



Superstition and Mental Health among Women and Men

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ABSTRACT

The present study examined the effect of superstition on mental health among men and women, as well as the factors influencing superstition and possible solutions. A total sample of 120 participants (60 men and 60 women) was selected using simple random sampling. Superstition was measured using the Bhatt Superstition Scale, and mental health was assessed with the Bhatt Mental Health Inventory. An independent samples *t* test was employed to examine gender differences in superstition and mental health, and Karl Pearson's product-moment correlation was used to assess the relationship between superstition and mental health. The results revealed a significant gender difference in superstition ($t = 14.70, p < .01$) as well as a significant difference in mental health ($t = 20.21, p < .01$). Furthermore, a significant negative correlation was found between superstition and mental health ($r = -.63$), indicating that higher levels of superstition were associated with poorer mental health. The findings suggest that superstition plays an important role in mental health and highlight the need for psychological awareness and educational interventions to reduce superstitious beliefs.

Introduction

Superstition is commonly defined as a belief or practice that lacks a rational or scientific foundation and is often associated with magical or supernatural thinking (Vyse, 2014). From a psychological perspective,



superstition represents a cognitive process in which individuals perceive causal relationships between unrelated events or objects, despite the absence of empirical evidence (Kramer & Block, 2014). Such beliefs persist across cultures and historical periods, indicating that superstition is a deeply rooted and universal aspect of human cognition.

Despite rapid advancements in science, education, and technology, superstitious beliefs continue to influence individuals across diverse cultural, educational, and socioeconomic backgrounds. People from both developed and developing societies, including educated and uneducated populations, often adhere to beliefs related to good and bad luck, omens, lucky charms, astrology, and supernatural forces. Although superstition is frequently associated with traditional or less developed societies, research suggests that irrational beliefs are also prevalent in modern and industrialized nations, highlighting the universality of superstitious thinking.

While certain superstitious practices may be relatively harmless, others can have significant psychological and social consequences. Superstition can contribute to fear, anxiety, distorted decision-making, and the reinforcement of social inequalities. Blind adherence to traditional or irrational beliefs may obstruct logical reasoning and scientific thinking, limiting individuals' ability to interpret and respond to real-world events rationally. Thus, the coexistence of superstition with modern knowledge reflects an incomplete development of rational thought in contemporary society.

Understanding superstition is particularly important due to its potential relationship with mental health and well-being. Previous studies have suggested that individuals experiencing uncertainty, stress, or lack of control may be more likely to engage in superstitious thinking as a coping mechanism. However, excessive reliance on such beliefs may exacerbate psychological distress rather than alleviate it.

The present study aims to examine superstition among women and men, identify factors contributing to its development and persistence, and explore its relationship with mental health. Specifically, the study seeks to compare levels of superstition across gender, analyze psychological and social determinants of superstitious beliefs, and assess the extent to which superstition is associated with mental health outcomes.

Significance of the Research

The present study is significant as it contributes to a deeper understanding of superstition, its prevalence, and its impact on individuals and society. By examining superstitious beliefs among women and men, the study aims to identify psychological, social, and cultural factors that contribute to the development and



persistence of superstition. Understanding these factors is essential for designing effective interventions that promote critical thinking, rational decision-making, and psychological well-being.

Furthermore, the study highlights the potential negative consequences of superstition, including fear, anxiety, impaired judgment, and the reinforcement of social inequalities. By addressing these outcomes, the research emphasizes the importance of education and awareness in reducing reliance on irrational beliefs. The findings are expected to foster cultural sensitivity by acknowledging that superstition is a complex phenomenon shaped by social norms, traditions, and cultural contexts rather than mere ignorance.

In addition, the results of this study may have important policy implications. They can inform educational programs, mental health interventions, and social awareness initiatives aimed at reducing superstitious practices and promoting mental well-being. Overall, this research seeks to contribute to evidence-based strategies that encourage rational thought and psychological resilience in society.

Significance in the Indian Context

Superstition remains a significant social issue in India, where superstitious beliefs and practices are deeply embedded in cultural traditions and daily life. Despite increasing levels of education and technological advancement, a large segment of the population continues to rely on beliefs related to astrology, omens, rituals, and supernatural forces. This makes it crucial to examine the nature and impact of superstition within the Indian context. Certain beliefs may reinforce gender discrimination, limit personal autonomy, and justify harmful practices. Additionally, superstition can negatively influence mental health by increasing fear, anxiety, and dependence on external forces for decision-making.

