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Cultural Beliefs, Mental Health, and Supernatural Attribution of Illness in Ramnagar, Jammu & Kashmir

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Abstract
In many Indian rural areas, the combination of supernatural belief systems and scientific medical procedures continues to influence health-related behaviors. In Ramnagar, a town in Jammu & Kashmir's Udhampur region, the current study examines the prevalence of superstition, spiritual healing, and supernatural attribution of illness. Many people in the area still believe that physical and mental disorders are the result of evil powers, black magic, ancestor wrath, or spiritual punishment, despite expanding educational possibilities and the availability of biological healthcare. This research investigates how old belief systems coexist with contemporary medical treatment, drawing on reflective ethnographic observations, psychological insights, and current literature on superstition, cultural psychology, and health-seeking behavior.
The stigma associated with mental illness, fear of uncertainty, cultural conditioning, and collective social narratives are just a few of the psychological and sociocultural elements that contribute to these beliefs. The conflicts between deeply ingrained cultural traditions and logical scientific education are highlighted in a qualitative reflective account from the viewpoint of a psychology teacher employed in the area. The study highlights that because supernatural beliefs are closely related to identity, community, and emotional stability, education alone may not be able to totally erase them.
The study makes the case for culturally conscious mental health education initiatives that uphold regional customs and advance evidence-based medical procedures. It suggests that increasing mental health literacy and healthcare utilization in rural communities requires a psychological and cultural understanding of superstition.

Keywords: Superstition, mental health, supernatural beliefs, cultural psychology, faith healing, rural health, Ramnagar, Jammu & Kashmir

Introduction

People have traditionally tried to use belief systems influenced by culture, religion, and social customs to explain pain, illness, and uncertainty. Medical understandings of illness have coexisted with mystical explanations for psychological disorders and diseases throughout history. Many nations, particularly rural and culturally traditional populations, still believe in ghosts, curses, black magic, and supernatural punishment, despite the fact that contemporary science and medical discoveries have drastically changed healthcare systems.

Healthcare decisions in India are still influenced by conventional explanatory models of sickness, especially in rural areas. As a reflection of the cohabitation of science and mysticism, people often seek both biological and spiritual therapies at the same time. Evil spirits, curses, divine punishment, or supernatural meddling are frequently blamed for unexplained illnesses, behavioral issues, chronic pain, anxiety, or mental health disorders in a number of groups (Raguram *et al*., 2002).

An excellent illustration of this phenomenon is Ramnagar, which is situated in the Udhampur district of Jammu & Kashmir. The region is highly affected by folklore, oral traditions, spiritual narratives, and intergenerational belief systems. Many locals still rely on traditional healers, known locally as "ojhas," "babas," or "sayanas," for the diagnosis and treatment of illnesses thought to have supernatural causes, despite the increased accessibility of educational and medical services. Because of this duality, deeply ingrained traditional beliefs and scientific thinking coexist in a complicated

psychological and societal setting. These beliefs are socially reinforced frameworks that give people explanations, emotional solace, and a sense of control during difficult times; they are not just illogical concepts.

The belief systems that are common in Ramnagar and the surrounding areas are examined in this research, with a focus on the supernatural attribution of physical and mental disorders. It also looks at how these ideas are maintained by fear, stigma, cultural conditioning, education, and psychological processes. In order to combine academic analysis with firsthand experience, the report also incorporates reflective observations from the viewpoint of a psychology teacher employed in the area.

Review of Literature

According to Vyse (2014), superstition is defined as beliefs or behaviours that stem from magical thinking, fear of the unknown, or presumptions about supernatural causality without supporting data. When there is uncertainty, fear, worry, or a lack of control, superstitious ideas can surface. Cultural psychologists contend that social learning, oral traditions, and shared experiences are how these ideas get ingrained in communities. In his anthropological research, Malinowski (1948) made the case that superstition frequently arises in settings that are unpredictable and ambiguous. When people feel helpless in the face of unavoidable circumstances like disease, death, or natural calamities, they turn to magical or ceremonial acts. This viewpoint is still important for comprehending why, even in societies that are well-informed by science, supernatural explanations for disease continue to exist.

According to Subbotsky (2004), even among educated people, mystical and rational thought coexist. The author claims that while emotional and cultural experiences have a significant impact on cognition, scientific reasoning does not completely replace belief systems. According to Lindeman and Svedholm (2012), paranormal and supernatural ideas are still common despite advancements in knowledge, suggesting that superstition and reason can coexist in one person.

