

PARANORMAL BELIEFS, PERSONALITY TRAITS, AND CAREGIVER STRESS IN CAREGIVERS OF PATIENTS DIAGNOSED WITH CONVERSION DISORDER: A THEMATIC ANALYSIS

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ABSTRACT

Belief system that we adopt from our ancestors and personality traits that are innate and are also shaped by one's environment play a significant role in determining how someone encounters stress and manages it. The qualitative study using reflexive thematic analysis was conducted to capture caregivers' subjective experiences and generate practice-relevant insights. The sample consisted of twelve (12) adult caregivers of individuals diagnosed with conversion disorder who were purposively sampled to ensure variation in caregiver relationship (e.g., parent, spouse, and sibling), caregiving duration, and care settings. A semi-structured interview was designed and conducted in a private setting, lasting approximately 90 minutes, covering the illness onset and appraisal; caregiving tasks and impacts; interactions with healthcare providers; coping and support; stigma and community responses, perceived needs, associated paranormal beliefs, and personality traits. Interviews were observed with consent and transcribed verbatim. Brief field notes captured contextual observations and reflexive memos. The findings highlight the need for support that addresses both the practical and emotional needs of caregivers, while also recognizing the role of spiritual beliefs in coping.

Keywords: Paranormal Beliefs, Personality Traits, Caregiver Stress, Conversion Disorder.

INTRODUCTION

Despite the growth of scientific knowledge and the surge in people's educational levels, the triumph of rationality over superstition and the paranormal is still a far cry. Beliefs happen to be the most basic markers of people's personality. In any case, in our general public, there is little understanding about what beliefs are and how they ought to be comprehended. They are essential to our understanding of a wide scope of important phenomena in modern psychological research. Mental health and fitness are still neglected phenomena in some Asian regions, especially in

the case of Pakistan (Choudhry, Mani, Ming, and Khan, 2016). Around 40% of the population of Pakistan lives in small areas or towns where these mental health issues are still related and attributed to supernatural powers, where medical facilities are rare, and where treatment of physical ailments is still sought through stones, rituals, and other profound spiritual methods (Sultan, 2005). In Pakistan, especially in rural areas, mental health issues are essentially attributed to the divine factor of the evil eye, possession, supernatural power, and jinni sway. So managing patients with conversion disorder can be upsetting, especially

for caregivers, and it can have a powerful impact on their personality traits. The burden of managing a patient with conversion disorder can harm the comfort and joy throughout the lives of caregivers. This may lead to caregiver stress when people are unable to finish tasks on time, or they feel like whatever they are doing for their beloved is deficient. This caregiver stress can cause discomfort, dissatisfaction, and misery. Caregivers consistently surrender their own necessities and bliss to offer attention to their loved ones. Mental misery is hushed-up, normal, and common in those dealing with patients with chronic illness. Researchers also found that about 20-30 percent more of the least educated people reported beliefs in paranormal activities (Goode, 2002). The study, while suggesting the significance of beliefs in understanding mental health issues, investigates the association of paranormal beliefs, personality traits, and caregiver stress in caregivers of patients diagnosed with conversion disorder.

Literature Review

Conversion Disorder, currently termed Functional Neurological Symptom Disorder (FNSD) in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR), is characterized by neurological symptoms that are incompatible with recognized neurological or medical conditions. The disorder often imposes a considerable burden not only on patients but also on family members who assume caregiving responsibilities. Caregivers frequently experience emotional distress, uncertainty regarding the etiology of symptoms, financial burden, and social stigma. These challenges may shape their beliefs regarding illness causation and influence their coping strategies and psychological well-being. Paranormal beliefs refer to beliefs in phenomena that cannot be explained by conventional scientific principles, including witchcraft, spiritual possession, supernatural forces, and divine intervention. Such beliefs are particularly common in collectivistic and religious societies where supernatural explanations of illness coexist with biomedical models.

