

THE INTERSECTION OF SUPERSTITIONS AND MENTAL HEALTH: HOW BELIEFS SHAPE PSYCHOLOGICAL WELL-BEING IN PAKISTAN

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ABSTRACT

Background: Superstitions exist in multiple cultures, and affect individuals somehow. Some of these beliefs can help people cope, but excessive dependency on them can be detrimental to one's psyche's wellbeing, especially in cultures where such beliefs control everyday activities. However, there is hardly any empirical work done on the interaction between superstition, stress, and mental health in Pakistan.

Aim: The current study was conducted to understand the effect superstitious beliefs have on one's mental health and within this context, understanding if perceived stress acts as a mediator between these two variables.

Method: The researchers used a cross-sectional approach and collected quantitative data from a sample of 300 participants from five large cities in Pakistan through purposive sampling. Participants completed set questionnaires, which included Revised Paranormal Belief Scale (RPBS), General Health Questionnaire-12 (GHQ-12), and Perceived Stress Scale (PSS-10). Analyses were done on the collected data using Pearson correlation, linear regression and mediation analysis on SPSS Version 28.

Results: Beliefs in superstitions were significantly related to higher perceived stress ($r = .61$, $p < .001$) and to poorer mental health ($r = .67$, $p < .001$). The regression analysis indicates that superstitions ($\beta = -.374$, $p < .001$) and perceived stress ($\beta = -.412$, $p < .001$) both significantly predicted mental health status. The mediation testing demonstrated that perceived stress partially mediated the effect of superstition on mental health (indirect effect: $\beta = -.279$, $p < .001$).

Conclusion: The negative influence of superstitious beliefs on mental health was evident, while stress perceived fabricated a mediation effect. Culturally sensitive approaches that address the stress associated with superstitions may enhance mental health. More longitudinal research is needed to understand the patterns of causality.

Keywords: Superstitions, mental health, perceived stress, psychological well-being, cultural beliefs, Pakistan.

INTRODUCTION

Superstitions, in their myriad forms, have long been present in the society and the culture of Pakistan (Irfann et al., 2024), influencing behaviors and decisions of individuals and their mental health. Superstitions, in Pakistan, stem from religious beliefs, folklore, and ancient

customs and these have developed notions about health, misfortune, and success which individuals experience (Farooq et al., 2021; Bibi, 2024). For instance, people believe that the evil eye and jinn can cause sickness which then necessitates engaging in various protective practices (Naz & Aslam, 2024). While such beliefs might offer a sense of control when one feels threatened, it does have negative mental health consequences by causing undue stress, anxiety, and irrational fear (Malik et al., 2021). Such beliefs are kept alive through socialization, religion, and parents, which makes them a strong determinant of one's mental health (Ilyas & Ilyas, 2024).

Superstitions can positively and negatively influence psychological health. Such practices can allow one to cope with some situations, as superstitions tend to ease mental distress. Many people utilize rituals, amulets, and a variety of superstitious belief interventions as 'protection' against misfortunes (Pelizzo et al., 2023). In cultures where mental health issues are scientifically overlooked, these notions serve as helpful comprehensible substitute explanations for one's psychological suffering and distress to underpin their problems and most importantly, seek help from people in their society (Wainipitapong et al., 2024). On the contrary, these superstitious beliefs can also cause severe procrastination in acquiring real psychological intervention (Alam et al., 2021). Rather than addressing the issues and moving towards educated health solutions, people often consult faith and traditional healers who only increase the suffering and complications of the patient's condition (Nisar, 2024).

The effects of superstitions are more pronounced when it comes to the stigma surrounding psychiatric disorders because they are viewed more as mystical problems than medical issues that require intervention (Perveen et al., 2022). People struggling with depression, schizophrenia, or obsessive-compulsive disorder can suffer severe social discrimination, abuse, or harmful traditional practices because their condition is believed to be the result of black magic or possession (Qazi et al., 2024). These beliefs partially explain the difficulty in accepting and dealing with mental health issues and contribute to a cycle of untreated psychosis (Charan et al., 2024). Even more so, the attribution of one's difficulties to some supernatural being serves to

undermine self-efficacy by perpetuating helplessness and fatalism. These psychological effects may predispose an individual to anxiety disorders, paranoia, and other unconstructive coping behavior that undermine an individual's well-being (Koburtay & Alqhaiwi, 2024).

