

**A Study of Paranormal Belief and Magical Ideation on Death Anxiety among Psychotic
Young Adults in Clinical Settings**

Submitted by

Yavanikasri.V

(21PCP021)

Under the Guidance of

Ms. M. Benadict Savitha

A Thesis submitted to



Avinashilingam Institute for Home Science and Higher Education for Women

In Partial Fulfillment of the Requirements for the Degree of

Master of Science in Clinical Psychology

(2021-2023)

May 2023

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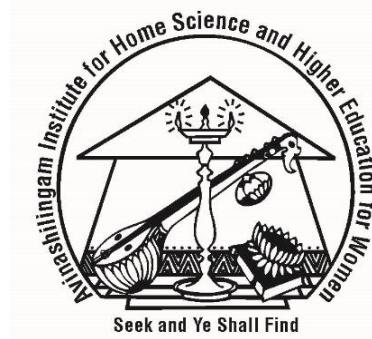
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Signature of the Head of the Department

Signature of the Guide

CERTIFICATE

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This is to certify that the project work entitled “**A Study Of Paranormal Belief And Magical Ideation On Death Anxiety Among Psychotic Young Adults in Clinical Settings**”, submitted to Department of Clinical psychology, Avinashilingam Institute for Home Science and Higher Education for Woman, Coimbatore, in partial fulfillment of **Master Of Clinical Psychology**, is the record of the original project work done by **Yavanikasri. V (21PCP021)** during the period of her study, under my supervision and guidance.

Signature of the Guide

Signature of the Head of the Department

Submitted for the viva voice examination held on _____

Internal Examiner

External Examiner

DECLARATION

DECLARATION

I hereby declare that this project work entitled “**A Study Of Paranormal Belief And Magical Ideation On Death Anxiety Among Psychotic Young Adults In Clinical Settings**” submitted to Department of Clinical psychology, Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore, in partial fulfilment of the requirement for the award of the **Degree Of Master Of Clinical Psychology** is the bonafide record of original project work done by **Yavanikasri.V (21PCP021)** during the period of her study under the supervision and guidance of **Ms M. Benadict Savitha.,** Department of Clinical psychology.

Place: Coimbatore

Signature of the candidate

Date:

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ABSTRACT

Abstract

The present study aimed to explore the relationship between paranormal beliefs and magical ideation on death anxiety among psychotic young adults in clinical settings. The sample consisted of 60 young adults including 30 males and 30 females diagnosed with psychotic disorders who were receiving treatment at a psychiatric hospital. The participants were selected at the age of 18 to 30 years old. The tools used for the study were the Paranormal belief scale, Magical ideation scale, and Death anxiety scale. The data were analyzed using SPSS software. The results showed that a significant proportion of the participants held paranormal beliefs and reported high levels of magical ideation and death anxiety. There was a significant positive correlation between paranormal belief and magical ideation, as well as between magical ideation and death anxiety. The findings suggest that young adults with psychotic disorders may be more susceptible to beliefs in paranormal and magical thinking, which may exacerbate their death anxiety. These results have important implications for the treatment of psychotic disorders, highlighting the need to address and challenge such beliefs as part of clinical intervention.

Keywords: Paranormal, Magical ideation, Death anxiety, Young adults

INTRODUCTION

Chapter 1

Introduction

Paranormal Belief

Paranormal means denoting any purported phenomenon involving the transfer of information or energy that cannot be explained by existing scientific knowledge, (APA).

Paranormal beliefs refer to the acceptance and conviction in the existence of phenomena that are not scientifically explainable or cannot be explained by natural laws and current scientific understanding such as ghosts, psychic powers, telekinesis, and life after death. These beliefs are often rooted in personal experiences, cultural traditions and lack empirical evidence or scientific validation. Paranormal beliefs are often considered to be outside the mainstream scientific and rational thought and can be influenced by factors such as cultural background, education level, and personal experiences.

The study of paranormal or "psychic" events, including alleged mental faculties like telepathy and telekinesis, is known as parapsychology. The goal of parapsychology is to investigate and test the nature of paranormal encounters and abilities.

Parapsychology involves the study of a variety of proposed psychic phenomena by scientists and scholars, including the search for evidence of their existence. Among these phenomena are:

- Precognition: perceiving information in the future, such as in a vision or dream
- Clairvoyance: perceiving information about distant locations

- Telepathy: communicating mind-to-mind (without the use of normal senses)
- Extrasensory perception (ESP): a perception that seems to transcend the five senses, encompassing the above terms
- Psychokinesis or telekinesis: manipulating objects with the power of the mind
- Out-of-body experiences: perceiving one's own body from above

Parapsychological phenomenon

Parapsychological phenomenon, also called PSI phenomenon, is any of several types of events that cannot be accounted for by natural law or knowledge acquired by other than usual sensory abilities. The discipline concerned with investigating such phenomena is called parapsychology.

The general term psi has become established to denote all kinds of parapsychological phenomena. Discussion about parapsychological phenomena has sometimes assumed emotional overtones, unsuitable to scientific discipline, and outspoken but contradictory opinions are still frequently voiced. Believers and nonbelievers in psi may base their belief or disbelief on what they consider to be scientific evidence, on their personal experiences, or on some larger system of attitudes and values.

Some paranormal experiences are easily explainable, based on faulty activity in the brain. Reports of poltergeists invisibly moving objects seem to be consistent with damage to certain regions of the right hemisphere that are responsible for visual processing; certain forms of epilepsy, meanwhile, can cause the spooky feeling that a presence is stalking you close by perhaps underlying accounts of faceless “shadow people” lurking in the surroundings.

Tools and Theories in Parapsychology

Parapsychologists have developed several theoretical explanations for paranormal phenomena. The electronic voice phenomenon (EVP) has quickly become one of the most widely used tools in the parapsychological community. Electronic voice phenomenon used on ghost-hunting television shows, works by increasing background noise on a recording. The recording is then amplified and played back, and the resulting sounds can resemble a human voice.

Parapsychologists have developed several theories to explain electronic voice phenomena. Some argue that ghosts and other entities create electronic voice phenomena via psychokinesis. Mainstream scientists have argued, by contrast, that the electronic voice phenomenon could be the result of radio interference and fraud. People who are invested in believing EVP may hear voices where there are none. Parapsychologists who take EVP recordings often transcribe the recordings in an attempt to make them more easily understood, but these transcriptions can be suggestive and cause listeners to hear a voice when they might not otherwise.

Paranormal and spiritualism

A new religious and philosophical movement called Spiritualism had a lot to do with parapsychology's increasing popularity. Spiritualism was based on the belief that living people could contact and communicate with the dead, particularly through the senses.

Paranormal phenomena and spiritualism are often closely related because they both involve the concept of the supernatural or the existence of a reality beyond what can be perceived by the five senses. Many people who believe in spiritualism also believe in paranormal

phenomena such as ghosts, haunting, and psychic abilities. This is because these phenomena are often seen as evidence of the existence of a spiritual realm beyond the physical world. Some paranormal researchers and investigators view their work as a way to connect with the spiritual realm and gain a deeper understanding of the mysteries of existence.

However, it's important to note that not all people who believe in the paranormal also believe in spiritualism, and vice versa. Some people may have experiences that they interpret as paranormal but do not attribute to spiritual causes, while others may have spiritual beliefs but not necessarily believe in the existence of ghosts or other paranormal phenomena. Ultimately, the relationship between paranormal and spiritual beliefs is complex and can vary depending on individual perspectives and experiences.

Paranormal and supernatural beliefs

The supernatural genre incorporates elements that cannot be understood by science and operate outside the rules of the real world. Supernatural fiction normally concerns itself with matters of god, the soul, archangels, and resurrection. Subgenres include supernatural horror fiction (i.e. the work of H. P. Lovecraft), Gothic (i.e. Frankenstein), ghost stories, supernatural thrillers, and other macabre stories in the horror genre.

The paranormal genre of literary fiction includes beings and phenomena that are outside the realm of normal scientific understanding of the natural world. Though the paranormal genre may include supernaturalist elements, this fiction genre generally includes creatures that have been popularized by folklore, fairy tales, and popular cultures, such as fairies, aliens, shapeshifters, and the undead.

Paranormal and supernatural fictions are closely related literary genres that are often used interchangeably, but there are subtle differences between the two. “Paranormal” refers to the idea that there are certain phenomena that are outside the realm of scientific understanding but could potentially be explained by science one day, even if the chances are slim.

The paranormal genre includes creatures like zombies, werewolves, aliens, and ghosts, as well as phenomena like telepathy and time travel. “Supernatural” refers to phenomena that are forever outside the realm of scientific explanation, such as god, the afterlife, and the soul.

Paranormal beliefs affect the human mind

Paranormal beliefs can have various effects on the human mind, ranging from positive to negative, depending on the individual and the specific belief. On one hand, some people find comfort and meaning in paranormal beliefs. Believing in the existence of an afterlife in communication with deceased loved ones. Some people report feeling a sense of awe and wonder when encountering supposed paranormal phenomena, which can lead to feelings of spiritual connection.

On the other hand, paranormal beliefs can also have negative effects on mental health such as beliefs that can cause anxiety, fear, and paranoia. The belief in malevolent supernatural entities can lead to feelings of persecution and a sense of being constantly watched or threatened. People who have difficulty distinguishing between reality and fantasy may be more vulnerable to developing delusional beliefs, which can interfere with their ability to function in everyday life.

Overall the effects of paranormal beliefs on the human mind are complex and individualized. While some people may find comfort or spiritual fulfillment in such beliefs, it's important to

approach them with a critical rational and rational mindset to avoid potentially harmful consequences

While many people may hold paranormal beliefs, it only becomes a disorder when these beliefs begin to interfere with a person's daily life and functioning. This is known as a delusional disorder, which is persistent and irrational beliefs that are not based on reality. People with this disorder may experience significant distress, anxiety, and fear related to their beliefs and they may engage in behaviors that are considered abnormal or irrational. They may also have difficulty distinguishing between what is real and what is not. It's important to note that not all people with paranormal beliefs have a delusional disorder. Many people may hold these beliefs without experiencing significant distress or impairment in their daily lives.