Recent evidence indicates that beliefs regarding the causes of conversion disorder vary significantly

among patients, caregivers, and the general public. Latif and Sitwat (2025) found that caregivers endorsed a range of psychogenic, sociocultural, interpersonal, and paranormal explanations for conversion disorder. Patients demonstrated stronger endorsement of paranormal and sociocultural beliefs than caregivers, suggesting that illness perceptions are influenced by personal experiences and cultural contexts. The study further emphasized that supernatural explanations continue to shape help-seeking behaviors and treatment decisions among caregivers and families of individuals with conversion disorder. Research in the broader field of paranormal belief has also demonstrated associations between paranormal beliefs and psychopathology. Drinkwater et al. (2024) reported that individuals with high levels of paranormal beliefs often experience greater psychological distress and poorer coping abilities. Their latent profile analysis suggested that paranormal believers are a heterogeneous group, with some profiles showing elevated psychopathological symptoms and reduced well-being.

Similarly, a meta-analysis by Lindeman and colleagues (2024) found a robust association between paranormal beliefs and cognitive biases, particularly ontological confusions and intuitive thinking patterns. The findings suggest that individuals who endorse supernatural explanations may rely more heavily on intuitive reasoning than analytical processing. Recent evidence also indicates that paranormal beliefs are associated with stress vulnerability and poorer stress management. Individuals endorsing traditional paranormal beliefs report greater psychological distress and reduced coping efficacy compared with those who do not hold such beliefs. Collectively, these studies suggest that paranormal beliefs may constitute an important framework through which caregivers interpret conversion disorder symptoms, particularly in cultures where supernatural explanations of illness are socially accepted.

Personality traits play a significant role in emotional regulation, coping, and adaptation to stressful life circumstances. The Five-Factor Model of personality identifies neuroticism, extraversion,

openness, agreeableness, and conscientiousness as core personality dimensions associated with mental health outcomes. Recent research examining personality and somatization has demonstrated that neuroticism is one of the strongest predictors of somatic symptom presentations. Rezaei et al. (2023) compared eight personality systems and found that emotional instability and maladaptive personality dimensions significantly predicted somatization phenomena. Individuals high in neuroticism and emotional sensitivity were more likely to report unexplained physical symptoms and psychological distress. Studies exploring personality characteristics among individuals endorsing paranormal beliefs have produced similar findings. Bicego et al. (2023) reported that openness to experience, absorption, fantasy proneness, and dissociative tendencies were positively associated with paranormal and spiritual beliefs. Individuals with greater openness and imaginative capacities were more likely to endorse supernatural explanations and anomalous experiences.

Caregiver stress refers to the physical, emotional, social, and financial strain experienced by individuals providing care to a family member with chronic illness. The caregiving literature consistently demonstrates that family caregivers experience elevated levels of anxiety, depression, burnout, and reduced quality of life. The uncertainty surrounding conversion disorder symptoms can intensify caregiver burden. Unlike disorders with identifiable biological causes, conversion disorder often lacks clear medical explanations, leading caregivers to seek alternative or supernatural explanations. Such ambiguity contributes to feelings of helplessness, guilt, frustration, and chronic stress. Research across chronic illness populations indicates that caregiver stress is influenced by illness perceptions, coping resources, and social support. Caregivers who perceive illnesses as uncontrollable or caused by supernatural forces often report greater emotional burden and delayed engagement with professional mental health services. Furthermore, studies examining stress and paranormal beliefs indicate that paranormal beliefs may function as coping

mechanisms during periods of uncertainty and distress. However, reliance on supernatural explanations may also increase vulnerability to maladaptive coping and psychological distress, particularly when these beliefs interfere with evidence-based treatment seeking.

