlation was found between patients' obsessive-compulsive scores and suicidal ideation scores. Negatively significant correlations were found between resilience and each patient's obsessive-compulsive score and suicidal ideation.

REFERENCES

Abadsa, A., & Thabet, A. A. M. (2013). *Resilience and psychological problems among Palestinians Victims of community violence. The Arab Journal of Psychiatry, 44(873), 1-9.*

Aldawash, F. M., & Abdelrahman, R. (2023). *Alexithymia as a predictor of Behavioral symptoms in a non-clinical sample.*

American psychological Association (2016): *Obsessive-compulsive disorder. URL disponible en: http://www dsm5 org/ Proposed Revisions/ Pages/ proposed revision aspx*

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), 343–352. https://doi.org/10.1037 /0022-006X.47.2.343*

Benatti, B., Girone, N., Celebre, L., Vismara, M., Hollander, E., Fineberg, N. A., & Dell'Osso, B. (2022). *The role of gender in a large international OCD sample: A Report from the International College of Obsessive-Compulsive Spectrum Disorders (ICOCS) Network. Comprehensive Psychiatry, 116, 152315.*

Brakoulias, V., Starcevic, V., Belloch, A., Brown, C., Ferrao, Y. A., Fontenelle, L. F., & Viswasam, K. (2017). *Comorbidity, age of onset and suicidality in obsessive–compulsive disorder (OCD): an international collaboration. Comprehensive psychiatry, 76, 79-86.*

Connor, K. M., & Davidson, J. R. T. (2003). *Development of a new resilience scale: The Connor Davidson Resilience Scale (CD-RISC). Depression and Anxiety, 18, 76–82. https://doi.org/10.1002/da.10113*

DeVeaugh-Geiss, J., Katz, R., & Landau, P. (1991). *Clomipramine in the treatment of patients with obsessive-compulsive disorder. The Clomipramine Collaborative Study Group. Archives of General Psychiatry, 48, 730–738.*

Ezz-Eldin Prince Ali, H. (2020). *Relationship between Quality of Life and Self-Efficacy among Patients with Obsessive Compulsive Disorder. Egyptian Journal of Health Care, 11(1), 506-517.*

Fang, A., Berman, N. C., Hoeppner, S. S., Wolfe, E. C., & Wilhelm, S. (2022). *State and Trait Risk and Resilience Factors Associated with COVID-19 Impact and Obsessive—Compulsive Symptom Trajectories. International journal of cognitive therapy, 15(2), 168-190.*

Fang, A., Berman, N. C., Hoeppner, S. S., Wolfe, E. C., & Wilhelm, S. (2021). *State and Trait Risk and Resilience Factors Associated with COVID-19 Impact and Obsessive–Compulsive Symptom Trajectories. International Journal of Cognitive Therapy, 1-23.*

Goodman, W. K., Price, L. H., Rasmussen, S. A., Mazure, C., Delqado, P., Heninger, G. R., & Charney, D. S. (1989a). *The Yale-Brown Obsessive Compulsive Scale, II. Validity. Archives of General Psychiatry 46, 1012–1016*

Goodman, W. K., Price, L. H., Rasmussen, S. A., Mazure, C., Fleischmann, R. L., Hill, C. L., Heninger, G. R., & Charney, D. S. (1989b). *The Yale-Brown Obsessive Compulsive Scale. I. Development, Use, and Reliability, Archives of General Psychiatry, 46, 1006–1011.*

Holm, S. E. H., Hansen, B., Kvale, G., Eilertsen, T., Johnsen, B. H., Hystad, S. W. & Solem, S. (2019). *Dispositional resilience in treatment-seeking patients with obsessive-compulsive disorder and its association with treatment outcome. Scandinavian Journal of Psychology, 60, 243–251.*

Kheirkhah, A. (2020). *Investigating the Effect of Social Skills Training on Happiness, Academic Resilience and Self-Efficacy of Girl Students. Archives of Pharmacy Practice, 11(S1), 157-164.*

Liu, D. W., Fairweather-Schmidt, A. K., Roberts, R. M., Burns, R., & Anstey, K. J. (2014). *Does resilience predict suicidality? A lifespan analysis. Archives of Suicide Research, 18(4), 453-464.*

Pellegrini, L., Maietti, E., Rucci, P., Burato, S., Menchetti, M., Berardi, D. & Albert, U. (2021). *Suicidality in patients with obsessive-compulsive and related disorders (OCRDs): A meta-analysis. Comprehensive psychiatry, 108, 152246.*