Magical thinking

Definition

Magical ideation is conceptualized as the tendency to accept unconventional forms of causality (Meehl, 1962).

Magical ideation refers to a belief or tendency to believe in magical or supernatural phenomena.

Magical thinking describes a set of beliefs that two unrelated events or phenomena in the world are connected and affect each other even though they may have no actual connection at all. Someone may believe that acting can stop a certain event.

Many people engage in magical thinking like superstitions encourage people to believe their actions can lead to good luck or misfortune. Some mental health conditions, such as obsessive-compulsive disorder (OCD), can also feature magical thinking.

Types of magical thinking

Some types of magical thinking include:

- **Superstitions.** Superstitions are a form of magical thinking in which a person believes that specific behaviors, such as wearing the same shirt during every baseball game, can influence unrelated human events.
- **Rituals.** Many people perform rituals to gain a sense of control over life. For many, it is not harmful or a sign of a mental health condition. But extreme, rigid, or anxiety-driven rituals, such as excessive hand washing, can be a sign of a mental health condition.
- **Unusual religious beliefs.** Although some religious beliefs may have similarities with magical thinking, the two are different Trusted Sources.
- **Childhood thoughts.** Young children are still learning about how the world works, so they may assume that their internal and external worlds are more closely connected than they are. For example, a child might believe that something bad happened to a family member because the child was angry at them.
- **Delusions.** Some delusions involve magical thinking, such as the belief that a person can control others with their thoughts, or that they have godlike powers. (Villines, Z. 2022)

Magical Thinking and Child Development

Toddlers and preschoolers often engage in pretend play. This allows them to test out new identities, develop theories about the ways other people think, and practice social skills. Magical thinking tends to coincide with this pretend play and young children often have fantastical beliefs about what can and cannot happen. Magical thinking tends to fade as children begin to master concepts of logic and cause and effect. Older children may periodically deviate into magical thinking, but reality-based thinking dominates.

In adults, magical thinking can be a sign of a mental health condition. However, some cultures encourage magical thinking about certain things. For instance, a tribal religion might encourage members to believe that carrying around a fetish will cause it to rain. This sort of magical thinking is not symptomatic of mental illness because it is part of a cultural norm.

Children are primary make-believe enthusiasts; they embrace fantasies like imaginary friends with passion. This is normal in child development. This belief comes in different forms including Santa and the Tooth Fairy. Children, in addition, hold onto objects like a special stuffed toy or dirty torn blanket to help keep their fears and anxieties at bay. And shutting the bedroom closet door will keep the monsters away.

Children start to believe when they are toddlers. Adults feed into their magical thinking with beliefs such as Santa, the Easter Bunny, and the Tooth Fairy, among others. As children grow older, at around age 10, they do away with fantastical play. Children may well dispense with such beliefs, but they still keep their superstitions within limits.

Theories of magical thinking

A range of theories have been proposed as to why individuals may think magically in certain situations. The psychoanalytical approach suggests that magical thinking is a regressive attempt to deal with stress (Freud, 1901). Freud stated that individuals with magical thoughts respond maladaptive to conflicts between unacceptable, unconscious, sexual, or aggressive impulses and the demands of conscience and reality. Freud agreed with Piaget's theory, that there is a stage in children's development in which magical thinking is dominant. Consequently, when adults are faced with a threat that arouses anxiety, Freud proposed that they regress to a magical mode of thinking.

Jean Piaget's theory of cognitive development (1929, 1973) encompasses ideas of magical thinking in children. According to Piaget's theory, magical thinking is present through the concrete operations period, until the age of 11 to 12 years. He proposes that young children's confusion between thoughts and things results in a variety of mistaken beliefs about the relations between the mind and the physical world (Woolley, 1997). Piaget's theory includes what can be considered four different classifications of magical thinking.

Benefits of Magical Thinking

Comfort. The practice of magical thinking provides some amount of comfort to certain people. When people find things they have no control over, this thought process helps them to feel more in control. These beliefs prevent them from distress, frustration, and anxiety. If the outcome does turn out in favor of them, people start to believe in the power of superstitions. Thinking that the lucky pencil helps in acing the exam is one of the examples of such a condition.

Optimism. The power of positive thinking can also be considered magical thinking, in a way. Evidence does suggest, however, that staying positive can change the outlook and help to manage stress and depression more easily. People start to notice the good things around them. Increased optimism makes this process smooth. This leads to relieving emotional distress. It may not improve physical health, but it can make one feel a bit better. It improves the mindset that allows a person to take such specific steps to identify the problems the person is experiencing.

Confidence. Some superstitious beliefs help to boost a person's confidence which may lead to better performance. It makes people believe that some existence of superpower will help them if they are stuck in any difficult situation. The existence of supernatural power will provide them with good luck and this makes them perform without any worry. Holding a lucky charm when the result of the performance is yet to be announced, keeping fingers crossed in a difficult situation, or wishing someone good luck with prayers are some examples of it. These practices are beneficial in increasing self-confidence in an individual. Research also suggests superstitions could have a positive impact on performance.

Survival. When people experience helplessness about an event or situation, magical thinking appears and often kicks in. During these situations, people tend to make a wish, perform a superstitious ritual, or assign belief in the existence of a superpower outside the rational world. These practices allow them to feel that the situation is not entirely out of their control. It helps them to gain more self-confidence. It reduces the anxiety level and helps people to survive.

Disadvantages

- **Stress and anxiety.** Some magical thinking is fear-based and may cause anxiety. For example, people may worry they could accidentally harm themselves or others with their thoughts or emotions. This can cause stress, which harms mental and physical health.
- **Distortion of reality.** Magical thinking may disrupt a person's understanding of reality. This can occur in schizophrenia and other delusional disorders but may also occur in people without these diagnoses.
- **Over-reliance.** People who believe magical thinking works may rely on it at their own expense. For example, a person may rely on prayer to treat a medical condition instead of seeking help from a doctor, which could be dangerous. Similarly, when magical thoughts or behaviors do not work, a person may feel upset, angry, or powerless.
- **It detracts from real solutions.** Those who seek miracles find miracles. That's a statement about confirmation bias, not the prevalence of miraculous occurrences. If a person looks for miracles long enough and thinks they've found a few, they're more likely to rely on them and less likely to take personal action.
- **It reduces the likelihood of positive change.** Wishing doesn't make a reality, and waiting for a magical fix is the equivalent of doing nothing. While change will certainly happen as a result of doing nothing, because change happens whatever the individual does, it likely won't be in their favor.
- **Difficulties on the path of success.** The negative part of it allows people to feel unworthy, overwhelmed, and frightened after identifying their goals. People who suffer from this thinking disorder are more likely to put all their faith into rituals and

superstitions. They make almost no effort of their own and don't consider any other possibilities. This situation can create slackness and allows the bad habit of only thinking positively but not putting in any effort. This often leads to them facing difficulties and experiencing a hard time achieving success.

- **Adversely affects performance.** This thought process makes a situation tricky when the belief is about an object. Some people tend to believe that some specific objects are lucky to them. But it can have a negative effect also. Without that object, superstitious people often fail to perform better. They don't feel capable of facing any situation without that object. It prevents them from gaining self-confidence. They become extremely dependent on that object. It also raises a kind of fear and lack of concentration in them. Those people are more likely to blame the situation rather than consider any other possible cause. Their stress sabotages their performances.

Magical thinking and mental health

Magical thinking can be a feature of several mental health conditions. These include:

- **Obsessive Compulsive Disorder.** People with OCD have intrusive thoughts, which are scary thoughts that seem to come from nowhere. Sometimes, these are magical thoughts. Even if a person with Obsessive Compulsive Disorder is not typically superstitious, they may become fixated on a superstition due to these thoughts.
- **General Anxiety Disorder.** People with General Anxiety Disorder can also have magical thoughts. For example, they may feel anxious that if they stop worrying about something, what they are worried about will come true.

- **Delusional disorders.** Delusional disorders such as schizophrenia can cause Trusted Source people to have magical thoughts or perceptions.(Villines, Z. 2022).

Death Anxiety

Definition

Thanatophobia, or death anxiety, is a form of anxiety disorder that involves an intense fear of death. It can lead to overwhelming anxiety about a person's death or the process of dying.

In the Greek language, the word 'Thanatos 'refers to death, and 'Phobos means fear. Thus, thanatophobia translates as the fear of death.

Having some death anxiety is an entirely normal part of the human condition. However, for some people, thinking about their death or the process of dying can cause intense anxiety and fear.

Symptoms

The fear of death is considered a phobia if the fear:

- arises almost every time a person thinks about dying
- persists for more than 6 months
- gets in the way of everyday life or relationships

Key symptoms that a person may have a phobia of dying include:

- immediate fear or anxiety when thinking about dying or the process of dying
- panic attacks that can cause dizziness, hot flushes, sweating, and a raised or irregular heart rate
- avoidance of situations where thinking about death or dying may be necessary
- feeling sick or getting stomach pains when thinking about death or dying
- general feelings of depression or anxiety(Cadman, B. 2018)

Causes of death anxiety

Role of Religion. Religion can play a role in someone's feelings toward death. On the one hand, religion could be a source of comfort in providing answers to questions about the unknown. On the other, religion could contribute to the idea that the path to salvation is very straight and narrow, and someone could fear that any deviations or mistakes may cause them to be eternally condemned. Current research indicates there is a weak tie between death anxiety and religiosity.

