Purpose of the study

Paranormal beliefs play a significant role in enhancing or impede the prognosis of obsessive compulsive patients. Past research has watched that settled paranormal convictions are less helpless to certain mental enduring (Tobacyk and Milford, 1983). However, Einstein and Menzies (2004) reported that significant relationship between obsessive compulsive symptoms and paranormal belief and behaviours, these superstitious beliefs are derivatives of magical thinking which may maintain obsessive symptoms. Similarly, Frost et al (1993) reported superstitiousness is correlated with obsessive compulsive characteristics among non clinical subjects. In contrast, Mahabeer and Bhana (1984) reported no such association between paranormal beliefs and symptomathology. Furthermore, paranormal beliefs are one of the unexplored areas pertinent to obsessive compulsive disorder. Though it is part of the magical ideation of these patients, particular emphasized research on paranormal beliefs is very limited according to our literature search we didn’t come across any such study conducted in India. Hence the objective of the present study is to assess the phenomena of paranormal beliefs difference between patient with obsessive compulsive disorder and healthy control.

3.1 Aim:

- To compare the paranormal beliefs between Obsessive-compulsive disorder and healthy control.

3.2 Research questions:

- Does severity of Obsessive Compulsive disorder and paranormal beliefs have any significant relationship?
• Does the healthy control population have paranormal beliefs?
• Do the healthy control population and patients with OCD have difference in paranormal beliefs?

3.3 Hypothesis:

1. There will be a significant difference in paranormal belief between obsessive compulsive disorder and healthy control.
2. There will be a significant difference in paranormal belief domains between moderate and severe OCD symptoms

3.4 Venue:

Outpatient and inpatient, department of Psychiatry, Gajraraja Medical College and Hospital, Gwalior, M.P, India

3.5 Research design of the study:

Research design provides a blue print of the research work to the researcher, and dictates the boundaries of the research and helps in controlling the experimental, extraneous error and variances of the problem under investigation. The present study is a cross sectional study. Cross sectional study is the kind of observational studies which analyses data from population and compute the result and disclosure in the study at the same time. Participants are elected only on the basis of the inclusion and exclusion criteria.

3.6 Study Duration:  July 2017 to June 2018

3.7 Sample of the research:

A population may be defined as the identifiable or specific group of the individuals. The present study involves two groups of the population:
Sample of obsessive compulsive disorder and healthy control.

3.8 Sampling method:
Sampling method is defined as the selection criteria of the samples from the population. In the present study purposive sampling method was used, purposive sampling method is a type of non-probability sampling and in the current study experimenter already has some beliefs about the population. The diagnosis of groups were already known, therefore the samples were collected on the basis of the diagnosis.

3.9 Sample size: 50 patients of obsessive compulsive disorder and 50 samples of healthy population

3.10 Participants Description:
In the present study all the participants were selected on the basis of the socio-demographic variables which were finalized in the beginning of the research. Some participants were from rural area, some were from urban area. The education levels of participants were 5th standard to post-graduation and some were employed. Both male and female participants were participated in the present study.

3.11 Inclusion criteria for OCD patients:
- Obsessive compulsive disorder diagnosed according to ICD-10 DCR
- Age range between 18 to 60 years
- Education up to 5th standard
3.12 Exclusion criteria for OCD patients:
- Presence of any psychoactive substance use
- Presence of any other psychiatric illness

3.13 Inclusion criteria for healthy population:
- General Health Questionnaire 28 score <3
- Age range between 18 to 60 years
- Education up to 5th standard

3.14 Exclusion criteria for healthy population:
- Presence of any psychiatric ill

3.15 Descriptions of the tools:

Socio demographic form: The social demographic form of this study consisted age, gender, education, residence, marital status, occupation and social economic status.

Yale-Brown Obsessive Compulsive Scale (Goodman et al., 1989)

The Y-BOCS is a 10-item ordinal scale (0–4) that rates the severity separately for both obsessions and compulsions of OCD according to the time occupied, degree of interference, subjective distress, internal resistance, and degree of control. A score having 0–7 is considered nonclinical and will not use for study. Scores ranging between 8 and 15 will be noted as mild. Scores between 16 and 23 are considered moderate and scores between 24–31 and 32–40 are considered severe and extreme, respectively.

Revised Paranormal Belief Scale (Tobacyk & Milford, 1983)
This self report scale consists of 26 items which provides a measure of degree of belief in seven various dimensions which includes Traditional religious belief, Psi, Witchcraft, superstition, spiritualism, extraordinary life forms and recognition. It is scored in seven point rating scale for each item with a maximum score of 182 and a minimum score of 26.

**General Health Questionnaire (GHQ) (Goldberg & Williams 1970)**

This is a screening device for detecting minor psychiatric issues in the general population and within community. It is prepared for all age groups from adolescent upwards, it assess the respondent’s current state and ask if that differs from his or her usual state.

**Assessment Duration:** 30 minutes (approx)

**3.16 Procedure:**

The patients who fulfilled the exclusion and inclusion criteria were taken up for study after that informed consent will be taken from the patient after explaining the objectives and procedure of the study. Socio demographic data were collected, and then Y-BOCS and RPBS were administered on the obsessive compulsive disorder patients, then after revised paranormal belief scale RPBS and General Health Questionnaire GHQ for healthy population were administered.

**3.17 Statistical Analysis:**

SPSS 16. Version was used to find out the mean difference between the obsessive compulsive disorder and paranormal belief with the help of ‘t’ test and Pearson Product Moment Correlation used to find out the relationship between paranormal beliefs and OCD severity.