By focusing on superstition among women and men in India, the present study aims to provide culturally relevant insights that can support the promotion of scientific temper, critical thinking, and rational decision-making. The findings are expected to be valuable for educators, mental health professionals, and policymakers working toward social reform and psychological well-being in the Indian society.

Review of Literature

Previous research suggests that superstition influences human cognition, behavior, and emotional well-being in both subtle and profound ways. An early example of this effect was demonstrated in an Italian context where seat number beliefs affected academic performance differently for women and men, with



women showing decreased performance when seated in an “unlucky” position (Di Paola, 2014). This finding highlights the intersection of belief, anxiety, and performance outcomes.

In India, empirical research has also examined superstition from multiple psychological and sociocultural perspectives. A study among urban young adults found that levels of religiosity and paranormal beliefs were significantly associated with superstitious thinking, indicating that superstition in India is often intertwined with broader metaphysical and religious frameworks (Tripathi, 2023). Another Indian study investigated personality correlates of superstition and reported a strong association between the trait of neuroticism and superstitious beliefs among adults in Mumbai, suggesting that higher emotional sensitivity may predispose individuals to irrational beliefs (Kulkarni et al., 2022).

Further research has examined the relationship between superstition, gender, religion, and cognitive processing among Indian young adults. Chelwani, Agarwal, and Khan (2023) found no significant gender differences in superstition but observed notable variation across religious groups, reporting higher levels of superstitious beliefs. The study also explored trait anxiety and rational-experiential processing, although no significant effects of these variables on superstition were observed.

Beyond individual belief systems, studies have also explored the broader cultural and societal dimensions of superstition in India. Sethi and Saini (2019) documented the persistence of superstitious practices related to death, pregnancy, and daily life events, highlighting how such beliefs are woven into social customs *even among educated individuals*. Research focusing on media consumption reveals that popular television content portraying supernatural and mystical themes may shape how Indian audiences perceive real-life superstitious narratives, suggesting a media influence on the normalization of irrational beliefs.

Additionally, interdisciplinary work on superstition and harmful practices in India has uncovered how beliefs in witchcraft and supernatural causation can lead to violence, discrimination, and human rights violations, particularly against women and marginalized communities. Scholarly analyses emphasize the complex interplay between superstition, gender bias, and social power structures, calling attention to the systemic impacts of superstitious beliefs at the community level (Spence, Kumar, Gireesh, & Naveen, 2025).

Collectively, these studies demonstrate that superstition in India cannot be understood solely as isolated beliefs but must be examined through integrated psychological, cultural, and social lenses. They point to the importance of investigating not only individual differences in superstition but also the broader societal conditions that sustain such beliefs.



Objective

The main objectives of study were as under :

- 1) To measure the superstition among men and women.
- 2) To measure the mental health among men and women.
- 3) To check correlation between superstition and mental health.

Hypothesis

To related objectives of this study null-hypothesis were as under:

- 1) There will be no significant difference in superstition among men and women.
- 2) There will be no significant difference in mental health among men and women.
- 3) There will be no correlation between superstition and mental health.

METHOD

Tools

A. Superstition Scale

The Superstition Scale was developed by Bhatt and consists of **55 items** comprising both positive and negative statements. The scale employs a **5-point Likert format**, ranging from 1 to 5. Among the 55 items, **items 16 and 47 are negatively worded**, while the remaining items are positive. Scoring for positive items is as follows: 5, 4, 3, 2, 1, with higher scores indicating stronger superstitious beliefs. For negative items, **reverse scoring** is applied to maintain consistency in interpretation.

B. Mental Health Scale

The Mental Health Scale, developed by Bhatt and Gida, includes **40 items** measured on a **3-point scale**: Agree, Neutral, and Disagree. Positive statements are scored 2, 1, 3, whereas negative statements are scored using a **reverse scoring method** (3, 1, 2). Higher scores reflect better mental health status.



Procedure for Data Collection

Data were collected from male and female participants using a structured inventory. The purpose of the study and the procedure for completing the questionnaire were explained clearly to all participants. Instructions provided in the inventory were elaborated upon to ensure that participants fully understood each item. Participants were assured that their responses would remain confidential. During the data collection process, care was taken to confirm that no participant left any item unanswered or marked multiple responses for a single question.

Sample

The sample for the present study consisted of 120 participants, including 60 men and 60 women, selected from Rajkot City, Gujarat. Participants were chosen in accordance with the objectives of the study, aiming to examine superstition and mental health across gender.