Superstitions have proven deeply enshrined in the history and culture of a society wherein concerns surrounding mental health are given minimal attention (Jamil & Baseer, 2023). For numerous people residing in rural and urban areas, the healing through faith remains the only option available for those undergoing emotional and psychological pain (Salman et al., 2024). Family members, religious leaders, and other elders in the community significantly contribute to the culture of superstitions, which governs the understanding and practice of mental health (Bagasra, 2023). Some of its proponents would rightly argue that such beliefs help foster a sense of community, but the adverse impacts on mental health are profound. This is also the case in Pakistan, where people do not seek psychological help due to deeply rooted cultural belief systems and poverty which restricts access to these services (Shamas, 2023; Batool et al., 2025).

A culturally superstitious society of Pakistan requires an understanding of the intersection between superstitions and mental health, and misinformation. Ignoring cultural practices and values bound to the belief systems that offer emotional solace is harmful (Hussain et al., 2024). Therefore, lack of understanding of mental health along with aiming to build these gaps without modernistic, psychological approaches is important (Aziz & Khan, 2021). These attempts should target mental health advocacy, education, and caring specifically designed for society bound to superstitious thinking (Ishad et al., 2022). The task is complex in nature, but these gaps can be filled by bringing together religion and mental health, ensuring better care, and trying to destigmatize the public perception toward psychiatric illnesses (Tanveer et al., 2023). Finding superstitions' roots in mental health is vital when approaching the society with sensitive, mental health advocacy needs to accompany education. It is essential to balance empowering tradition that values spiritual culture along with advanced psychological care to support a society that nurtures tradition while also bringing cognizance toward science (Rauf, 2024).

Problem Statement

The impact of superstitions on mental health in Pakistan has dire repercussions while being superficially researched," makes analysis of the problem easier to digest while retaining its complexity (Shamas, 2023). The next sentence highlights how superstitions and mental health issues are interdependent. 2. This thinking also worsens anxiety, depression, and psychosis, allowing additional stigma to form while effective treatment becomes impossible. The opening sentence of this extract gives more context to how these mental issues manifest themselves. 3. The Problems Statement: What is it Exactly? The current analysis attempts to elaborate the gap in understanding the superstitions and their overall impact while relying on Pakistan's cultural norms artificially ignorance of mental health. 4. Combining the pieces together, the output becomes persuasive and more logical in nature. By doing so all logical incoherencies are dealt with allowing for further analysis. 5. Adding and clarifying more detail to the problem creates a need for further research. The absence of researching superstitions and their impact on the psychosocial wellbeing within the country makes it more severe. Superstitions have a negative sociocultural impact with severe repercussions. Along the way, issues of preserving one's identity and considering and addressing something as severe as mental health are mentioned.

Significant of the Study

This study has considerable importance in closing the divide between cultural norms and psychological practice. It explores how superstitions impact mental health and the treatment-seeking behavior of people. This study goes on to add the implications of superstitious beliefs as policy decisions, mentally aware and campaign-ready, culturally sensitive policies. Understanding the implications of these beliefs will help health professionals, educators, and policy makers devise means to incorporate traditional belief systems with modern psychological meat, thereby dealing with mental health issues within the boundaries of parameters in Pakistan.

Aim of the Study

The major objective of this study is to analyze the role of superstitions in psychological well-being

and help seeking behavior towards mental health issues in Pakistan. This study seeks to explore the impact superstitious belief exert on stress, anxiety, and overall mental health by investigating the cognitive, emotional, and social factors attached to such beliefs. The study also sets out to evaluate the impediment such beliefs cause in getting appropriate professional psychological care and attempt to formulate guidelines for culturally sensitive mental health interventions.

Methodology

This paper analyzed how superstitions are perceived in the context of mental health in Pakistan employing a quantitative cross-sectional research design. Responses were collected from Lahore, Islamabad, Rawalpindi, Faisalabad, and Multan to ensure that people from different socio-cultural and economic segments of the society were adequately represented. A purposive non-probability sampling technique was applied, and the sample size of 300 was calculated using G*Power sample size calculator to gain adequate statistical power. The criteria for participating in the study included being above 18 years of age, able to read and comprehend the questionnaire, and willing to participate in the study. Those meeting the criteria but suffering from severe psychiatric disorders or undergoing active psychiatric treatment were excluded. Ethical issues were observed during the study including confidentiality, anonymity, voluntary participation and IRB approval along with informed consent prior to the data collection process.

The study measured superstitious beliefs, psychological distress, and stress levels using validated instruments. Superstitions were measured using the Revised Paranormal Belief Scale from Tobacyk (2004). This scale features 26 items grouped into seven subscales, namely, traditional religious belief, psi, witchcraft, superstition, spiritualism, extraordinary life forms, and precognition, for which the Cronbach's alpha was 0.80 - 0.90. Psychological distress was measured using the General Health Questionnaire-12 (Goldberg & Williams, 1988,) with 12 items. This instrument has no formal subscales and has a reliability estimate range of 0.78 to 0.95. The Perceived Stress Scale (Cohen, Kamarck, & Mermelstein, 1983) contained 10 items to evaluate perceived stress and showed high internal consistency (Cronbach's alpha: 0.74-0.91).