Religious beliefs are highly personalized, and even a therapist of the same general faith may not fully understand a client's beliefs. If the fear of death is religiously based, it is often helpful to seek supplemental counseling from one's religious leader. However, this should never be used to replace traditional mental health counseling. (Fritscher, L. 2023)

Social influences. In a recent review, religion was cited as both a potential cause for death anxiety and a means to find comfort from it. For some, the idea of death leading to freedom and meeting “God” or the deity you ascribe to brings comfort. For others, the idea of paying restitution for behavior on Earth triggers said anxiety.

Life experiences. For some, having experienced traumatic events can lead to death anxiety. This could be the loss of a loved one or having a near-death experience.

Mental health conditions. This particular phobia can be connected to several other types of conditions. In a 2014 study, researchers referred to death anxiety as a transdiagnostic construct. This is because they found that death was at the root of many other mental health conditions, particularly panic disorders.

Other disorders that death anxiety may be connected to include:

Specific phobias. Death anxiety is associated with a range of specific phobias. The most common objects of phobias are things that can cause harm or death, including snakes, spiders, planes, and heights.

Panic disorders. A fear of dying plays a role in many anxiety disorders, such as panic disorders. During a panic attack, people may feel a loss of control and an intense fear of dying or impending doom.

Illness anxiety disorders. Death anxiety may be linked to illness anxiety disorders, previously known as hypochondriasis. Here, a person has intense fear associated with becoming ill and excessively worries about their health. (Cadman, B. 2018)

Types of Death Anxiety

Robert Langs distinguishes three types of death anxiety:

Predatory death anxiety. Predatory death anxiety arises from the fear of being harmed. It is the most basic and oldest form of death anxiety, with its origins stemming from the first unicellular organisms' set of adaptive resources. Unicellular organisms have receptors that have evolved to react to external dangers and they also have self-protective, responsive mechanisms made to guarantee survival in the face of chemical and physical forms of attack or danger. In humans, this form of death anxiety is evoked by a variety of dangerous situations that put the recipient at risk or threaten his or her survival. These traumas may be psychological and/or physical. Predatory death anxieties mobilize an individual's adaptive resources and lead to fight or flight, active efforts to combat the danger, or attempts to escape the threatening situation.

Predation or predator death anxiety. Predation or predator death anxiety is a form of death anxiety that arises from an individual physically and/or mentally harming another. This form of death anxiety is often accompanied by unconscious guilt. This guilt, in turn, motivates and encourages a variety of self-made decisions and actions by the perpetrator of harm to others.

Existential death anxiety. Existential death anxiety is the basic knowledge and awareness that natural life must end. It is said that existential death anxiety directly correlates to language; that is, language has created the basis for this type of death anxiety through communicative and behavioral changes. Existential death anxiety is known to be the most powerful form. There is an awareness of the distinction between self and others, a full sense of personal identity, and the ability to anticipate the future. Humans defend against this type of death anxiety through denial, which is effected through a wide range of mental mechanisms and

physical actions many of which also go unrecognized. While limited use of denial tends to be adaptive, its use is usually excessive and proves to be costly emotionally.

Awareness of human mortality arose some 150,000 years ago. In that extremely short span of evolutionary time, humans have fashioned but a single basic mechanism with which they deal with the existential death anxieties this awareness has evoked—denial in its many forms. Thus denial is basic to such diverse actions as breaking rules and violating frames and boundaries, manic celebrations, violence directed against others, attempts to gain extraordinary wealth and/or power, and more. These pursuits often are activated by a death-related trauma and while they may lead to constructive actions, more often than not, they lead to actions that are, in the short and long run, damaging to self and others. (Robert Langs)

Theories of thanatophobia

Thanatophobia. Sigmund Freud hypothesized that people express a fear of death, called thanatophobia. He saw this as a disguise for a deeper source of concern. It was not death that people feared, because nobody believes in his or her death. The unconscious does not deal with time or with negations, which does not calculate the amount of time left in one's life. Furthermore, that which one does fear cannot be death itself, because one has never died. People who express death-related fears, actually are trying to deal with unresolved childhood conflicts that they cannot bring themselves to come to terms with and to display and show emotion relating to the conflict.

Terror management theory. The theory of Ernest Becker was based on the existential view which turned death anxiety theories towards a new dimension. It said that death anxiety is not only real, but also it is people's most profound source of concern. He explained the anxiety as so intense that it can generate fears and phobias of everyday life Fears of being alone or in a confined space. Based on the theory, many people's daily behavior consists of attempts to deny death and to keep their anxiety under strict regulation.

As an individual becomes more aware of the inevitability of death, they will instinctively try to suppress it out of fear. The method of suppression usually leads to mainstreaming cultural beliefs, leaning toward external support rather than treading alone. This behavior may range from simply thinking about death to severe phobias and desperate actions.

Meaning management theory. Paul T. P. Wong's work on the meaning management theory indicates that human reactions to death are complex, multifaceted, and dynamic. His "Death Attitude Profile" identifies three types of death acceptances as Neutral, Approach, and Escape acceptances. Apart from the acceptance, his work also represents different aspects of the meaning of Death Fear that are rooted in the bases of death anxiety. The ten meanings he proposes are finality, uncertainty, annihilation, ultimate loss, life flow disruption, leaving loved ones, pain and loneliness, prematurity and violence of death, failure of life work completion, and judgment and retribution centered.

Treatment

Social support networks may help to protect a person against death anxiety. Some people may come to terms with death through religious beliefs, though these may perpetuate fear of death in others. Those with high self-esteem, good health, and a belief that they have led a fulfilling life are less likely to have a fear of death than others.

Treatment options for death anxiety include

Cognitive behavioral therapy (CBT). Cognitive behavioral therapy or CBT works by gently altering a person's behavioral patterns so that they can form new behaviors and ways of thinking. A doctor will help a person to come up with practical solutions to overcome their feelings of anxiety. They may work to develop strategies that allow them to be calm and unafraid when talking or thinking about death.

Psychotherapy. Psychotherapies, or talking therapies, involve talking through anxieties and fears with a psychologist or psychotherapist. These professionals will help someone find out the cause of their fear, and come up with strategies to cope with anxieties that occur during the day. Sometimes, even just talking about the anxiety can help a person to feel more in control of their fear.

Exposure therapy. Exposure therapy works by helping a person face their fears. Instead of burying how they feel about death or not acknowledging their concerns, they are encouraged to be exposed to their fears. A therapist will carry out exposure therapy by very gradually exposing a person to their fear, in a safe environment, until the anxiety response reduces, and a person can confront their thoughts, objects, or feelings without fear.

Medication. If doctors diagnose a person with a specific mental health condition, such as generalized anxiety disorder (General Anxiety Disorder) or Post Traumatic Stress Disorder, they may prescribe anti-anxiety medication. This may include beta-blockers or antidepressant medication. When people use medicines alongside psychotherapies, they are often the most effective. While medication can be beneficial by relieving feelings of

panic and stress in the short term, long-term use of such medication may not be the ideal solution. Instead, working through fears in therapy is more likely to provide long-term relief.

Relaxation techniques. Practicing self-care can be powerful for boosting overall mental health, including helping a person feel more able to cope with their anxieties. Avoiding alcohol and caffeine, getting a good night's sleep, and eating a nutritious diet are some ways to practice self-care. When a person is experiencing anxiety, specific relaxation techniques can help clear their mind and de-escalate their fears. These may include:

- doing deep breathing exercises
- Focusing on specific objects in the room, such as counting the tiles on the wall, meditation, or focusing on positive imagery. (Cadman, B. 2018)

Coping With Thanatophobia

The best way to cope with thanatophobia is to seek treatment with a qualified therapist or psychiatrist. With that said, there are coping strategies that you can use to better avoid or deal with acute anxiety episodes. Among them:

- Deep breathing techniques can help slow the heart rate and respiration and ease anxiety symptoms.
- Mindfulness practices like meditation and guided imagery can help center the thoughts and teach not to react to stress triggers.
- Healthy lifestyle practices like exercising regularly, eating a healthy diet, and getting enough sleep can not only make to feel better physically but increase feelings of well-being.

- Hobbies and activities can spur good feelings and positivity.
- Building a support network can give the outlet to share fears with close friends and family.

Need for the study

Paranormal beliefs and magical ideation involve beliefs in supernatural or paranormal phenomena that are not supported by empirical evidence and are often associated with increased levels of anxiety and distress. Death anxiety is a common experience among individuals with psychotic disorders. Understanding how paranormal and magical ideation may contribute to these fears could help develop more effective interventions to support those individuals. Studying paranormal beliefs and magical ideation on death anxiety among psychotic young adults in clinical settings may help to better understand the underlying mechanisms of these beliefs and ideations. This could lead to the development of more effective treatments for individuals with psychotic disorders and help to improve overall outcomes for this population. Overall the study is likely aimed at increasing our understanding of the complex interplay between psychological factors and mental health outcomes among individuals with psychosis, with the ultimate goal of improving treatment and support for these individuals.

REVIEW OF LITERATURE

Chapter 2

Review of Literature

Paranormal belief

Betul et al. (2022) conducted a study about the associations between paranormal beliefs and sleep variables. This study aims that investigate paranormal beliefs concerning a wide range of sleep variables in a large sample. Participants (N = 8853) were selected by the survey initiated by BBC Focus Magazine. They reported on their demographics, sleep disturbances, and paranormal beliefs. The findings of the study demonstrate that there are significant associations between a wide range of paranormal beliefs and sleep variables. These findings may decrease misdiagnosis of psychiatric disorders that share similar features with various sleep experiences.

Ashraf and Ayesha (2021) conducted a study on emotional response bias, autistic traits, and paranormal beliefs in patients with Obsessive Compulsive Disorder. The participants in the study were comprised of patients with obsessive-compulsive disorder and healthy controls from the general population aged 20-40 years. Data was collected using the self-reporting Autism Spectrum Quotient, the Revised Paranormal Belief Scale, the Emotional Recognition Task, and the Obsessive Compulsive Disorder symptom checklist. The findings of the study were Autistic traits; paranormal beliefs and emotional response bias were found to have a significant relationship in obsessive-compulsive disorder patients.