Research Design

The present study employed a quantitative research design to investigate the relationship between superstition and mental health among men and women. Descriptive and inferential statistical analyses were conducted. Specifically, the independent samples *t*-test was used to compare differences between men and women, while the Pearson correlation coefficient (*r*) was applied to examine the relationship between superstition and mental health. The results and their implications are discussed in the following sections.

Table -1: Showing Mean,S. D. and 't' Value of Superstition (N=120)

The present study examined differences in superstition scores between men and women. Table 1 presents the descriptive statistics and the results of the independent samples *t*-test.

Sr.no	Variable	N	Mean	S.D	t	Sig
1	Men	60	130.67	29.54	14.7	0.01
2	Women	60	156.45	35.55		

Sig. Level 0.05: 1.98, 0.01: 2.63



The results indicate that women (M = 156.45, SD = 35.55) scored significantly higher on superstition than men (M = 130.67, SD = 29.54), $t(118) = 14.7, p < .01$. This suggests that, within the sampled population, women tend to hold stronger superstitious beliefs compared to men.

Several factors may explain this gender difference. Research in psychology has shown that women are generally more sensitive to potential threats and negative outcomes, which may increase reliance on superstitious practices as a coping mechanism in uncertain situations (Di Paola, 2014). Women may also focus more on risk avoidance and precautionary behaviors, whereas men often emphasize problem-solving and cost-benefit evaluation, making them less susceptible to superstition. Additionally, cultural and social factors in Indian society may reinforce the belief in luck, omens, and supernatural influences more strongly among women, who may face more restrictions and uncertainty in decision-making contexts (Chelwani, Agarwal, & Khan, 2023; Tripathi, 2023).

These findings are consistent with prior studies indicating gender differences in superstition and the psychological mechanisms underlying such beliefs. The higher superstition scores among women highlight the importance of promoting critical thinking and awareness to reduce irrational beliefs, particularly among populations vulnerable to anxiety and fear related to uncertainty.

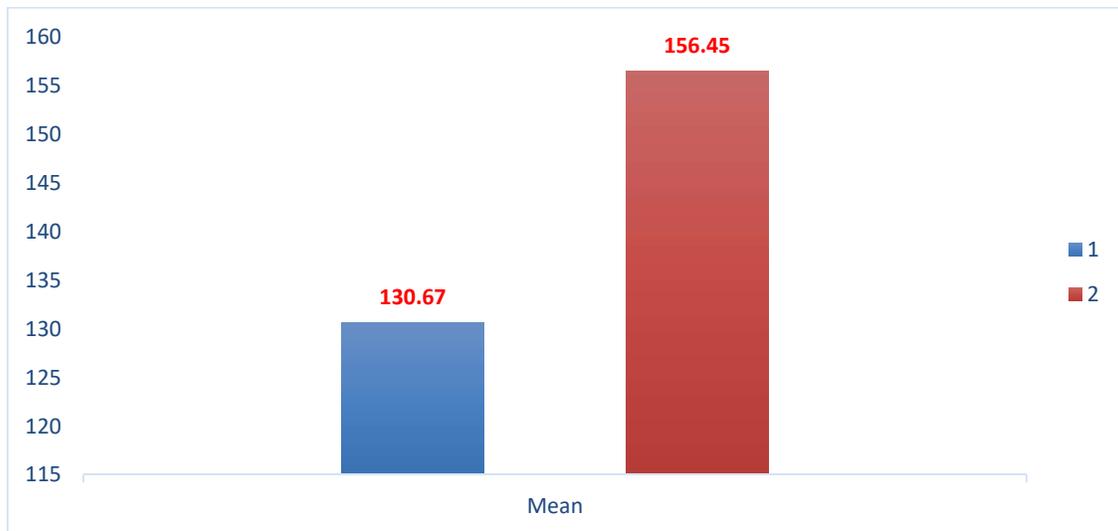


Table -2 : Showing Mean,S. D. and 't' Value of Mental health (N=120)

The study also investigated differences in mental health scores between men and women. Table 2 presents the descriptive statistics and the results of the independent samples *t*-test.

Sr.no	Variable	N	Mean	S.D	t	Sig



1	Men	60	74.88	17.02	20.21	0.01
2	Women	60	64.2	14.55		

Sig. Level 0.05: 1.98, 0.01: 2.63

The results indicate that men (M = 74.88, SD = 17.02) reported significantly higher mental health scores compared to women (M = 64.20, SD = 14.55), $t(118) = 20.21, p < .01$. This suggests that, within the sampled population, men tend to exhibit better overall mental health than women.