Illnesses have traditionally been linked to spiritual or supernatural causes in many civilisations. In many traditional civilisations, mental illness in particular is perceived as witchcraft, spirit intrusion, possession, or divine punishment (Ng, 1997). These interpretations have an impact on treatment-seeking behaviour and may cause delays in receiving medical or mental care.

Supernatural explanations for mental illness are still common in rural communities, according to research done in India. According to Raguram *et al*. (2002), many people with schizophrenia and other mental illnesses turned to faith healers for assistance before seeing mental health specialists. Similar results were noted by Trivedi and Gupta (2010), who noted that the stigma attached to mental illnesses frequently drives people to seek spiritual healing. Healthcare decisions are heavily influenced by cultural explanatory models of sickness, according to a research by Campion and Bhugra (1997). The authors contended that rather than completely disregarding indigenous belief systems, mental health interventions in culturally traditional countries should take them into account.

In many rural communities, traditional healers hold a significant social standing. They are frequently seen as spiritual guardians, counsellors, and intermediaries between the supernatural and human realms in addition to being healers. According to Helman (2007), traditional healing methods frequently offer social approval, cultural familiarity, and emotional comfort that biomedical healthcare may not always supply. Numerous research have shown how common faith healing techniques are in India. Many people seek both biological and spiritual treatments at the same time, according to Lahariya *et al*. (2010), especially when it comes to mental health issues, epilepsy, infertility, and chronic illnesses.

Placebo effects, suggestion, social reinforcement, and emotional catharsis can all contribute to understanding the efficacy of various spiritual therapy. According to Benedetti (2009), belief itself can affect how symptoms are perceived, how much pain is tolerated, and how emotionally relieved one feels. This emphasises the strong relationship between belief and psychological experience but does not support supernatural explanations.

Mental Health Stigma and Rural Communities

In many societies, mental illness is still highly stigmatised, particularly in rural areas where there is still a lack of knowledge about psychiatric diseases. According to Corrigan and Watson (2002), stigma causes people to hide their symptoms, steer clear of mental health services, and look for socially acceptable reasons to be upset. Recognising depression, anxiety, psychosis, or trauma-related diseases may not be as socially acceptable in some Indian cultures as attributing sickness to spirits or black magic. These justifications shield people and families from shame and societal stigmatisation (Kermode *et al*., 2009).Dependency on regional spiritual healers is further reinforced by the dearth of mental health infrastructure and the scarcity of qualified experts in rural areas. According to Patel *et al*. (2016), one of India's biggest problems is still the lack of access to mental health services.

The persistence of supernatural beliefs despite rising literacy and scientific exposure is one of the most important paradoxes found in modern psychology study. Education may not always eliminate culturally ingrained beliefs, but it may enhance critical thinking. According to Bandura's Social Learning Theory (1977), people pick up actions and beliefs through social reinforcement, imitation, and observation.

In a similar vein, Festinger's (1957) theory of cognitive dissonance postulates that individuals can hold opposing views at the same time without necessarily giving up either system. As a result, people may believe in spiritual causality and accept medical explanations for illness. The notion that supernatural and scientific explanations frequently coexist rather than compete is further supported by research by Legare and Gelman (2008). Depending on the situation, their emotional state, and cultural norms, people may employ several explaining systems.

The Cultural Context of Ramnagar

The rich cultural traditions, oral folklore, and deeply ingrained spiritual tales define Ramnagar, which is located in the Udhampur district of Jammu & Kashmir. Belief systems that have been passed down through the generations through family customs, regional folklore, and communal rites are still practiced in the nearby villages. Many households do not only utilise biomedical frameworks to explain ailments. Supernatural reasons are often linked to physical symptoms such persistent headaches, inexplicable discomfort, exhaustion, behavioural abnormalities, or emotional difficulties. Black magic, spirit possession, ancestral wrath, curses, or the presence of evil forces are common explanations.

Locally referred to as "sayanas," "ojhas," or "babas," traditional healers still have a significant impact on the community. People frequently consult these healers in addition to physicians, resulting in a parallel healthcare model where spirituality and science coexist.It's interesting to note that these views are not exclusive to the elderly or the ignorant. Strong belief in supernatural explanations for disease and bad luck can occasionally be expressed by even college students. This suggests that cultural indoctrination frequently goes beyond exposure to formal education.

