

Superstitious Behavior Among Family Members of Individuals Taking Psychiatric Treatment

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ABSTRACT

Aim: The present research study examines the difference in terms of superstitious behavior among family members of individuals undergoing psychiatric treatment located in urban and rural areas. This research aims to understand the influence of superstition beliefs and behavior of family members on perceptions and responses to mental health treatment of their loved one.

Material and Methods: The total sample consisted 100 family members of individuals taking psychiatric treatment out of which 50 from urban areas and 50 from rural areas located in Nashik districts of Maharashtra. The sample was selected from psychiatric clinics located in Nashik city. For examine the level of Superstitious Behavior researchers used superstitious behavior scale by Dr. Manasvi Shrivastav (2019).

Statistical Analysis: Descriptive, inferential comparative statistical analyses were used for observing the difference. The t test was used to study the difference in superstitious behavior between urban and rural family members.

Result and Conclusion: The research finding shows the significant difference in terms of superstitious behavior between urban and rural family members. The mean score of superstitious behavior was 11.52 (SD = 10.56) for urban family members and 34.40 (SD = 17.10) for rural family members and the obtained t-value was 7.56 which indicated significant difference. The study revealed that rural family members exhibited higher levels of superstitious behavior as compared to urban family members which plays the crucial role in shaping the attitudes of family members toward psychiatric treatment in rural settings.

Keywords: Superstitious Behavior, Family members of individuals taking psychiatric treatment, Urban and Rural Areas

INTRODUCTION

Superstitious behaviour means believing and acting on ideas that don't have a scientific explanation, but individuals often act or perform because of fear or uncertainty. In psychology, it happens when people wrongly connect their actions to a certain outcome.

These beliefs give people a sense of control, especially when they're facing unpredictable or challenging situations. Danish et al. (2010) suggest that superstitions can boost a person's confidence and even help them perform better by making them feel more positive. Vyse (1997) explains that superstitions come from the desire to find meaning in life's uncertainties, giving people a way to manage stress and anxiety.

Superstitions can teach us a lot about how people think and make decisions. They show us how our minds try to find patterns and explanations, even when none exist. Cultural and social factors also shape these beliefs, showing how traditions and stories are passed down through families and communities.

In India, especially in rural areas, **superstitious beliefs and acts are often deeply rooted in cultural and traditional practices**. These illogical beliefs shape individuals and their family member's attitude and perception towards understanding mental health and seeking medical treatment. Many families may believe that mental health problems are caused by **supernatural forces** like evil spirits, curses, or black magic rather than medical or psychological reasons. Individuals' responses towards mental conditions or illness are influenced by superstitious beliefs these illogical beliefs often lead to **delays in seeking professional help**, reliance on traditional healers, and a cycle of stigma and inadequate treatment. Addressing these superstitions behaviour through education and community outreach is essential for improving mental health treatment outcomes in these areas.

Types of Superstitions:

Following are some types of superstition we observed in communities:

- **Luck-Based Superstitions** – Actions believed to bring good or bad luck, like carrying charms or avoiding black cats.
- **Ritualistic Superstitions** – Personal or cultural rituals performed for success or protection.
- **Omen-Based Superstitions** – Belief in signs predicting good or bad outcomes, like shooting stars or spilled salt.
- **Fate-Related Superstitions** – Faith in astrology, numerology, or destiny being pre-determined by events or actions.
- **Religious/Spiritual Superstitions** – Seeking divine blessings or protection using prayers, talismans, or rituals.
- **Custom-Based Superstitions** – Traditional beliefs, like avoiding haircuts at night or following seasonal rituals.

REVIEW OF LITERATURE

Nair and Thomas (2020) explored how maternal beliefs affected psychiatric treatment adherence in Kerala. They discovered that superstitious mothers often discontinued medications in favor of traditional remedies. **Banerjee and Das (2019)** conducted research in West Bengal, finding that beliefs in "bhut pret" (ghosts) significantly impacted family support for psychiatric care. Education interventions improved understanding in 40% of families **Kaur et al. (2020)** investigated Sikh families in Punjab. The research found that ancestral beliefs about "sacred healing" often clashed with modern psychiatric practices, creating tension in treatment adherence. **Joshi and Pandey (2018)** analyzed familial superstitions in Uttarakhand. The findings showed that geographic isolation contributed to reliance on superstitious practices, with 85% of respondents consulting shamans. **Saxena et al. (2021)** examined the role of caste-based beliefs in Bihar. Their study highlighted that lower-caste families faced double stigma due to caste discrimination and mental health superstitions.

International review Schmidt et al. (2020) studied superstitions among European families in Germany. The findings showed that older generations adhered more to mystical beliefs about mental illness. **Jones and White (2018)** analyzed familial attitudes in Australia. Indigenous communities attributed psychiatric conditions to spiritual disharmony, impacting treatment approaches. **Abdulrahman et al. (2019)** investigated familial superstitions in Egypt, where "evil spirits" were often considered the root cause of mental disorders. **Ruiz and Fernandez (2020)** explored Spanish families, noting the influence of folk traditions like "mal aire" (bad air) in shaping mental health perceptions. **Zhao et al. (2019)** studied superstitions in rural China. Families frequently relied on herbal remedies and spiritual consultations, delaying psychiatric interventions. **Smith et al. (2020)** examined family superstitions in the United States, revealing that cultural subgroups, especially recent immigrants, often adhered to beliefs about "divine punishment" for mental illness.

