patients for these two variables. The mean of severe OCD symptoms patients is higher (15.20±5.57) in the domain spiritual than the moderate OCD symptoms patients (11.33±5.36). However, in the domain precognition moderate OCD symptoms patients had higher mean (16.71±5.82) than the severe OCD (13.65±5.24) symptoms patients. Our results suggest that within the sub-scales of RPBS there are three criteria which are showing significant difference between the healthy and OCD patients. Traditional religious beliefs, Psi, witchcraft, spiritualism showed significant difference with an increase in OCD patients as compared to the healthy patients. This implies that the individuals in the indulged in the above activities can have higher chances to develop OCD in future. The results of YBOCS scale indicate that severe OCD symptom patient has higher spiritual belief and moderate OCD symptom patient showed higher precognition belief. There a number of previous studies which suggest a positive correlation of magical ideation, religiosity and spirituality with OCD traits using different measures (Abramowitz et al. 2004, Higgins et al. 1992, Yorulmaz et al. 2009, Himle et al. 2011).

In contrast Agorastos et al (2012) examined 49 obsessive compulsive disorder, 36 anxiety disorder and 35 healthy control for personal beliefs and reported there is no significant difference between these group. However, Himle and Chatters (2011) explored the relationship between religious belief and obsessive-compulsive disorder and reported that religion and religious involvements have been associated with higher levels of physical and mental health.

Obsessive Compulsive Disorder is a common disabling disorder marked by obsessions and compulsions that are ego-dystonic and cause great distress to patients and families. Paranormal
belief defined as misconceptions ignoring the fundamental traits of physical, biological and cognitive phenomena (e.g., the belief that mind can relocate external things). Paranormal beliefs are found in the healthy control population but their levels differ in healthy population and psychiatric illness. In the present study the paranormal beliefs in the healthy population and in the patients with OCD are investigated. Total 100 samples (50 patients with OCD & 50 healthy control samples) were contacted in the study by purposive sampling method at the Psychiatry department in Gajaraja Medical College, Gwalior. To measure the obsessive compulsive symptoms and paranormal belief, Yale-Brown Obsessive Compulsive Scale and revised paranormal belief scale were administered respectively. To compute the data (SPSS) version 16.0 was used. Independent sample “t” test was used to analyze the difference between the groups.

The present study found that the mean of RPBS is higher in OCD (90.54±15.75) than the healthy control (69.14±12.84). The RPBS scale and YBOCS scale used for the analysis showed effect that individuals with traditional religious beliefs, Psi, witchcraft, spiritualism have higher tendency to develop OCD symptoms. Traditional religious belief domain mean is higher in OCD (17.88±5.24) than the healthy control group (14.48±4.57), the mean of Psi domain is higher in OCD (12.5400 ± 5.54834) than the healthy control population (9.18± 4.55), in the witchcraft domain, OCD patients has higher mean (14.80±6.27) than healthy control group (8.34 ±3.94) the spiritualism domain is also showing higher mean (13.58 ±5.76) in OCD group in comparison to healthy control population (8.98± 4.49).

In this study we attempted to address the effect of paranormal beliefs on OCD patients and healthy control. The present study observed that paranormal belief is higher in obsessive compulsive patients than the healthy control. Another finding of the present study is that OCD patients have more traditional religious belief than the healthy population. Similarly, OCD patients, mostly