Reflective Observation: A Psychology Teacher's Experience

The author has been an assistant professor in the psychology department at Government Degree College, Ramnagar for the last two years. Direct exposure to the intricate relationship between education, superstition, and cultural belief systems has been made possible by this experience.It was assumed that education would inevitably lessen irrational ideas because psychology teachers are trained in scientific reasoning, critical thinking, and evidence-based techniques. Interactions with students, however, exposed a different reality. These stories were told as lived events that were intricately woven into their perception of reality rather than as works of fiction.

A 19-year-old participant from Basantgarh, a tiny town in Ramnagar Tehsil, reported having ongoing headaches in one particularly noteworthy event. The participant claims that after consulting a local healer, her family concluded that she had been damaged by supernatural means. The healer is said to have extracted written paper and cremated bones from a small incision close to her abdomen during a symbolic extraction ceremony. The participant said that her headache had subsided after the ritual, and she firmly confirmed the procedure's efficacy. Psychological mechanisms like suggestion, placebo effects, emotional catharsis, expectancy, social reinforcement, and culturally conditioned belief systems may be involved in such instances. However, a significant emotional and intellectual impact is produced by the sincerity and conviction with which such experiences are recounted.

According to a different undergraduate participant from a rural location close to Ramnagar, her mother was given a stage III cancer diagnosis. During this time, a local non-medical practitioner told the family to stay away from allopathic therapy, suggesting that alternative methods may cure the patient and that conventional medicine would be unsuccessful. The cancer had advanced considerably by the time the patient's family thought about seeking medical attention, and the patient ultimately passed away. Despite this result, the participant's paternal aunt passed away many years ago, and the family continued to blame their problems on a supernatural dosha or curse.

Additionally, a cousin of hers talked about her father's frequent behavioural swings. She described periods of withdrawal, anhedonia, psychomotor slowness, and decreased appetite interspersed with intervals of enhanced energy, talkativeness, and euphoric mood. The behavioural pattern seemed to fit the characteristics of bipolar disorder based on the symptoms that were reported. Instead of taking into account psychological or medical factors, the family saw these variations as signs of the same ancestral curse ascribed to the paternal aunt.

The presence of supernatural occurrences, such as the evil eye, spirits, reincarnation, and black magic, was also strongly believed by another participant, who was twenty years old. The person had a karmic knowledge of misfortune and saw pain in the present as a result of deeds done in past lifetimes. The participant claimed that because of these karmic aspects, people may be impacted by bad supernatural influences like demonic spirits and black magic. The participant said that religious instruction and family socialisation, especially in rural areas where parents frequently teach kids about supernatural threats and safety precautions, encourage these ideas. Despite having strong opinions about their reality in private, the participant pointed out that many people avoid publicly articulating these beliefs out of fear of societal ridicule.

One of the most common supernatural beliefs was found to be black magic. The participant discussed a widespread belief that certain people get supernatural abilities through rituals, spiritual initiation, reciting mantras, and worshipping gods. It has been stated that people frequently adopt protective measures, such as talismans and religious artifacts, particularly those who live in isolated and forested areas. The participant underlined that in some rural communities, these ideas are commonly accepted as true truths rather than just cultural traditions. The participant also stated that they thought people might become susceptible to evil spiritual energies or other supernatural influences like black magic. The participant proposed that people could overcome such effects by asking for support from reputable religious leaders or spiritual practitioners. Well-known spiritual institutes and places of worship were mentioned, where people allegedly seek solace from alleged supernatural ailments.

Based on these views, the participant also talked about taking personal precautions. For instance, the participant stated that he avoided eating or drinking food or beverages that others offered because he was worried that they would spread malicious intent or supernatural effects. When choose who to receive food or other stuff from, trust was said to be crucial. Elders in the community and family members were found to be important sources for the propagation and upkeep of these ideas. The participant claims that many people pick up protective behaviours from their parents or from powerful people in their neighbourhood. The participant went on to say that in some cultural contexts, seeking medical advice alone would not always be deemed adequate when someone is ill or endures unexplained distress. Rather, some patients look for both spiritual and physiological reasons for their illness.

Additionally, the participant voiced skepticism about those who publicly reject supernatural ideas as mere superstition. The participant claims that some opponents of these beliefs might also engage in spiritual activities in private or look to religious and occult traditions for guidance. Overall, the participant's story illustrates a worldview in which comprehending health, sickness, and daily events is tightly linked to spiritual protection, interpersonal trust, supernatural explanations, and community traditions. Frequent exposure to these stories poses significant queries about the boundaries of logical teaching. Although attribution, suggestibility, and belief formation are explained by psychology, cultural experiences continue to influence emotional reality in ways that are difficult to ignore. These incidents show that superstition and education are not always mutually exclusive. Rather, people frequently hold both conventional and scientific explanations at the same time.