A demographic sheet was supplemented to collect the age, gender, education level, marital status, occupation, and socioeconomic status of the participants.

Data were processed through IBM SPSS Version 28 using descriptive and inferential statistics. In describing the data, computations for mean, standard deviation, potential and actual ranges, skewness and kurtosis were done. Cronbach's

alpha reliability analysis and Pearson product-moment correlation were performed alongside linear regression, independent sample t-tests, and ANOVA which examined relationships and differences across groups. Study ethics included obtaining institutional permissions to ensure guidelines such as informed consent from participants, their right to withdraw and confidentiality of data collected were fulfilled.

Results

Table 1: Demographic Characteristics of Participants (N = 300)

Variable	Category	f	%
City	Lahore	60	20.0
	Islamabad	60	20.0
	Rawalpindi	60	20.0
	Faisalabad	60	20.0
	Multan	60	20.0
Gender	Male	120	40.0
	Female	160	53.3
	Other	20	6.7
Education Level	High School	90	30.0
	Undergraduate	120	40.0
	Postgraduate	90	30.0
Occupation	Student	100	33.3
	Employed	140	46.7
	Unemployed	60	20.0
Socioeconomic Status	Low	100	33.3
	Middle	120	40.0
	High	80	26.7

This table shows the demographic distribution of a sample of 300 respondents from 5 major cities in Pakistan, each city's contribution being 60 respondents. Most respondents were females

(53.3%) who were undergraduates (40%) and employed (46.7%) and belonged to middle-class (40%) from which the majority came from.

Table 2: Descriptive Statistics and Correlations between Study Variables

Variable	M	SD	1	2	3
1. Superstition Beliefs	55.62	4.45	—	.61**	.67**
2. Mental Health	65.83	3.89	—	—	.77**
3. Perceived Stress	34.71	3.21	—	—	—

This table reports means, standard deviations and Pearson correlation between the variables of the study. Beliefs in superstition had a positive significant correlation with perceived stress ($r = .67$, $p < .01$) and a negative significant

correlation with mental health ($r = .61$, $p < .01$). In addition, perceived stress also had significant negative correlation with mental health ($r = .77$, $p < .01$) signifying a great correlation.

Table 3: Regression Analysis Predicting Mental Health from Superstition Beliefs and Perceived Stress

Variable	B	SE	β	t	p
(Constant)	78.94	2.87	—	27.51	<.001
Superstition Beliefs	-0.521	0.072	-.374	-7.24	<.001**
Perceived Stress	-0.682	0.068	-.412	-10.03	<.001**

This table shows that the both superstitious beliefs have a direct ($\beta = -0.374$, $p < .001$) and perceived stress ($\beta = -0.412$, $p < .001$) are significant predictors of mental health which is

explains the moderating factor between vital. Negative coefficients of these variables indicate that superstition with higher stress levels leads to lower mental health.

Table 4: Mediation Analysis: Perceived Stress as a Mediator Between Superstition Beliefs and Mental Health

Pathway	B	SE	β	95% CI	p
Constant (Perceived Stress Model)	12.315	1.267	—	[9.825, 14.805]	<.001
Superstition → Perceived Stress	0.623	0.059	.374	[0.507, 0.739]	<.001**
Constant (Mental Health Model)	81.748	2.136	—	[77.544, 85.952]	<.001
Perceived Stress → Mental Health	-0.693	0.062	-.412	[-0.815, -0.571]	<.001**
Superstition → Mental Health (Direct)	-0.521	0.072	-.374	[-0.663, -0.379]	<.001**
Superstition → Mental Health (Indirect)	-0.432	0.049	-.279	[-0.528, -0.336]	<.001**

The analysis illustrates that stress as a perception mediates the relationship between beliefs in superstitions and mental health. The entire direct effect of superstition belief on mental health was large ($\beta = -0.374$, $p < .001$) and so was the entire indirect effect through the mediator which in this case is perceived stress ($\beta = -0.279$, $p < .001$) suggesting partial mediation.

Discussion

The current thesis explored the links between superstitions and mental health in Pakistan by focusing on stress as a perceived mediator. The study found that more powerful superstitious beliefs were found to be significantly related to greater levels of perceived stress and mental health impairment. These findings are consistent with earlier studies, which opine that superstitious reliance is harmful and coping through uncertainty leads to greater psychological distress (Mughal, 2022). The negative correlation between superstition beliefs and mental health suggests the psychological distress that such beliefs create for most people, particularly in cultures where these superstitions are prevalent.