Agoratos et al. (2020) conducted a study on religiosity correlates significantly with paranormal beliefs and magical ideation in patients with anxiety disorders. The purpose of the study is to investigate the relation of religiosity, magical ideation, and paranormal beliefs in anxiety disorders and the specification of potential differences in beliefs between obsessive-

compulsive disorder and other anxiety disorders. The 80 samples were the inpatients selected in the hospital. Findings suggest that magical ideation and paranormal beliefs similarly influence psychiatric disorders and mental health.

Roshan (2016) conducted a study correlation between paranormal beliefs and religious beliefs across different religious groups, among individuals of different age groups and socio-economic statuses. The participants of the present study comprised 300 people; a hundred each from the three major religious groups viz. Hindus, Muslims, and Christians. The age of the participants ranged from 15 to 71 years. The participants in this category were mostly, school teachers, doctors, bank employees, and University Professors and Lecturers. The scales that were used to measure were The Religiosity Scale and The Revised Paranormal Belief Scale. A significant positive correlation was found between religious beliefs and paranormal beliefs as well as between religious beliefs and the traditional religious beliefs, psi, and witchcraft subscales of the paranormal beliefs scale.

Morgan et al. (2014) conducted a study on associations between schizotypy and belief in conspiracy ideation. The participants of this study were an online, international sample of 346 women and 101 men, who ranged in age from 18 to 68. The Belief in Conspiracy Theories Inventory (BCTI), and Schizotypal Personality Questionnaire (SPQ) found that the subscales of Odd Beliefs or Magical Thinking and Ideas of Reference significantly predicted conspiracy ideation, without any multicollinearity constraints. The present results of the study indicate associations between conspiracy ideation and paranormal beliefs.

Agorastos et al. (2012) conducted a study on religiosity conducted the study of magical ideation, and paranormal beliefs in anxiety disorders and obsessive-compulsive disorder. This

study investigated the differences in Religiosity / Spirituality and magical/paranormal ideation among obsessive-compulsive disorder patients. A total of 120 inpatient subjects selected with a principal diagnosis of obsessive-compulsive disorder, established in a structured clinical interview according to DSM-IV criteria, were found eligible and were recruited in this cross-sectional exploratory study. The results show no significant differences between other Religiosity/Spirituality, magical, and paranormal ideation traits among groups. These findings suggest that there are no significant differences at all were found between the various diagnostic anxiety subgroups and between OCD and anxiety subjects.

Darwin, Neave, and Holmes (2011) conducted a study of the role of paranormal belief, paranoid ideation, and schizotypy. The current study investigated the relationship between conspiracy theory beliefs, paranormal beliefs, paranoid ideation, and schizotypy. The study involved 60 females and 60 males aged 18–50. Sex differences were found in paranormal belief, with females scoring significantly higher than males in spiritualism, precognition, psi, and overall paranormal belief. Partial correlations controlling for sex showed that conspiracy beliefs were significantly and positively correlated with paranormal beliefs, paranoid ideation, and schizotypy. Confirmatory analysis revealed a best-fit model to explain conspiracy beliefs that included schizotypy and paranoid ideation, but not paranormal beliefs. These findings suggest that paranoid ideation and schizotypy are strongly associated with belief in conspiracy theories.

Perkins and Allen (2006) conducted a study on childhood physical abuse and the differential development of paranormal belief systems. This study compared paranormal belief systems in individuals with and without childhood physical abuse histories. The sample consisted of 36 male and 71 female undergraduates college students of Long Island University.

Results suggest that by providing a sense of control, certain paranormal beliefs may offer a powerful emotional refuge to individuals who endured the stress of physical abuse in childhood.

Magical ideation

Pereira, Deuri, and Karim (2020) studied magical ideation and Schizophrenia. The present study aimed to assess magical ideation in two group persons with schizophrenia and normal persons. The sample for this study consisted of two groups. The first group consists of thirty subjects with a diagnosis of schizophrenia and the second group consists of thirty normal subjects both groups were in the age range of 18 to 50 years. Persons with schizophrenia scored significantly higher than normal subjects on the magical ideation scale. This study showed that magical ideation was high in the schizophrenia group as compared to the normal subjects and magical ideation had a positive correlation with occupation.

Zhong et al. (2018) conducted a study of prefrontal brain lesions to reveal magical ideation arises from enhanced religious experiences. This study investigated the association between magical ideation and religious experience in a sample of Vietnam veterans who sustained a penetrating traumatic brain injury and matched healthy controls. The participants of the study were 117 veterans with penetrating traumatic brain injury and 32 healthy control patients. The results and findings clarify the mechanism by which the frontal lobe processes modulate magical beliefs. Suppression of the prefrontal forebrain lesion opens people to religious experiences, which in turn increase magical ideation.

Jose et al. (2014) conducted a study on the role of magical thinking in hallucinations: Comparisons of clinical and non-clinical groups. The purpose of this study was to investigate the role of magical thinking in the hallucinations of patients diagnosed with schizophrenia. There

were 187 patients diagnosed with psychosis were recruited for this purpose from a clinical population (hallucinating schizophrenic patients, patients diagnosed with psychoses who had never hallucinated, obsessive–compulsive disorder patients, and a clinical control group) and a non-clinical control group for the study. Magical thinking understood as beliefs in non-consensual modes of causation, is closely linked to auditory hallucinations in patients diagnosed with schizophrenia.

Einstein and Menzies (2004) conducted a study of the role of magical thinking in Obsessive- Compulsive symptoms in an Undergraduate Sample. This study seeks to examine relationships between components of magical thinking, Thought Action Fusion, and superstitiousness; establish the extent to which these constructs are independently related to obsessive-compulsive disorder proneness. The samples of the study were 86 undergraduate students selected by random sampling method. The findings suggest that a general magical thinking tendency may underpin previously observed links between superstitiousness, thought-action fusion, and obsessive-compulsive disorder severity.

Williams and Irwin (2004) conducted a study of paranormal belief, and magical ideation as an index of schizotypy and cognitive style. This study examined the proposal that the association between paranormal belief and magical ideation may be mediated by distinctive cognitive styles for schizotypy as compared to believers in the paranormal. A total of 18 schizophrenics (nine females and nine males), nine schizotypy (eight females and one male), 21 believers in the paranormal (14 females and seven males), and 22 control subjects (15 females and seven males) participated in the study. The results of this study indicate that the relationship between paranormal belief and magical ideation could be mediated by distinctive cognitive styles for believers in the paranormal as compared to schizotypy.

Death anxiety

Xie and Liu (2022) investigated the study of life satisfaction and death anxiety among Chinese rural elderly: Moderating effects of gender, age, and spouse. This study explored the relationship between life satisfaction and death anxiety among rural elderly and the moderating effects of gender, age, and spouse. Using a random sampling method, the samples were 974 rural elderly people in Jiangxi Province, China. Of those subjects 488 were males and 486 were females. The conclusion of the study shows that the relationship between life satisfaction and death anxiety in the rural elderly is affected by the interaction between age and spouse.

Yongmei and Jingyi (2019) conducted a study on the relationship between death anxiety and personality traits in college students: the mediating effect of negative coping. The purpose of the study was to analyze the characteristics of death anxiety, coping strategies, and personality traits in college students, and analyze the relationship among the three variables such as death anxiety, personality traits, and coping strategies. A total of 650 undergraduates from Guangdong Medical University, Guangdong Polytechnic Normal University, and Dongguan University of Technology were randomly selected. The results show that there is a direct positive correlation between neuroticism and death anxiety for college students, and it can indirectly affect death anxiety for college students through negative coping.

Ghansham and Kamble (2019) conducted a study on the impact of gender, religion, and changing family patterns on death anxiety among the Indian elderly. This paper aims at ascertaining the gender, religion, and family pattern affecting death anxiety among Indian aging. For this study 240 (Male 140 Females 140) aged 60 and above old age people from different religions were selected. The results found that there is a significant difference following gender;

the female group has a high level of death anxiety. It is proven that gender influenced death anxiety. Nuclear family elderly people have a higher mean score on death anxiety than joint family elderly people.

Postolicea et al. (2018) conducted a study on the association of a sense of coherence and supernatural beliefs with death anxiety and death depression among Romanian cancer patients. This cross-sectional study aimed to examine the association of supernatural beliefs and a sense of coherence with death anxiety and death depression in a Romanian sample of cancer patients. The current research was conducted in the Regional Institute of Oncology and the participants were inpatients at this hospital. The samples of this study were 123 patients with a cancer diagnosis. The results showed that younger cancer patients reported higher death anxiety and death depression than older cancer patients.

Mahmoudi et al. (2015) conducted a study on the relationship between personality types and resilience with death anxiety. This study aimed to investigate the relationship between personality types and Resilience with death anxiety in nurses of special and general wards of Mazandaran Heart Hospital. For this purpose, a sample of 260 nurses was selected using simple random sampling from the study population. This finding of the study shows there is a significant difference between the nurses of general and special wards on flexibility component and the average of nurses' flexibility in the general ward is more than special ward.

Magesh, Priya, and Poornima (2014) conducted a study on spirituality, death anxiety, and transliminality among middle-aged adults. The target group for the study was chosen by purposive sampling method, a sample of 100 middle-aged adults (50 men and 60 women) of age ranging from 40-60 were selected for the present investigation. The following tools used for the

present study were Spirituality Scale, Death Anxiety Scale, and Revised Transliminality Scale. It was found that there was a significant relationship between Spirituality and death anxiety. Also, it was found that the relationship of transliminality with spirituality and death anxiety was not significant.