Recent literature suggests that paranormal beliefs, personality traits, and stress are not independent constructs but interact in meaningful ways. Personality traits such as neuroticism, openness to experience, and absorption appear to predispose individuals toward paranormal beliefs. These beliefs, in turn, may influence how stressful events are interpreted and managed. Drinkwater et al. (2024) demonstrated that individuals characterized by high paranormal beliefs and elevated psychopathological symptoms showed poorer well-being and increased distress. Their findings imply that paranormal beliefs may exacerbate psychological difficulties under conditions of stress. Similarly, research has shown that people with greater emotional sensitivity and intuitive cognitive styles are more likely to endorse supernatural explanations when confronted with ambiguous or stressful experiences. Such patterns are particularly relevant for caregivers of conversion disorder patients because caregiving involves prolonged exposure to uncertainty and emotional strain. Despite these findings, empirical research examining these three variables simultaneously among caregivers of patients with conversion disorder remains extremely limited. Existing studies have predominantly focused on patients rather than caregivers and have rarely considered the influence of personality characteristics on paranormal beliefs and caregiver stress.

Method

A qualitative study using reflexive thematic analysis was conducted to capture caregivers' subjective experiences and generate practice-relevant insights. The sample consisted of twelve (12) adult caregivers of individuals diagnosed with conversion disorder who were purposively sampled to ensure variation in caregiver relationship (e.g., parent, spouse, and sibling), caregiving duration, and care settings. Eligibility

criteria includes age ≥ 18 years; primary or co-primary caregiving role for at least three months; and ability to participate in an interview in the

study language. Participants were recruited through outpatient neurology/psychiatry clinics and community referrals.

Table 1
Sample Characteristics of Participants

Sr. No.	Participants Pseudonyms	Age	Gender	Relationship with the Caregiver	Duration of Caregiving
1.	MBI	47	Female	Mother	2 years
2.	AAZ	30	Male	Elder Brother	16 month
3.	MAY	35	Male	Maternal Uncle	10 months
4.	AKG	29	Female	Elder Sister	3 years
5.	MHT	42	Female	Maternal Aunt	16 months
6.	WGG	48	Male	Father	11 months
7.	RMW	47	Female	Mother	6+ years
8.	DTZ	42	Male	Foster Father	4 years
9.	MAC	45	Male	Maternal Uncle	3 years
10.	STA	42	Female	Mother	1 year
11.	ZPT	38	Female	Elder Sister	2 years
12.	RMT	68	Female	Grandmother	3years

Data Collection

A semi-structured interview was tailored according to the requirements and conducted in a private setting, lasting approximately 90 minutes. The guide covered illness onset and appraisal; caregiving tasks and impacts; interactions with healthcare providers; coping and support; stigma and community responses; and perceived needs, associated paranormal beliefs, and personality traits. Brief field notes captured contextual observations, and reflexive memos were written. All participants provided informed consent, and identifying details were removed to protect confidentiality.

Data Analysis

Transcripts were analyzed using reflexive thematic analysis. The process entailed: (1) *immersion through repeated reading*; (2) *inductive, semantic coding across the dataset*; (3) *iterative clustering of codes into candidate themes*; (4) *theme review against coded data and the full corpus*; (5) *theme definition and naming with supporting extracts*; and (6) *synthesis of a thematic narrative linking caregiver experiences to contextual influences*. Coding and theme development were led by the first author, with regular peer debriefing

to enhance reflexivity and conceptual clarity. (Braun & Clarke, 2006)

Thematic Analysis

Thematic analysis was used to identify repeated patterns of meaning across the interview data. This method is useful for organizing qualitative material into themes and subthemes that represent recurring experiences, perceptions, and interpretations (Braun & Clarke, 2006). The analysis was inductive and data-driven, meaning that the themes were generated from the participants' own narratives rather than imposed in advance.

Theme 1: Living With Uncertainty

A major theme across the interviews was the experience of uncertainty. Caregivers repeatedly described the onset of symptoms as sudden, confusing, and frightening. They often did not know whether the episodes were psychological, neurological, spiritual, or attention-related, and this uncertainty made it difficult to respond calmly. Participants emphasized that the unpredictable nature of the illness created a constant state of alertness. One caregiver explained that the hardest part was not knowing

when the next episode would start, while another described how every strange event had to be observed before reacting. This uncertainty extended beyond the symptom itself and also included uncertainty about diagnosis, treatment, and the reactions of other people.