Sehlo, M. G., Youssef, U. M., & El-Gohari, H. M. (2021.: *Prevalence and risk factors of suicidal ideations among patients with obsessive-compulsive disorder in Egypt. Middle East current psychiatry, 28(1), 1-6.*

Vella, S. L. C., & Pai, N. B. (2019). *A theoretical review of psychological resilience: Defining resilience and resilience research over the decades. Archives of Medicine and Health Sciences, 7(2), 233.*

Yoshinaga, N., Hayashi, Y., Yamazaki, Y., Moriuchi, K., Doi, M., Zhou, M., & Yamamoto, M. (2014). *Development of nursing guidelines for inpatients with obsessive-compulsive disorder in Line with the progress of cognitive behavioral therapy: a practical report. Journal of Depression and Anxiety.*

Table 1: Frequency Distribution percent of Obsessive Compulsive scale of studied patients (n=140)

Items	Score 4		score 3		score 2		score 1		score 0	
	No	%	No	%	No	%	No	%	No	%
How long do your compulsive thoughts last	30	21.4	36	25.7	24	17.1	50	35.7	0	0
To what extent do the compulsive thoughts interfere with your work, study, or other social roles	12	8.6	18	12.9	52	37.1	58	41.4	0	0
How much stress do the compulsive thoughts cause you	28	20.0	13	9.3	80	57.1	19	13.6	0	0
How much effort do you put in to resist the compulsive thoughts? And how often do you try to ignore it when it enters your mind?	9	6.4	11	7.9	29	20.7	73	52.1	18	12.9
How much control do you have over equal thoughts	19	13.6	25	17.9	38	27.1	50	35.7	8	5.7
How long does it take to perform these routine activities, and how often do you repeat these rituals?	22	15.7	36	25.7	31	22.1	48	34.3	3	2.1
To what extent does it interfere or affect daily activities	21	15.0	9	6.4	53	37.9	45	32.1	12	8.6
How would you feel if you were prevented from engaging in compulsive behavior?	22	15.7	25	17.9	35	25.0	39	27.9	19	13.6
How much do you resist your compulsive behavior	6	4.3	17	12.1	25	17.9	62	44.3	30	21.4
What is the strength of the motive for the compulsive behavior and what is the degree of your control over the compulsive behavior?	15	10.7	28	20.0	35	25.0	59	42.1	3	2.1
Obsessive-Compulsive (40)* Mean± SD median(range)	19.4±8.5 17(8-40)									

*(maximum score)**

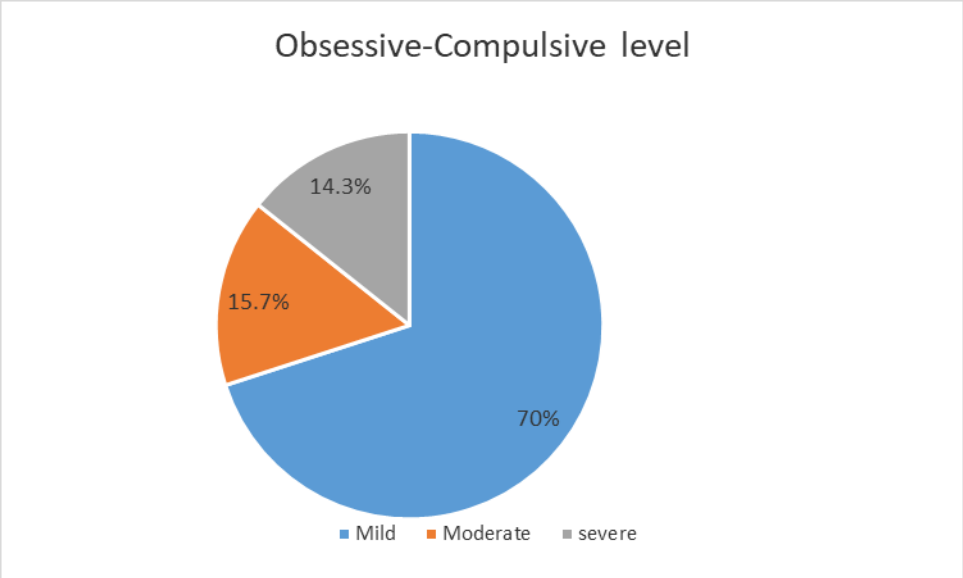

Figure (1): Percent of obsessive compulsive level of studied patients (n=140)