Several factors may account for this gender difference. Research suggests that women are more likely to experience stress, anxiety, and emotional sensitivity, which can negatively affect mental health outcomes (Tripathi, 2023; Kulkarni et al., 2022). Additionally, societal and cultural pressures in India, including greater restrictions on women’s autonomy and higher expectations regarding social and family roles, may contribute to elevated stress levels and lower mental health scores among women. The interplay between superstition and mental health may also be relevant, as women in this study showed higher levels of superstition, which previous research has linked to anxiety, fear, and diminished psychological well-being (Di Paola, 2014; Chelwani, Agarwal, & Khan, 2023).

These findings highlight the importance of targeted interventions to improve mental health, particularly for women, through stress management programs, awareness campaigns, and promoting rational thinking. Encouraging critical evaluation of superstitious beliefs may not only reduce reliance on irrational practices but also support better psychological outcomes.

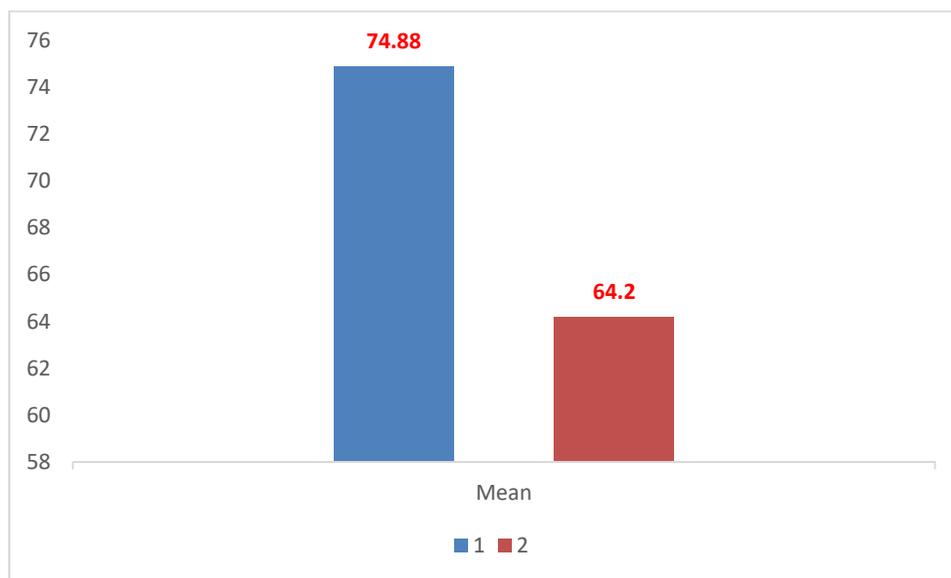


Table-3 : Showing The Correlation Between Superstition and Mental health.

Sr.no	Variable	N	Mean	r	Sig
1	Superstition	120	143.56	-0.63	0.01
2	Mental Health	120	69.64		

Sig. Level 0.05: 0.18, 0.01: 0.23

A significant negative correlation was found between superstition and mental health ($r = -0.63$, $p = 0.01$) among 120 participants. Higher levels of superstition were associated with lower mental health scores. The findings suggest that individuals with stronger superstitious beliefs tend to have poorer mental health. Possible reasons include increased anxiety and fear, a sense of helplessness due to an external locus of control, and reinforcement of irrational thinking patterns. Cultural and social pressures related to superstitions may also contribute to stress and reduced well-being. These results highlight the potential impact of superstition on mental health and the importance of promoting rational thinking and coping strategies.

Conclusion

The findings of this study shed light on the relationship between traditional belief systems and psychological well-being. The analysis revealed significant gender differences, with notable variations in superstition (14.70) and mental health (20.21) scores between men and women. Importantly, a strong negative correlation ($r = -0.63$) was found between superstition and mental health, indicating that greater reliance on superstitious beliefs is associated with poorer mental health. While superstition may provide a temporary sense of control, it can hinder rational thinking and emotional stability. In the Indian context, where such beliefs are culturally ingrained, superstition may increase anxiety and reinforce social inequalities. Promoting scientific temper and rational decision-making through education is therefore crucial for enhancing mental well-being and fostering a more evidence-based society.

Limitations

1. The study was conducted in a specific area with a sample size of 120, limiting the generalizability of the results.
2. Data collection relied solely on questionnaires, which may not capture the full complexity of superstition and mental health.



3. Although random sampling was used, the scientific rigor of sample selection was limited.
4. Individual differences in belief systems make it challenging to determine the exact impact of superstition on mental health.
5. The study represents only a part of a broader investigation, so conclusions should be interpreted cautiously.

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