Theme 2: Emotional And Physical Burden

Another central theme was the emotional and physical burden of caregiving. Participants described sleep disturbance, fatigue, private crying, emotional exhaustion, and feeling overwhelmed. Some felt they were “breaking” under the pressure, while others spoke about financial strain, mental stress, and loneliness. The burden was also reflected in the way caregiving disrupted routine life. Several participants had to remain with the patient constantly, visit hospitals frequently, or reduce their work and social activities. In many cases, caregivers placed the patient’s needs above their own health and rest, which intensified long-term strain.

Theme 3: Stigma, Shame, And Social Isolation

Stigma was one of the most painful aspects of the caregiving experience. Participants reported that relatives, neighbors, and sometimes health workers interpreted the patient’s condition as “*pagalpan*,” attention-seeking, or a family disgrace. Such judgments created shame and made caregivers feel emotionally unsupported. This stigma often led to social withdrawal. Some caregivers said that people had reduced contact with them, while others intentionally limited their social circles to avoid criticism or misunderstanding. In households where honor and reputation were important, the illness was often hidden rather than discussed openly. As a result, caregivers experienced not only the burden of illness but also the burden of social judgment.

Theme 4: Spiritual And Paranormal Meaning-Making

A strong theme in the interviews was spiritual and paranormal meaning-making. Many caregivers referred to evil eye, jinn, fate, taweez, shrines,

Quranic recitation, ruqyah, and prayer when explaining the illness. These beliefs were often inherited from family and community traditions and provided a framework for understanding what was otherwise frightening and unclear. Importantly, spiritual explanations did not always replace medical care. Several participants described using both prayer and treatment together. For them, spiritual practices offered comfort, emotional relief, and a sense of hope, while medical treatment addressed the illness more directly. This dual approach reflects a culturally grounded way of coping with unexplained suffering.

Theme 5: Caregiving As Identity And Duty

Caregiving was often described not just as work, but as a moral responsibility and a central part of identity. Participants used words such as duty, sacrifice, protection, and devotion when describing their role. One caregiver described herself as her daughter’s primary support, while another said that he felt like the last person still standing for his niece. These accounts suggest that caregiving became tied to values such as family honor, love, and loyalty. Even when exhausted, participants continued to frame caregiving as something meaningful and necessary. In this way, the role of caregiver became part of who they were, not only what they did.

Theme 6: Personal Transformation Through Caregiving

The final theme concerns how caregiving changed the caregivers themselves. Participants described becoming more patient, stronger, more observant, more controlled, or more selective about their relationships. Some said they had become less social, while others reported increased spiritual commitment and a deeper sense of purpose. These changes were sometimes described positively, but they also reflected emotional cost. Caregiving reshaped attitudes, personality, and self-understanding. The experience forced participants to adapt to stress, manage uncertainty, and redefine what strength meant in their lives.

Table 2
Table Showing Themes and Sub-Themes for Thematic Analysis

Themes	Codes	Sub-Themes	Sub-Codes
Living With Uncertainty	1	Sudden Episodes	A
		Unclear Diagnosis	B
		Constant Vigilance	C
Emotional And Physical Burden	2	Exhaustion	D
		Sleep Loss,	E
		Private Crying	F
		Financial Strain	G
		Shame	H
		Blame	I
Stigma And Social Isolation	3	Judgment	J
		Withdrawal	K
		Evil Eye	L
		Jinn	M
Spiritual And Paranormal Meaning-Making	4	Prayer	N
		Ruqyah	O
		Taweez	P
		Protection	Q
		Sacrifice	R
		Loyalty	S
Caregiving As Identity And Duty	5	Honor	T
		Patience	U
		Resilience	V
		Emotional Control	W
Personal Transformation	6	Withdrawal	X

Table 3
Table indicating Present Themes and Representative Quotes of Participants