Table 2: Frequency Distribution percent of Resilience Score of studied patients (n=140)

Items	True nearly all the time 4		True 3		Neither true nor not true 3		Not true 2		Not at all true 0	
	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%
Able to adapt to change	19	13.6	45	32.1	23	16.4	44	31.4	9	6.4
Close and secure relationships	7	5.0	68	48.6	17	12.1	38	27.1	10	7.1
sometimes fate or god can help	79	56.4	51	36.4	0	.0	3	2.1	7	5.0
Can deal with whatever comes	14	10.0	46	32.9	43	30.7	21	15.0	16	11.4
Past success gives confidence for new challenges	20	14.3	86	61.4	6	4.3	18	12.9	10	7.1
Try to see the humorous side of things	10	7.1	65	46.4	28	20.0	21	15.0	16	11.4
Coping with stress can strengthen me	11	7.9	50	35.7	32	22.9	34	24.3	13	9.3
Tend to bounce back after illness or hardship	25	17.9	93	66.4	12	8.6	3	2.1	7	5.0
things happen for a reason	8	5.7	99	70.7	9	6.4	11	7.9	13	9.3
Best efforts no matter what	25	17.9	81	57.9	9	6.4	13	9.3	12	8.6
Can achieve goals despite obstacles	10	7.1	67	47.9	30	21.4	14	10.0	19	13.6
When things look hopeless, I don't Give up	18	12.9	57	40.7	20	14.3	33	23.6	12	8.6
Know where to turn for help	12	8.6	68	48.6	29	20.7	16	11.4	15	10.7
Can stay focused under pressure	3	2.1	30	21.4	33	23.6	56	40.0	18	12.9
Prefer to take the lead in problem solving	4	2.9	60	42.9	43	30.7	21	15.0	12	8.6
Not easily discouraged by failure	15	10.7	49	35.0	28	20.0	33	23.6	15	10.7
Think of self as a strong person	7	5.0	56	40.0	38	27.1	23	16.4	16	11.4
Make unpopular or difficult decisions	0	.0	48	34.3	46	32.9	36	25.7	10	7.1
Can handle unpleasant feelings	4	2.9	51	36.4	36	25.7	34	24.3	15	10.7
have to act on a hunch	7	5.0	74	52.9	27	19.3	25	17.9	7	5.0
Have a strong sense of purpose	11	7.9	78	55.7	16	11.4	16	11.4	19	13.6
In control of your life	7	5.0	39	27.9	46	32.9	20	14.3	28	20.0
I like challenges	0	.0	49	35.0	38	27.1	31	22.1	22	15.7
You work to attain your goals	13	9.3	75	53.6	22	15.7	11	7.9	19	13.6
Pride in your achievements	16	11.4	73	52.1	22	15.7	7	5.0	22	15.7
Resilience level										
high	21(15)									
moderate	75(53.6)									
low	44(31.4)									
Resilience score (100)*										
Mean± SD	56.7±18.1									
median(range)	62(4-81)									

*(maximum score)**

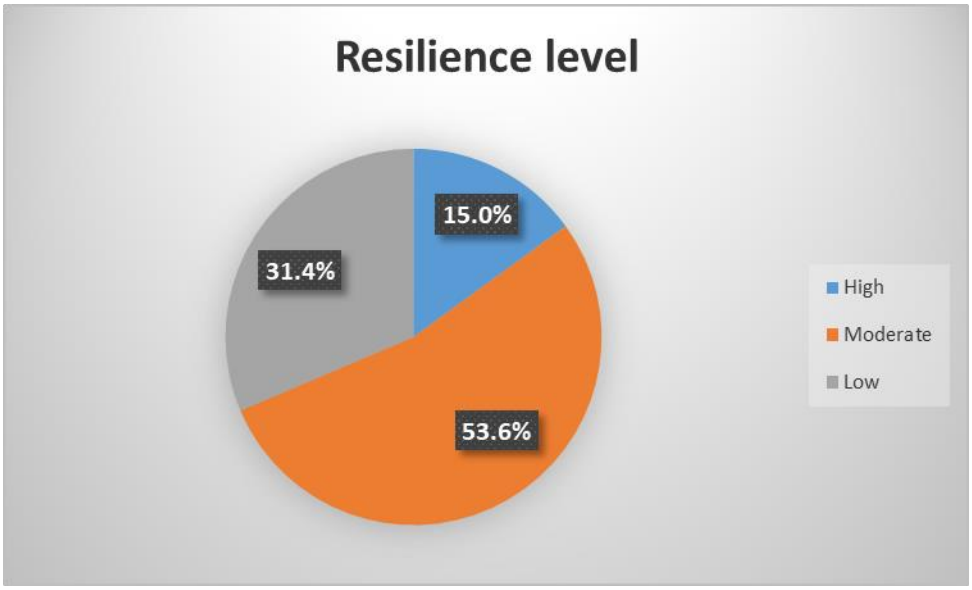

Figure (2): Percent of resilience level of studied patients (n=140).