Psychological Interpretation of Supernatural Beliefs

According to Heider (1958), attribution theory clarifies how people understand the reasons behind actions and events.

People frequently blame unexplained phenomena on outside supernatural forces in settings marked by uncertainty or a lack of scientific expertise. These explanations lessen uncertainty and offer psychological closure. Through placebo effects, belief in healing practices may result in real subjective relief. Benedetti (2009) highlighted that emotional experience and pain perception can be greatly influenced by expectations and beliefs.

Therefore, even in the lack of scientific validation, ritualistic healing techniques may provide momentary alleviation. According to Bandura's Social Learning Theory (1977), beliefs are picked up through imitation and observation. Children are more likely to internalise these explanations if they grow up in surroundings where illnesses are regularly linked to supernatural origins.

People have a deep psychological desire to provide an explanation for uncertainty. Because they offer purpose and a sense of control, supernatural beliefs frequently surface during times of helplessness. According to Vyse (2014), superstition aids people in emotionally managing uncertain circumstances. According to Festinger's (1957) work, people can have conflicting beliefs at the same time. Therefore, a person may dread demonic spirits or black magic and still believe in modern medicine.

Education, Rationality, and the Persistence of Belief

Without a question, education is crucial in fostering critical thinking, awareness, and scientific reasoning. The continuance of supernatural beliefs in educated populations, however, suggested that cultural worldviews might not be entirely transformed by reason alone. Emotional stability, familial identification, religious customs, and a sense of community are all closely linked to beliefs. People may therefore feel psychologically threatened by challenging such beliefs. Additionally, schooling frequently prioritizes academic learning above the emotional and cultural aspects of believing.

In addition to participating in customs within their communities, students may comprehend psychological ideas in the classroom. The intricacy of human thought is reflected in this coexistence. Consequently, traditional values should not be insulted or mocked in educational activities. Rather, they ought to promote critical thinking, mental health literacy, and well-informed healthcare choices while upholding cultural sensitivity.The results presented in this research demonstrated the critical need for culturally sensitive mental health education initiatives in rural areas.

Discussion

The juxtaposition of supernatural belief systems and modern medical care in Ramnagar was a reflection of larger cultural and psychological realities found in many traditional communities. Superstition endures because it satisfied existential, social, and emotional requirements in addition to ignorance. Belief systems frequently promote group identity, explain pain, lessen uncertainty, and provide emotional support during difficult times. As a result, attempts to eradicate superstition using only logical reasoning may not be successful.

This paper's introspective observations demonstrated how exposure to strong cultural narratives can cause periods of ambiguity in educators, even those with training in scientific subjects. The aforementioned stories also demonstrated how treatment-seeking behaviour in rural areas is influenced by sociocultural health attitudes. What Kleinman (1980) referred to as a "explanatory model of illness" rooted in local culture is seen in the attribution of illness and psychological discomfort to supernatural causes like dosha or curse. These ideas frequently compete with biological explanations, which causes delays in diagnosis and treatment. Additionally, the normalisation of psychiatric symptoms as "curse-related" behaviour is a sign of low mental health knowledge and stigma. This was consistent with earlier studies demonstrating that stigma and traditional belief systems discourage rural populations from seeking treatment for mental illnesses (Thornicroft, 2008).

This demonstrated the emotional impact of societal belief systems rather than necessarily indicating acceptance of supernatural explanations. The significance of striking a balance between cultural sensitivity and scientific responsibility was also emphasized in the report. It is not necessary to give up evidence-based medicine in order to honour regional customs. Rather, healthcare programs need to promote educated medical practices while addressing cultural realities.

Conclusion

Ramnagar's prevailing belief system reflected a complicated interplay of spirituality, psychology, culture, and medical practices. Many people in the area are still affected by the supernatural attribution of illness, despite advances in medical science and education. This tenacity showed how deeply ingrained belief systems are in social identities, familial customs, and emotional experiences. Because people look for meaning not only via reason but also through culture, faith, and emotional comfort, education might not be able to completely replace supernatural explanations.

However, an over-reliance on non-scientific healing methods may aggravate treatable illnesses and postpone necessary medical intervention. Therefore, in order to advance scientific healthcare while honouring local customs, culturally sensitive mental health awareness campaigns are crucial. The current research stressed that there is more to the link between science and superstition than just a straightforward struggle between reason and irrationality. Instead, it is a reflection of the larger human struggle to comprehend pain, ambiguity, and the unknown.

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