Participants	Present Themes	Representative Quotes
MBI	1,2,4,5	"Sab se mushkil yeh hai ke pata nahi kab agla episode shuru ho jaye."
AAZ	2,3,5,6	"Kabhi kabhi to roti hoon pr chupke se, taake koi na dekhe."
MAY	3,4,5,6	"People said my daughter is mentally unstable."
AKG	1,3,4,6	"Mujhe lagta hai ke har cheez ka ek roohani pehlu hota hai."
MHT	2,3,4,5	"Caregiving mere liye ek zimmedari nahi, ek jang ban gayi hai."
WGG	1,2,3,4,5,6	"Caregiving ne mujhe zyada strong aur focused bana diya hai."
RMW	3,4,5,6	"Pehley tasbeeh parhta tha u acha mehsoos hota tha, Namaz madad karti hai"
DTZ	1,2,4,5,6	"Dusri takleef yeh hai ke family ne usay 'sharam' ka masla bana diya hai."
MAC	1,3,4,6	"Pehle mujhe lagta tha ke meri feelings kamzor bana deti hain, ab mujhe lagta hai ke woh meri taqat hain."
STA	1,2,3,4,5	"Dusra challenge hai emotional exhaustion, jab aapko har waqt alert rehna padta hai, lekin koi appreciation nahi milti."
ZPT	1,2,3,4,5,6	"Burnout mere liye ek silent process hai, koi breakdown nahi hota, bas ek thakan hoti hai jo har din badhti jaati hai."

RMT	3,4,5,6	"Bilkul mujhe nazar pe yaqeen hai, bohot arsa yehi mjhe laga ke yeh nazr ka masla hei lekin ab mei sirf usi ko sabab nahi manta"
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Discussion

The present study explored the lived experiences of caregivers of patients with conversion disorder, with particular emphasis on caregiving stress, personality traits, and paranormal beliefs. The findings suggest that caregiving is a multifaceted experience marked by emotional burden, psychological adaptation, and cultural meaning-making, and personal transformation. Across interviews, caregivers described caregiving as extending beyond routine physical assistance to encompass emotional vigilance, social sacrifice, and continuous uncertainty. These findings support the bio psychosocial understanding of Functional Neurological Disorder (FND), which recognizes that illness experiences are shaped not only by neurological and psychological processes but also by interpersonal, cultural, and spiritual contexts (Stone et al., 2020; Pick et al., 2023).

One of the most prominent findings was the overwhelming emotional burden associated with caregiving. Participants described persistent stress arising from the unpredictable nature of conversion disorder episodes, fear of relapse, financial strain, and emotional exhaustion. One caregiver reflected, "*Burnout mere liye ek silent process hai... bas ek thakan hoti hai jo har din badhti jaati hai*", illustrating the gradual and cumulative nature of caregiver stress. Likewise, another participant described caregiving as "*ek emotional marathon*" in which they had to "lift themselves again" after every challenge, highlighting the chronic emotional demands of the caregiving role. These findings are consistent with Pearlin et al.'s (1990) Stress Process Model, which proposes that prolonged caregiving responsibilities produce chronic psychological strain through ongoing exposure to caregiving demands. Similarly, Lazarus and Folkman's (1984) Transactional Model of Stress suggests that caregivers experience distress when caregiving demands are perceived as exceeding available coping resources. Previous studies have likewise shown that caregivers of individuals with FND experience heightened anxiety, uncertainty,

emotional fatigue, and reduced quality of life due to the unpredictable presentation of symptoms (Adelman et al., 2014; Gelauff et al., 2019; Pick et al., 2023).