Table 3: Frequency Distribution of suicidal ideation Score in studied patients (n=140).

Items	Score 0		Score 1		Score 2	
	NO.	%	NO.	%	NO.	%
Wish to live	97	69.3	27	19.3	16	11.4
Wish to die	68	48.6	43	30.7	29	20.7
Reasons for living/dying	70	50.0	47	33.6	23	16.4
Desire to make active suicide attempt	77	55.0	40	28.6	23	16.4
Passive suicidal desire	108	77.1	14	10.0	18	12.9
Time dimension: Duration of suicide ideation/wish	130	92.9	10	7.1	0	.0
Time dimension: Frequency of suicide	98	70.0	42	30.0	0	.0
Attitude toward ideation/wish	90	64.3	41	29.3	9	6.4
Control over suicidal action/acting-out wish	105	75.0	29	20.7	6	4.3
Deterrents to active attempt (e.g., family – religion)	124	88.6	13	9.3	3	2.1
Reason for contemplated attempt	71	50.7	40	28.6	29	20.7
Method: Specificity/planning of contemplated attempt	117	83.6	20	14.3	3	2.1
Method: Availability/opportunity for contemplated attempt	95	67.9	21	15.0	24	17.1
Sense of "capability" to carry out attempt	91	65.0	35	25.0	14	10.0
Expectancy/anticipation of actual attempt	88	62.9	42	30.0	10	7.1
Actual preparation for contemplated attempt	108	77.1	29	20.7	3	2.1
Suicide note	128	91.4	12	8.6	0	.0
Final acts in anticipation of death	126	90.0	14	10.0	0	.0
Deception/concealment of contemplated suicide	93	66.4	31	22.1	16	11.4
Suicidal ideation (No)	**43 (30.7%)**					
Suicidal ideation (yes)	**(69.3%)**					
Weak	81(57.9%)					
Moderate to strong	16(11.4%)					
Suicidal ideation (38)*						
Mean± SD	7.3±7.2					

median(range)	5 (0-26)

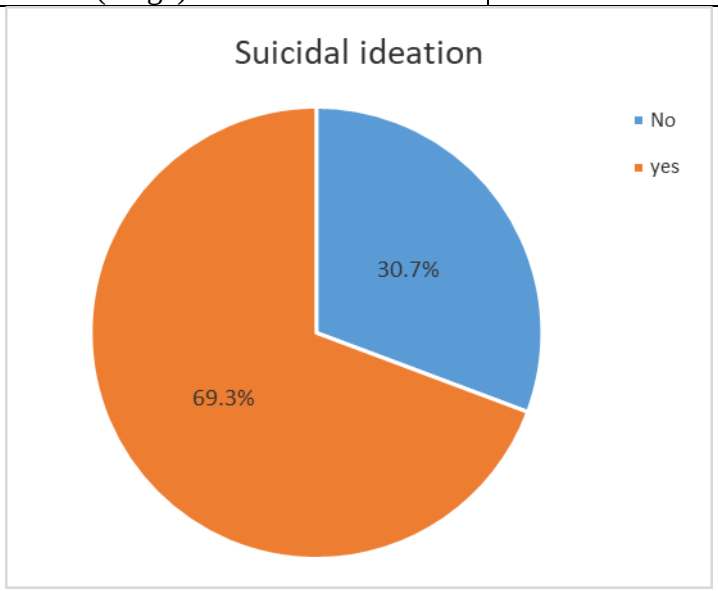

Figure (3): Percent of suicidal ideation Score in studied patients

Table 4: Correlation matrix between Obsessive compulsive score,Resilience score, Suicidal ideation score

Items	Obsessive score		Resilience score		suicidal ideation score	
	r	p	R	p	r	p
Resilience score	-0.25**	0.003	1	.		
suicidal ideation score	0.44 **	0.0001	-0.42**	0.0001	1	

*(r) correlation coefficient ** Correlation is significant at the 0.01 level * Correlation is significant at the 0.05 level .*