Statement of the Problem

To examine the difference in terms of superstitious behaviour among family members of individuals taking psychiatric treatment belongs to urban and rural areas.

Objectives

1. To study the superstitious behaviour among family members of individuals taking psychiatric treatment belong to urban areas.
2. To study the superstitious behaviour among family members of individuals taking psychiatric treatment belong to rural areas.
3. To study the difference in terms of superstitious behavior among family members taking psychiatric treatment belong to urban and rural area.

Hypothesis

Family members of individuals undergoing psychiatric treatment in rural areas are more engage in superstitious behavior as compare to urban areas.

Variables

Research Variables

1. Superstitious behavior
2. Family members of individuals taking psychiatric treatment

Controlled Variables

1. Region: Nashik, Sambhaji Nagar, Jalna district in Maharashtra
2. Type of Psychiatric Disorder: Anxiety, OCD and Depression
3. Duration of Disorders: Minimum 6 to 12 months treatment

Sample and Methods

A purposive sampling method was used to select a representative sample of 100 family members of individuals taking psychiatric treatment out of which 50 from urban areas and 50 from rural areas located in Nashik, Sambhajinagar (Aurangabad), Jalna districts of Maharashtra. The sample was selected from psychiatric clinics located in Nashik city. With the prior permission of psychiatrist the researchers personally interacted with the family members of the individuals and with their concern collected the information with the help of standardised test.

Tool

Superstitious Behaviour Scale by Dr. Manasvi Shrivasatav (2019):

The scale consists 40 items for understanding different aspects of superstitious behavior. For giving the responses the scale having three options first option "I will definitely do it", second option "If not possible, I will not do it", third option "I don't believe in it". The scores range between 0 - 80. High score indicates more superstitious behavior and low score indicates low superstitious behavior.

Reliability: test-retest reliability was found 0.90

Validity: Content validity on the basis of experts rating were considered satisfactory.

RESULT AND DISCUSSION

The collected data were analyzed using appropriate statistical tools, including mean, standard deviation, and t-test, to assess the differences in superstitious behavior among family members of individuals undergoing psychiatric treatment from urban and rural areas. The obtained data is systematically presented in the following table.

Table.1: Shows the Mean, SD and t-value the difference in terms of superstitious behavior between Rural and Urban area on

Variable	Sample	N	Mean	SD	SED	't' value	Level of Sig
Superstitious Behavior	Urban Area	50	11.52	10.56	3.027	7.56	Sig
	Rural Area	50	34.40	17.10			

Table 1 shows the difference in terms of **superstitious behaviour between** family members of individuals in urban and rural areas for this analysis t value is calculated. For the obtained values in table 1 shows the mean of urban individuals is 11.52 and mean value of rural individuals is 34.40 and the computed t-Value is 7.56 of significant at the 0.01 level. This indicates that there is difference in level of superstitious behaviour among family members of individuals at urban and rural areas. The result suggest that individuals from rural areas are more engaged in superstitious behaviour as compared to urban area individuals due to lower mental health awareness stronger cultural and national influence and limited access to scientific explanations for mental health issues in rural settings.

CONCLUSION

There is significant difference in terms of superstitious behaviour among family members of individuals undergoing psychiatric treatment in urban and rural areas. The result suggest that individuals from rural areas are more engaged in superstitious behaviour as compared to urban area

IMPLICATIONS

This research finding highlighted the importance of culturally sensitive mental health education and awareness programs, especially in rural communities.

- **Integration of Cultural Sensitivity in Mental Health Programs:** Suggests the need for mental health programs at rural families that are tailored to local beliefs and practices. Incorporating cultural sensitivity into mental health education can foster greater acceptance of psychiatric treatment and reduce reliance on superstitious practices.
- **Community-Based Awareness Campaigns:** Organise mental health disorders awareness campaigns with collaboration of community leaders, religious figures, and local influencers at rural areas for promoting scientific understanding of mental health issues.
- **Training for Mental Health Professionals:** Trained mental health professionals should take initiative to recognize and address superstitious beliefs compassionately. Professionals should understand and deals with patients and their family member's cultural background.
- **Policy Recommendations:** Policymakers should conduct mental health literacy programs at rural areas.
- **Family Counselling and Support:** Organize family counselling sessions on superstitious beliefs, offering education about psychiatric disorders and encouraging evidence-based treatment.
- **Further Research:** There is a need for more research on the relationship between cultural beliefs and mental health care.
- **School and Youth Programs:** Introducing mental health education in schools, especially in rural areas, can build early awareness and reduce the intergenerational transmission of superstitious beliefs.

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