METHOD

Chapter 3

Method

The methodology is known as the systematic and hypothetical study of the methods applied in a specific field of study. It is composed of the hypothetical study of the body of approaches and certain values that are associated with a specific branch of data. It naturally includes impressions such as a theoretical episode of the existing study that has transformed the following points.

The procedure of the present study namely, the role of paranormal belief and magical ideation on death anxiety among psychotic young adults in the clinical setting was carried out involving the following steps:

- Objectives
- Hypothesis
- Sampling Technique
- Area
- Sample
- Variables
- Research design
- Data collection
- Tools
- Procedure
- Analysis of data

Objectives

- To assess the level of paranormal belief among young adults
- To assess the level of magical ideation among young adults
- To assess the level of death anxiety among young adults
- To study the relationship between paranormal belief, magical ideation, and death anxiety among psychotic young adults
- To identify the gender differences in paranormal belief, magical ideation, and death anxiety among young adults

Hypothesis

The hypothesis is stated as Alternative Hypothesis, so they can be either accepted or rejected, based on the results.

- There will be a significant relationship between paranormal belief and magical ideation among young adults
- There will be a significant relationship between paranormal belief and death anxiety among young adults
- There will be a significant relationship between magical ideation and death anxiety among young adult
- There will be a significant relationship between paranormal belief, magical ideation, and death anxiety among young adults
- There will be a gender difference in paranormal belief, magical ideation, and death anxiety among young adults

Sampling Technique

A purposive sampling technique was chosen.

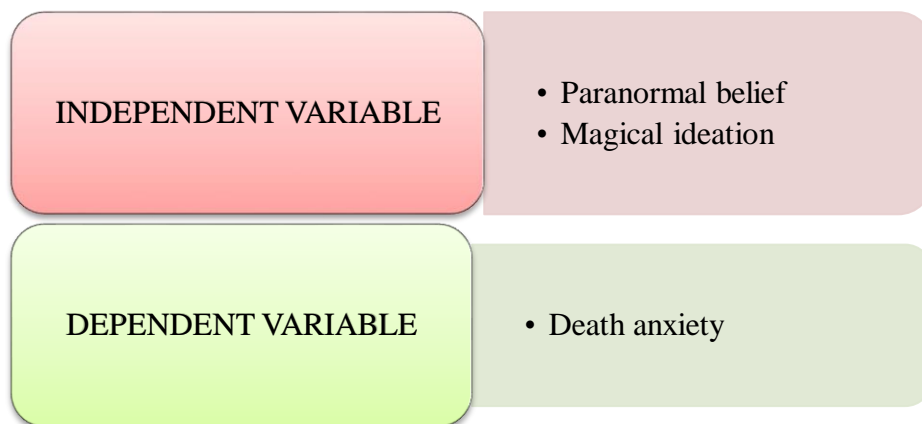
Area

- Samples were collected from Trichy who is willing to participate were approached
- A sample comprising males and females between the ages of 18 to 30 years were selected

Sample

The sample for the present study included clinical patients from Trichy. A total of 60 participants 30 males and 30 females in the age range of 18 to 30 were selected by random sampling method.

Variables



Research Design

The study will utilize a correlational design.

Data Collection

Inclusion Criteria

- Age ranges from 18 – 30 years
- Both male and female participants
- Samples willing to participate in the study
- Samples from the clinical setting

Exclusion Criteria

- The participants other than the age of 18-30
- The participants who are unwilling to participate
- Samples outside Trichy
- Samples other than the clinical setting

Tools

Revised Paranormal Belief Scale

The revised Paranormal Belief Scale was developed by Jerome J. Tobacyk in 2004 to assess paranormal beliefs. The scale consists of 26 items self-reported questionnaire, measuring beliefs in phenomena such as witchcraft or superstition. The scale has seven dimensions: Traditional belief, Psi, Witchcraft, Superstition, Spiritualism, Extraordinary life forms, and Precognition. This includes a seven-point rating scale such as “strongly disagree, moderately disagree, slightly disagree, uncertain, slightly agree, moderately agree, and strongly agree.” The

scale has reversed scoring for item 23. The test-retest reliability of this scale is 0.60 to 0.84 and it is highly significant.

Magical Ideation Scale

The magical Ideation Scale was developed by Eckblad and Chapman in 1983. It is a scale used for the assessment of superstitious and magical beliefs and thoughts as well as the capacity of thought reading or broadcasting. The MIS is a unidimensional scale for measuring the rate of unrealistic invalid causations and false beliefs, as well as assessing schizotypal traits and proneness to psychosis. The scale consists of 30 items with two alternatives such as true and false. There is 7 reverse-score (7, 12, 13, 16, 18, 24) and 23 straight-scored items on the scale. Total scores range from 0 to 30. Higher scores reflect more reported experiences of magical ideation. Its internal consistency ranges from 0.78 to 0.92 and its test-retest reliability is from .41 and 0.84.

Death Anxiety Scale

Death Anxiety Scale was developed by Upinder Dhar, Svita Mehta, and Santosh Dhar in 2010. The scale is used to measure the level of anxiety toward death, fear of dying, and fear of the unknown. The scale consists of 10 items of 'yes' or 'no' alternatives awarding a score of '1' or '0' respectively. The sum of the score was 10. The test-retest reliability of this scale is 0.87 and it is highly significant. The validity of the scale was high as 0.93 (Garrett, 1981).

Procedure

The research topic was proposed and the hypotheses and objectives were framed. The subjects chosen for the research were the psychotic patients who were admitted to the Athma

hospitals and research in Trichy. Questions were asked to each patient individually and their responses were noted down. The questionnaires include a revised paranormal belief scale, a Magical ideation scale, and a Death anxiety scale. The scoring was done according to the scoring key and interpreted using the norms provided by the author. The results were analyzed and the hypotheses were verified.

Analysis of Data

- The data was analyzed using Statistical Package for the Social Sciences (SPSS - 29)
- Product Moment Correlation and independent sample T-test were used to find the role of paranormal belief and magical ideation on death anxiety among psychotic young adults.

Ethical Consideration

The accomplishment of any study depends upon the cooperation and willingness of the subjects. If the subject is not willing or interested to take an active contribution to this study and they might end up providing false responses which could mislead the overall finding of the study. To confirm the quality of data and also for ethical purposes the following steps should be adopted.

- Objectives of the study should be informed to all the subjects.
- Permission from the participant should be taken.
- Confidentially and anonymity of the participants will be assured and maintained.

Institutional Human Ethics Committee

As the study involves human subjects, all procedures described in the study were reviewed and approved by the Institutional Human Ethics Committee, Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore. The approval number for the research purpose is **AUW/IHEC/CP-22-23/XPD-20**.

RESULTS AND DISCUSSION

Chapter 4

Results and Discussion

The results of the study titled “Study of paranormal belief and magical ideation on death anxiety among psychotic young adults in a clinical setting” are given below. The sample consists of 60 young adult clinical patients aged between 18 – 30 years of age. All the participants were assessed using the paranormal belief, magical ideation, and death anxiety scale. The data of the study are analyzed, tabulated, and discussed below.

Table 1

Demographic Data of the sample

S.No	Demographic Data	N	Percentage	
1.	Age	18-24	26	33%
		25-30	34	67%
2.	Gender	Male	30	50%
		Female	30	50%
3.	Marital status	Married	23	38%
		Unmarried	37	62%

*Percentages are rounded-off

Table I shows the demographic data on three variables along with the corresponding frequency counts and percentage of the sample population. In terms of age, the sample

population is split into two categories 18-24 and 25-30. The data shows that 33% of the sample population falls into the 18-24 age group, while 67% falls into the 25-30% age group. In terms of gender, the sample population is evenly split between males and females, with each gender comprising 50% of the sample. In terms of marital status, the sample population was spilt into married and unmarried categories. The data shows that 38% of the sample population is married, while 62% is unmarried. The above data gives a comprehensive outline of general information about those participants included in this study.

Table 2*Level of paranormal belief among young adults.*

Paranormal Belief	Gender	Number	Percentage
High	Male	13	43%
	Female	18	60%
Moderate	Male	9	30%
	Female	5	17%
Low	Male	8	27%
	Female	7	23%

*Percentages are rounded off

Table 2 shows the level of paranormal belief among young adults. In the table, 43% of males and 60% of females scored a high level of paranormal belief. From this finding, it is known that the maximum number of participants had scored a high level of paranormal belief. This shows that people who are experiencing psychosis might be more prone to stress, anxiety, and other negative emotions, which might make them more supportive of supernatural

explanations. They may believe in the paranormal as a way to cope with their fears and anxieties, or as a way to make sense of their experiences of loss or trauma. The percentage of females with a moderate paranormal belief is 17%, whereas for males it is 30%. They may experience cognitive disruptions in their perception and reasoning, which can lead to unusual interpretations of their experiences. Psychotic individuals who come from cultural backgrounds that value paranormal beliefs may be more likely to hold moderate levels of belief in the paranormal themselves. The data shows that 27% of females and 23% of males had scored a low level of paranormal belief. This shows that individuals may have more effective coping mechanisms or better emotional regulation skills that allow them to manage the stress and anxiety associated with their symptoms. They may be less prone to cognitive biases that can lead to irrational beliefs and may be better able to evaluate evidence critically.

Figure 1

Level of paranormal belief among young adults.