The relationships among certain mental health measures, stressors and superstitions rest on the complex intersections and overlaps between the protective and negative impacts of belief. From the analysis of the data, a dominant model emerged in which an individual's belief in superstitions explains the existence of perceived stress which further leads to impaired health. It has been observed that people with strong beliefs in metaphysical superstitions tend to stress more, and it is during such stressful times that they are more likely to rely on superstitions agnostics in nature. They feel themselves in a state of

helplessness where they are trying to do everything and yet nothing seems to work for them. This state gives rise to anxiety which sadly is the only emotion that such helplessness results in. It is entirely reasonable therefore, to assume that where there are reliance on strongly held superstitious beliefs, poor perception and even greater stress is likely to exist and within the individual's mental system (Zulfiqar & Bano, 2024).

The main objective was to determine the effect of holding superstitious beliefs on the poor perception of stress within a metaphysical context or construct. The hypothetical belief rested on the idea that anything and everything that is unmoving, unshakable, and unexplainable as well as already happening is a causative framework. It is necessary to be kept in mind because of its effects on the affected individuals mental being. In performing the task, it is not right to claim with great certainty, for example, that the key and primary reason for anxiety is the lack of perceived control coupled with having poor conditioned mental framework. Rather, the inductive approach would support that the fearful and pessimistic undertones linked to superstition does have a significant bearing on causing anxiety for the simply agnostic in nature ignorant humans.

The analysis of mediation revealed that stress is perceived to be a partial mediator in the relationship between superstitious beliefs and one's mental health. This means that mental health is not impacted by superstition alone but rather by the level of stress that it induces. This finding corroborates other studies showing that superstitious individuals are more likely to experience high levels of stress because they tend to believe that life events which are negative and

beyond one's control are much more common than they actually are (Khan et al., 2024). Where there is a partial mediation effect of this kind, it suggests that through superstitions, a direct influence on the individual's mental health begins to take place, but it is the perceived stress that is more critical. More importantly, this shows that individuals with superstitious beliefs are in dire need of stress management.

In Pakistan, certain cultural aspects may influence the superstitious belief and mental health relationship as well. Superstitions are socially constructed phenomena and more so within the framework of religion, which tends to strengthen them (Uppal et al., 2022). In collectivist cultures like Pakistan, there appears to be more acceptance of superstitions as coping mechanisms which can increase stress and anxiety because of the underlying beliefs that a negative event is bound to happen and thus is inescapable. There is a strong need to investigate how cultural beliefs justify superstitious behavior and its mental impacts across people of different ages and those from varying socioeconomic conditions.

The results of this research underscore the need to treat superstition-related stress in mental health interventions. Cognitive-behavioral approaches which focus on deeply rooted irrational beliefs can assist in offering better coping strategies and decrease the use of superstitions as a psychological safety net (Javaid et al., 2024). There is also a need for mental health practitioners to think about integrating psychoeducation in programs that aim to be culturally responsive and which challenge unhelpful superstitions together with strategies that depend on controlled reasoning. Additional research may investigate how some aspects of superstitious beliefs affect particular mental health issues like general anxiety disorder or obsessive-compulsive disorder to improve psychological services in Pakistan.

Limitations

The study's major limitations stem from self-reported data that can be influenced by social desirability tendencies. The cross-sectional approach used in this research also limits the ability to make causal assumptions, thus raising the question whether mental health problems can be considered as an outcome of superstitions. Further studies should use longitudinal or

experimental approaches to establish causal inferences.

Recommendations

It is suggested that mental health stress inducing superstitious factors should be managed by conducting culturally sensitive psychoeducational interventions. Cognitive behavioral techniques should be used to enable the users to self-manage inappropriate stressors. Further examine the impact of culture and religion on superstitious stress factors in different ethnic groups.

Conclusion

The study explained the relationship posed by superstitious beliefs and mental health without neglecting the role of perceived stress within it. For individuals possessing strong superstitious beliefs, stress levels were observed to be greater, which had a negative impact on their overall mental well-being. The results also corroborate the cognitive-behavioral approach which gives importance to emotional responses being produced out of irrational, unwanted beliefs. These beliefs, in addition to irrational ones, could be rooted in one's culture and can cause further aggravation of stress and emotional distress. Targeting superstitions in mental health interventions might enable patients to adjust such beliefs with more healthy coping mechanisms. There is a need to examine if and how different cultures moderate the association between superstitions and psychological wellbeing. With the addition of stress management techniques combined with psychoeducation, mental health practitioners could alleviate superstition-induced mental distress and promote positive mental health.

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