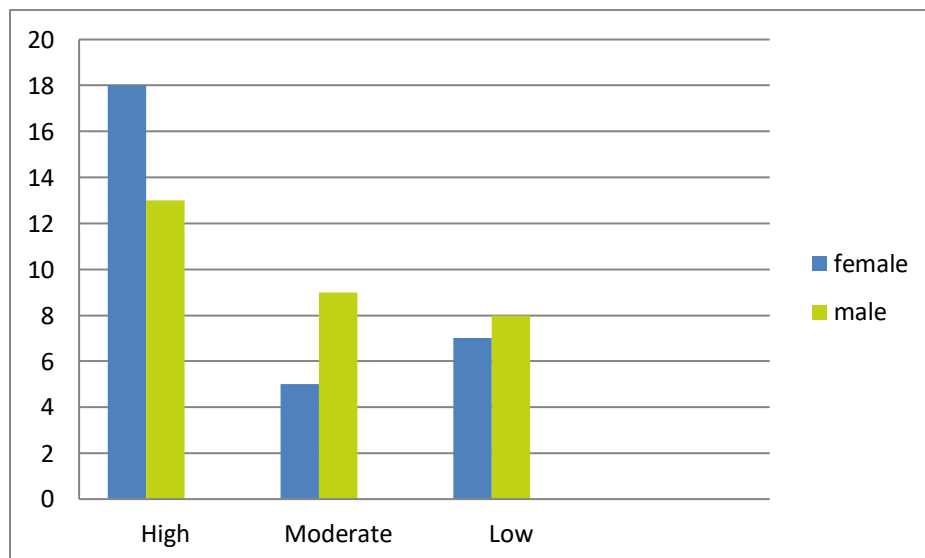


Table 3*Level of Magical ideation among young adults.*

Magical Ideation	Gender	Number	Percentage
High	Male	11	20%
	Female	6	37%
Moderate	Male	12	57%
	Female	17	40%
Low	Male	7	23%
	Female	7	23%

*Percentages are rounded off

Table 3 shows the level of magical ideation among young adults. From the table, 20% of males and 37% of females had scored a high level of magical ideation. This shows that individuals with psychosis may have difficulty distinguishing between internal thoughts and external stimuli, which can lead to the misattribution of thoughts or feelings to external sources. Some individuals may attribute their thoughts or feelings to a supernatural entity or higher power. They may have difficulty with cognitive processing, such as problem-solving and decision making which can lead to the development of unusual beliefs. Sometimes high levels of stress and emotional dysregulation can contribute to the development of magical ideation in them. 57% of males and 40% of females had scored a moderate level of magical ideation. Most of the participants had scored a moderate level of magical ideation. This shows that individuals with psychotic disorders may have difficulty distinguishing between reality and fantasy, leading to unusual beliefs and perceptions. This can be related to abnormalities in brain function or structure, particularly in areas of the brain involved in processing sensory information and

regulating emotional responses. They may tend to engage in magical thinking as a way of coping with feelings of distress or uncertainty. From the table, both males and females scored 23% of magical ideation, which shows a low level of magical ideation. This finding shows that some people might experience a decline in magical thinking when their symptoms are managed and treated over time. Individuals may learn to recognize and challenge their unusual beliefs and develop alternative ways of interpreting and responding to their experiences. They may develop more adaptive coping mechanisms and reduce the influence of unusual beliefs on their daily functioning. The low levels of magical thinking are less common in these psychotic individuals, effective treatment with medication, psychotherapy, and support from family and social networks may help to reduce these beliefs.

Figure 2

Level of Magical ideation among young adults.

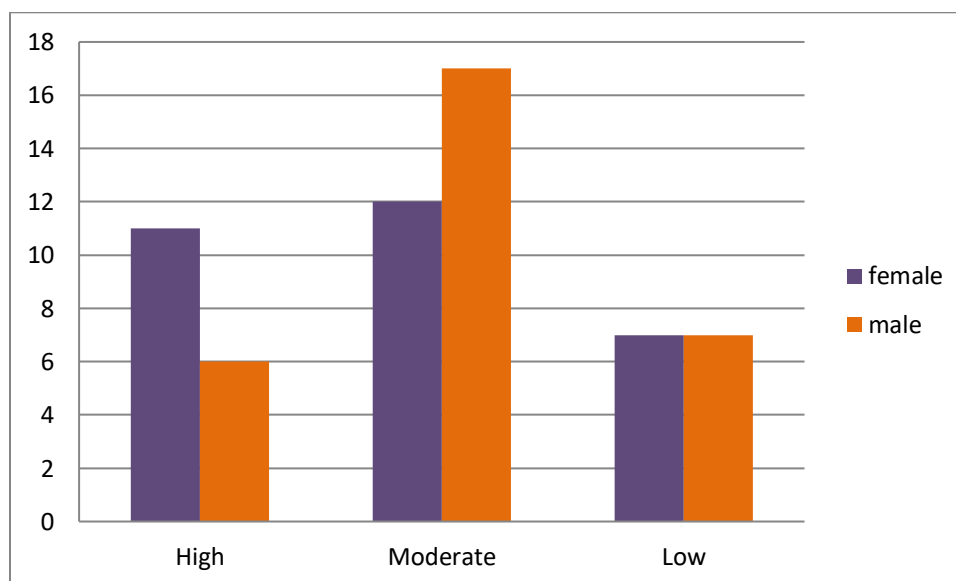


Table 4*Level of Death Anxiety among young adults*

Magical Ideation	Gender	Number	Percentage
High	Male	21	57%
	Female	17	70%
Moderate	Male	0	0%
	Female	0	0%
Low	Male	9	30%
	Female	13	23%

*Percentages are rounded off

Table 4 shows the level of death anxiety among young adults. In the table, 57% of males and 70% of females scored high levels of death anxiety. This shows that people with psychosis may have hallucinations or delusions that alter their perspective of reality. They could have a sense of disconnection from their surroundings, which might heighten their fear of dying and increase their worry over it. They may also have paranoid delusions, in which they think others are pursuing or harming them. This can lead to a sense of vulnerability and a fear of death as a potential outcome of this perceived persecution. Psychotic individuals may have a heightened sense of awareness of their mortality due to their illness. Individuals with psychosis may have been exposed to abuse or trauma during their lives, which might make them more afraid of dying. Trauma may make people feel out of control, and the dread of death may result from this feeling of helplessness and weakness. There were no participants who had scored a moderate level of death anxiety. 30% of males and 23% of females had scored low levels of death anxiety. This shows that individuals with psychosis may be less capable of thinking and self-awareness,

which may lessen their sense of fear of dying. They might not completely understand the consequences of their mortality, and as a result, they might not have the same amount of anxiety or worry about dying as others do. Psychotic patients may also experience emotional detachment as a symptom of their illness. This emotional detachment can extend to the idea of death, leading to a reduced emotional response to the concept of dying.

Figure 3

Level of Death anxiety among young adults.

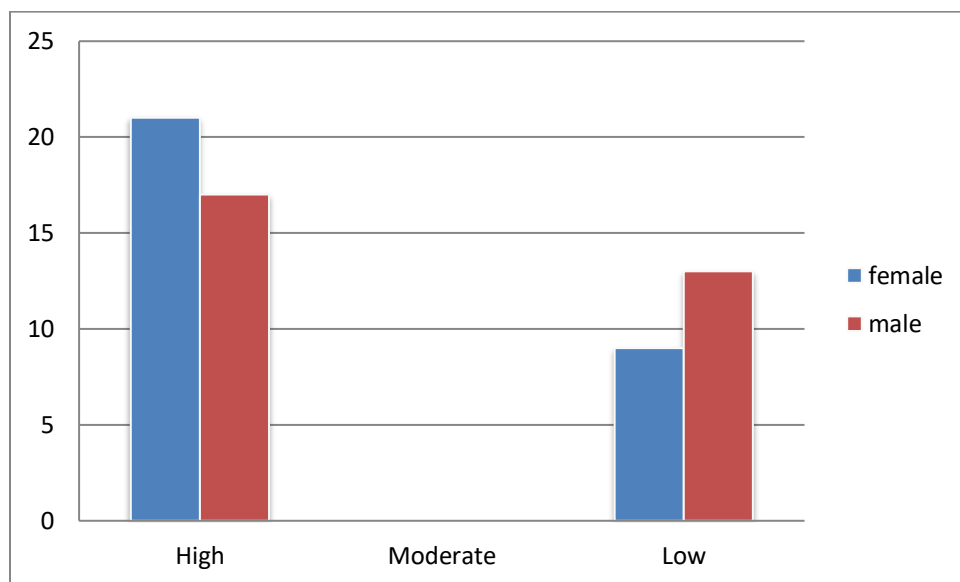


Table 5

Correlation between paranormal belief and magical ideation among young adults.

	N	Revised Paranormal Belief Scale	Magical Ideation Scale
Revised Paranormal Belief Scale	60	-	0.371**
Magical Ideation Scale	60	0.371**	-

** . Correlation is significant at the 0.01 level (2-tailed).

Table 5 shows the correlation between the variables of Paranormal Belief and Magical Ideation. The correlation coefficient between Paranormal Belief and Magical Ideation is .371, which indicates a positive correlation between these two variables. The correlation is statistically significant at the 0.01 level, less than 1% of correlations of this magnitude are likely to be discovered by chance. The results show that people with strong paranormal belief scores also have high magical ideation scores. People who are experiencing psychosis may be more inclined to pay attention to and interpret occurrences in a way that supports their belief in paranormal and magical thinking. Similarly, individuals with psychosis may be more likely to interpret ambiguous events in a way that supports their beliefs. Psychotic individuals may experience hallucinations or other sensory distortions, which can make it difficult to accurately perceive the world around them. These distortions may contribute to beliefs in paranormal phenomena and magical thinking. Individuals with psychosis frequently feel helpless and out of control of their lives, which might increase their tendency to seek out magical thinking or paranormal beliefs as a way to deal with their symptoms. People who suffer from psychotic disorders might be more prone to certain cognitive biases, such as tending to over-generalize or to detect patterns where

none exist. These biases may contribute to beliefs in paranormal phenomena and magical thinking.

Hence Hypothesis 1 stating “*There will be a significant relationship between paranormal belief and magical among young adults*” is **accepted**.

Table 6

Correlation between paranormal belief and death anxiety among young adults.

	N	Revised Paranormal Belief Scale	Death Anxiety Scale
Revised Paranormal Belief Scale	60	-	0.650**
Death Anxiety Scale	60	0.650**	-

**Correlation is significant at the 0.01 level (2-tailed).

Table 6 shows the correlation between the variables of paranormal belief and death anxiety among psychotic young adults which is found to be significant at 0.01 level. The findings indicate that the paranormal belief has a positive correlation with death anxiety. This shows that paranormal belief is directly proportional to death anxiety. Individuals with psychosis may use paranormal beliefs as a way to cope with their fear of death. Believing in an afterlife or ghosts may provide them with a sense of comfort and hope that death is not the end. Additionally, paranormal beliefs may provide a sense of control over the unknown, which can reduce anxiety. It is possible that other factors, such as a history of trauma or a predisposition to anxiety, may also contribute to both paranormal belief and death anxiety in psychotic individuals. They may often be characterized by a heightened sensitivity to existential threats, including death. This sensitivity can cause people to pay more attention to paranormal events as they look for responses to their experiences and try to deal with their worries. These thoughts and

emotions may also be influenced by cultural and religious beliefs. People with mental conditions may interpret their experiences in this way because they frequently have beliefs in ghosts or spirits. The risk of believing in the paranormal can also rise in circumstances when people are socially isolated or disregarded for having a mental condition. Individuals with psychotic disorders may experience high levels of psychological distress, including anxiety related to death and dying. For some people, having paranormal beliefs might act as a coping technique by giving them a feeling of security or comfort in the face of uncertainty and existential dangers. This is especially important when a person's disease results in hallucinations, delusions, or other strange experiences that they are unable to explain.

Hence Hypothesis 2 stating “*There will be a significant relationship between paranormal belief and death anxiety among young adults*” is **accepted**.

Table 7*Correlation between magical ideation and death anxiety among young adults*

	N	Magical Scale	Ideation	Death Anxiety Scale
Magical Ideation Scale	60	-		0.557**
Death Anxiety Scale	60	0.557**		-

**Correlation is significant at the 0.01 level (2-tailed).

Table 7 shows that there is a positive correlation between magical ideation and death anxiety, the correlation coefficient between the two variables is .557. The correlation is statistically significant at the 0.01 level (2-tailed), which means that there is less than one in one hundred chances that the association occurred by chance. This finding suggests that individuals who score higher on magical ideation may also experience higher levels of death anxiety. Individuals with psychotic disorders may experience heightened levels of magical thinking and beliefs in the supernatural, as well as higher levels of anxiety and fear surrounding death and mortality. They may have difficulty distinguishing between reality and fantasy, which may contribute to the development of magical beliefs and experiences. Higher levels of death anxiety may result from psychotic symptoms including hallucinations and delusions that heighten emotions of vulnerability and threat. Psychotic individuals may find comfort in believing that supernatural powers or circumstances may protect them from death or that passing into another dimension is not the end of the world. By holding onto these beliefs, they may be able to alleviate some of their fear and anxiety about death. In psychotic individuals, disturbed cognitive or neurological processes may be responsible for anxiety. Magical ideation may serve as a coping mechanism for psychotic patients to deal with their death anxiety. By believing in supernatural forces or events, they may feel more in control of their lives and less afraid of death.

Hence Hypothesis 3 stating, “*There will be a significant relationship between magical ideation and death anxiety among young adults*” is **accepted**.

Table 8

Correlation between revised paranormal belief, magical ideation, and death anxiety among young adults

	N	Revised paranormal belief scale	Magical ideation scale	Death anxiety Scale
Revised paranormal belief scale	60	-	0.371**	0.650**
Magical ideation scale	60	0.371**	-	0.557**
Death anxiety Scale	60	0.650**	0.557**	-

** . Correlation is significant at the 0.01 level (2-tailed)

Table 8 shows the positive correlation between paranormal belief, magical ideation, and death anxiety among psychotic young adults which is found to be significant at 0.01 levels. The results indicate a significant positive correlation ($r = .371$) between the paranormal belief and the Magical Ideation Scale, indicating that those who are more likely to believe in paranormal phenomena are also more likely to exhibit magical thinking. The correlated score of paranormal belief and death anxiety is found to be 0.650, which indicates that there is a positive significant correlation between paranormal belief and death anxiety. The findings indicate that individuals who show high levels of paranormal belief show high levels of death anxiety. The result shows that there is a significant positive correlation exists between magical ideation and death anxiety ($r = .557$, $p = .000$), suggesting that people who have an increased tendency for magical thinking may also be more likely to experience death anxiety. Thus, people who hold stronger beliefs in the paranormal may be more likely to engage in magical thinking, which involves forming

illogical or superstitious beliefs that rely on impossible causal relationships between events. Individuals who scored higher levels of magical ideation may also be more likely to experience death anxiety, as magical thinking can create unrealistic expectations and beliefs about death which can be difficult to reconcile with reality. People with psychosis may be more likely to frequently struggle with reality testing, which can make it hard to tell the difference between reality and delusion. This may make it harder to deal with existential issues like the fear of dying, which may result in higher degrees of death anxiety. Traumatic events may cause a person to feel out of control and unsafe, which might heighten their belief in the paranormal and their concern about dying. They may have experienced trauma from adverse life events, which may contribute to the development of paranormal beliefs or death anxiety.

Hence Hypothesis 4 stating “*There will be a significant relationship between paranormal belief, magical ideation, and death anxiety among young adults*” is **accepted**.

Table 9

The gender difference in paranormal belief, magical ideation, and death anxiety among psychotic young adults

	Gender	N	Mean	Std. Deviation	t	p
Revised Paranormal Belief Scale	Male	30	112.83	37.038	-.159	.874
	Female	30	114.47	42.169	-.159	.874
Magical Ideation Scale	Male	30	20.07	5.601	-1.078	.286
	Female	30	21.60	5.418	-1.078	.286
Death Anxiety Scale	Male	30	5.40	2.594	-1.175	.245
	Female	30	6.13	2.224	-1.175	.245

Table 9 shows the gender difference in paranormal belief, magical ideation, and death anxiety among psychotic young adults in clinical settings by independent sample t-test. The mean scores of paranormal belief among males and females are 112.83 and 114.47. The mean scores of magical ideation among males and females are 20.07 and 21.60. The mean scores of death anxiety among males and females are 5.40 and 6.13. The t-value for paranormal belief is found to be -0.159. The t-value for magical ideation is found to be -1.078. The t-value of death anxiety is found to be -1.175. Though the statistical value indicates that there is no significant gender difference among all the variables, there are minimal differences. This may be because both genders are known to be equally affected by psychotic illness which may have a comparable effect on their ideas and mental processes.

Hence, Hypothesis 5 stating “*There will be a significant gender difference in paranormal belief, magical ideation, and death anxiety among young adults*” is **rejected**.

SUMMARY AND CONCLUSION

Chapter 5

Summary and Conclusion

A study on paranormal beliefs and magical ideation on death anxiety among young adults in clinical settings was conducted to understand the experiences and beliefs of patients with psychotic disorders and to develop treatment strategies that address these beliefs. This research can help improve the quality of care for individuals with psychotic disorders and advance the knowledge of the underlying mechanisms of psychosis. Additionally, understanding the role of death anxiety in psychotic disorders can help clinicians provide appropriate support and interventions to manage anxiety related to death. The study was initiated with the following objectives:

- To assess the level of paranormal belief among young adults
- To assess the level of magical ideation among young adults
- To assess the level of death anxiety among young adults
- To study the relationship between paranormal belief, magical ideation, and death anxiety among psychotic young adults
- To identify the gender differences in paranormal belief, magical ideation, and death anxiety among young adults

The hypothesis formulated for the research was;

- There will be a significant relationship between paranormal belief and magical ideation among young adults

- There will be a significant relationship between paranormal belief and death anxiety among young adults
- There will be a significant relationship between magical ideation and death anxiety among young adults
- There will be a significant relationship between paranormal belief, magical ideation, and death anxiety among young adults
- There will be a gender difference in paranormal belief, magical ideation, and death anxiety among young adults

“A Study on Paranormal Belief, Magical Ideation on Death Anxiety among Psychotic Young Adults in Clinical Setting “was conducted for the psychotic individuals from the hospital in Trichy. The participants were 60 patients with both males and females, who had been diagnosed with a psychotic disorder. In this study, the scales of Revised paranormal belief scale, Magical ideation scale, and Death anxiety scale were used. The questions from the scales were asked to the participants and responses were noted down. The scoring was done according to the norms. The results were tabulated and analyzed using the SPSS software version 29.0.0.0. Pearson Correlation and Independent Sample T-test were used to verify the hypothesis.

- There will be a significant relationship between paranormal belief and magical ideation among young adults. Hence the formulated hypothesis 1 has been accepted
- There will be a significant relationship between paranormal belief and death anxiety among young adults. Hence the formulated hypothesis 2 has been accepted

- There will be a significant relationship between magical ideation and death anxiety among young adults. Hence the formulated hypothesis 3 has been accepted
- There will be a significant relationship between paranormal belief, magical ideation, and death anxiety among young adults. Hence the formulated hypothesis 4 has been accepted
- There will be a gender difference in paranormal belief, magical ideation, and death anxiety among young adults. Hence the formulated hypothesis 5 has been rejected

Conclusion

Paranormal beliefs and magical ideation are common among individuals with psychotic disorders, and these beliefs may contribute to their experiences of anxiety and fear, particularly regarding death. Exploring this relationship may help clinicians better understand their patients and develop more targeted and effective treatment strategies. The study found that psychotic young adults who have higher levels of paranormal belief and magical ideation also have higher levels of death anxiety. The findings of the study also show that there is a significant correlation between paranormal belief, magical ideation, and death anxiety. This suggests that addressing these beliefs may be important in the treatment of psychotic young adults with high levels of death anxiety. It also highlights the importance of considering spiritual and paranormal beliefs in the assessment and treatment of psychosis, as these beliefs may have a significant impact on mental health outcomes. Clinicians working with young adults with psychotic disorders should be aware of the potential impact of these beliefs and consider incorporating interventions that address them into their treatment plans.

Limitations of the study

The study had the following limitations:

- The data was collected through questionnaires so the honesty of the responses depends upon each participant
- The sample size is small and limited to young adults
- The sample belongs to a specific geographical area
- Misunderstandings of the question/ statements might influence the results

Recommendations

- The study can include additional variables like life satisfaction, loneliness, self-esteem, superstition, spirituality, and family environment
- A wide range of socio-demographic data could be included to study the variables
- The research can be carried out on a larger sample size
- Intervention studies can be done
- The research can be expanded to different areas and cross-cultural samples

Implications

The present study suggests that the individuals with psychosis had high paranormal beliefs and magical ideation which leads to an increase in their level of death anxiety. Psychotic disorders, such as schizophrenia, are characterized by abnormal thinking and

perceptions, which may lead to the development of beliefs in paranormal or magical phenomena. These individuals may experience heightened anxiety surrounding death, which can impact their mental health and well-being. Understanding the relationships between these variables can provide important insights into the development and treatment of psychotic disorders. Furthermore, examining the relationships between these variables can have implications for the development of interventions aimed at reducing death anxiety and promoting mental health in psychotic adults. The study may help to identify potential cultural or environmental factors that contribute to the development of these beliefs and anxieties among psychotic young adults. This can inform strategies for prevention and early intervention.

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ANNEXURE

Annexure 1

Student Consent Form

I (Yavanikasri, Y.) am pursuing my Master's degree in Clinical Psychology and I would like to have your participation in this academic research. I assure confidentiality with the details provided by you and it will be used only for the academic purpose. Thank you for the same.

Study Procedure

You will be given three tests in form type along with socio-demographic profile. You need to respond to all items in the tests. There is no risk in undertaking the study. There will be no direct benefits to you for your participation in this study. Your response to the question will be anonymous and kept confidential. Your participation in this study is voluntary. It is up to you to decide whether or not to take part in this study. If you decide to take part in this study, you will be asked to sign this form. You are free to withdraw at any time and without giving any reason. There is no cost to you for your participation in this study.

Consent Form

“By signing this consent form, I confirm that I have understood the information and have the opportunity to ask questions. I understand that my participation is voluntary and I am free to withdraw at any time, without giving a reason and without cost. I voluntarily agree to take part in this study.”

Name of the participant:

Signature:

Place:

Date:

Annexure 2

Socio-Demographic Status Profile

Name :

Age :

Gender : M/F

Class Pursuing :

Medium of Learning :

Residential Area :

I assure that the data collected will be used only for the study and will not be used for any other purposes and confidentiality will be maintained throughout and even after the study.

Annexure 3

Avinashilingam Institute for Home Science and Higher Education for Women

Coimbatore - 641043, India

CONFIDENTIALITY STATEMENT

I Yavanikasri. V, pursuing II MSc., in Clinical Psychology from the Department of Clinical Psychology in Avinashilingam Institute for Home science and Higher Education for Women, Coimbatore-43, is assigned to do a thesis as a part of curriculum to complete my course. In this connection, I am going to collect the information from young adults with psychotic disorders (18 – 30 years) as my topic is **“A Study of Paranormal belief and Magical ideation on Death anxiety among Psychotic Young Adults in Clinical Settings.”** I assure that the data collected will be used only for the study and will not be used for any other purposes and confidentiality will be maintained throughout and even after the study.

Place:

Date:

Signature of the Researcher

Annexure 4

Revised Paranormal Belief Scale

Jerome J. Tobacyk (1988)

Please put a number next to each item to indicate how much you agree or disagree with that item.

Use the numbers as indicated below. There is no right or wrong answers. This is a sample of your own beliefs and attitudes. Thank you.

1=Strongly Disagree 2=Moderately Disagree 3=Slightly Disagree 4=Uncertain 5=Slightly Agree 6=Moderately Agree 7=Strongly Agree

S No	Statements	Strongly Disagree	Moderately Disagree	Slightly Disagree	Uncertain	Slightly Agree	Moderately Agree	Strongly Agree
1	The soul continues to exist though the body may die.							
2	Some individuals are able to levitate (lift) objects through mental forces.							
3	Black magic really exists							
4	Black cats can bring bad luck.							
5	Your mind or soul can leave your body and travel (astral projection).							
6	The abominable snowman of Tibet exists							
7	Astrology is a way to accurately predict the future.							
8	There is a devil.							

9	Psycho kineses, the movement of objects through psychic powers, does exist							
10	Witches do exist.							
11	If you break a mirror, you will have bad luck							
12	During altered states, such as sleep or trances, the spirit can leave the body							
13	The Loch Ness monster of Scotland exists.							
14	The horoscope accurately tells a person's future.							
15	I believe in God							
16	A person's thoughts can influence the movement of a physical object							
17	Through the use of formulas and incantations, it is possible to cast spells on persons.							
18	. The number "13" is unlucky							
19	Reincarnation does occur.							
20	There is life on other planets.							
21	Some psychics can accurately predict the future							

22	There is a heaven and a hell.							
23	Mind reading is not possible							
24	There are actual cases of witchcraft.							
25	It is possible to communicate with the dead.							
26	Some people have an unexplained ability to predict the future							

Annexure 5

Magical Ideation Scale (MIS)

Eckbald and Chapman (1983)

Indicate whether each item is true or false of your experience by circling the T or the F to the left of the item.

S No	Statements	True	False
1	Some people can make me aware of them just by thinking about me.	True	False
2	I have had the momentary feeling that I might not be human.	True	False
3	I have sometimes been fearful of stepping on sidewalk cracks.	True	False
4	I think I could learn to read others' minds if I wanted to.	True	False
5	Horoscopes are right too often for it to be a coincidence.	True	False
6	Things sometimes seem to be in different places when I get home even though no one has been there.	True	False
7	Numbers like 13 and 7 have no special powers.	True	False
8	I have occasionally had the silly feeling that the radio or TV broadcaster knew that I was listening to him.	True	False
9	I have worried that people on other planets may be influencing what happens on Earth.	True	False
10	The government refuses to tell us the truth about flying saucers.	True	False
11	I have felt that there were messages for me in the way things were arranged, like in a store window.	True	False

12	I have never doubted that my dreams were a product of my own mind.	True	False
13	Good luck charms don't work.	True	False
14	I have notices sounds on my records that are not there at other times.	True	False
15	The hand motions that strangers make seem to influence me at times.	True	False
16	I almost never dream about things before they happen	True	False
17	I have had the momentary feeling that someone's place has been taken by a look-alike	True	False
18	It is not possible to harm others by thinking bad thoughts about them.	True	False
19	I have someone sensed an evil presence around me, although I could not see it.	True	False
20	I sometimes have a feeling of gaining or losing energy when certain people look at me or touch me.	True	False
21	I have sometimes had the passing though that strangers are in love with me.	True	False
22	I have never had the feeling that certain thoughts of mine really belonged to someone else.	True	False
23	When introduced to strangers I rarely wonder if they have known me before.	True	False
24	If reincarnation were true it would explain some unusual experiences I have had.	True	False
25	People often behave so strangely that one wonders if they are a part of an experiment.	True	False

26	At times I perform certain rituals to ward off negative influences	True	False
27	I have felt that I might cause something to happen just by thinking too much about it.	True	False
28	I have wondered whether the spirits of the dead can influence the living.	True	False
29	At times I have felt that a professor's lecture was meant especially for me.	True	False
30	I have sometimes felt that strangers were reading my mind.	True	False
16	I almost never dream about things before they happen.	True	False
17	I have had the momentary feeling that someone's place has been taken by a look-alike	True	False
18	It is not possible to harm others by thinking bad thoughts about them.	True	False
19	I have someone sensed an evil presence around me, although I could not see it.	True	False
20	I sometimes have a feeling of gaining or losing energy when certain people look at me or touch me.	True	False
21	I have sometimes had the passing though that strangers are in love with me.	True	False
22	I have never had the feeling that certain thoughts of mine really belonged to someone else.	True	False
23	When introduced to strangers I rarely wonder if they have known me before.	True	False
24	If reincarnation were true it would explain some unusual experiences I have had.	True	False
25	People often behave so strangely that one wonders if they are a part of an	True	False

	experiment.		
26	At times I perform certain rituals to ward off negative influences	True	False
27	I have felt that I might cause something to happen just by thinking too much about it.	True	False
28	I have wondered whether the spirits of the dead can influence the living.	True	False
29	At times I have felt that a professor's lecture was meant especially for me.	True	False
30	I have sometimes felt that strangers were reading my mind.	True	False

Annexure 6

Death Anxiety Scale (DAS –Dmd)

Dr. Upinder Dhar Savita Mehta

Dr. Santosh Dhar (1998)

Read each statement carefully. Each statement is having a choice of YES or NO against it. You have to encircle one of the two choices by putting a tick on the cell below Yes or No. Your responses are kept fully confidential. There is no time limit, finish as early as possible.

S No	Statements	YES	NO
1	I do not like old age.		
2	I am afraid of taking medicine given by a quack.		
3	I get panicky on having even mild chest pain.		
4	I get terrified on seeing a criminal being hanged.		
5	I cannot see anybody dying.		
6	I dread suffocating surroundings.		
7	I get nervous on hearing about someone's sudden death.		
8	I realise the importance of destiny on seeing on accident.		
9	I do not want to die a miserable death.		
10	I get frightened on looking into a well.		