Another important finding concerned the role of personality traits in shaping caregivers' responses to stress. Participants frequently described qualities such as patience, emotional regulation, responsibility, and careful observation as facilitating effective caregiving. One participant stated, "*Patience keeps me from burning out, and observation helps me understand Noor without her needing to speak*," emphasizing how these personal characteristics supported adaptive caregiving. Conversely, caregivers who described themselves as emotionally reserved or highly dependent on routine reported greater difficulty coping with the unpredictable nature of conversion disorder. For example, one caregiver explained, "*I like having control... but her illness keeps disrupting that routine*," reflecting the tension between personality characteristics and caregiving demands. These findings support previous research demonstrating that personality traits influence coping styles and psychological adjustment, with higher emotional stability, resilience, and conscientiousness generally associated with lower caregiver burden, whereas emotional suppression and neurotic tendencies increase psychological distress (Connor-Smith & Flachsbart, 2007; Windle, 2011; del-Pino-Casado et al., 2021). Moreover, many participants described becoming more patient, reflective, and emotionally mature through caregiving, suggesting that prolonged caregiving may also contribute to personal growth, consistent with the concept of post-traumatic growth (Tedeschi & Calhoun, 2004).

The findings further revealed that paranormal and spiritual beliefs played an important role in helping caregivers make sense of conversion disorder. Many participants simultaneously endorsed biomedical treatment while also attributing aspects of the illness to fate, the evil eye, spirits, or spiritual suffering. One caregiver

explained, *"When science doesn't give answers, spiritual thinking offers comfort,"* while another stated, *"I don't just use medicine... I pray too,"* illustrating that spiritual beliefs complemented rather than replaced medical care. Another caregiver noted that *"sometimes prayer and medicine could both work together,"* reflecting an integrated explanatory model of illness. These findings are consistent with Pargament's (1997) theory of religious coping, which suggests that spirituality provides meaning, hope, and emotional regulation during periods of adversity. Similar observations have been reported in studies conducted in South Asian populations, where religious and supernatural explanations frequently coexist with biomedical understandings of FND, enabling families to reduce uncertainty while maintaining engagement with formal healthcare (Kozłowska et al., 2021; Pick et al., 2023; Stone et al., 2020). Rather than reflecting a rejection of scientific explanations, paranormal beliefs appeared to function as culturally meaningful coping mechanisms that supported emotional resilience.

Social stigma and lack of family support also emerged as significant contributors to caregiver distress. Several caregivers described family members dismissing the illness as *"drama,"* expressing concerns about family honour, or distancing themselves from caregiving responsibilities. One participant poignantly remarked, *"Honor only matters when life exists,"* after relatives criticized him for seeking psychiatric treatment for his niece. Another caregiver explained that rebuilding trust was difficult because the patient feared abandonment after being rejected by her parents. These experiences align with previous research demonstrating that stigma surrounding functional neurological symptoms contributes to delayed help-seeking, social isolation, caregiver burden, and poorer psychological outcomes (Stone et al., 2020; Aybek et al., 2022; Pick et al., 2023). Within collectivistic cultures such as Pakistan, concerns regarding family honour, social reputation, and misunderstanding of mental illness may further intensify caregivers' emotional burden.

The findings show that conversion disorder was experienced as more than a clinical diagnosis. It affected the whole family system, especially the caregiver, who had to manage not only episodes and treatment but also fear, stigma, and emotional exhaustion. The interviews suggest that uncertainty was one of the strongest psychological stressors because caregivers could not predict episodes or confidently interpret them. The findings also reflect the importance of culture and spirituality in shaping the meaning of illness. In this context, conversion disorder was often understood through both medical and religious lenses, with caregivers combining hospital treatment and spiritual practices. This suggests that caregiving support should be culturally sensitive and should respect the ways families make sense of illness. The analysis also indicates that caregiving produced significant personal change, including increased resilience, emotional control, and spiritual dependence.

Overall, the findings suggest that caregiving for individuals with conversion disorder is characterized by considerable psychological stress but is simultaneously accompanied by resilience, meaning-making, and personal growth. Caregivers drew upon adaptive personality characteristics, spiritual beliefs, and a strong sense of familial responsibility to cope with the emotional challenges associated with caregiving. These findings underscore the importance of providing caregivers with psychoeducation, psychological support, and culturally sensitive interventions that acknowledge both biomedical and spiritual perspectives. Recognizing caregivers as active partners in treatment may reduce caregiver burden while improving outcomes for individuals living with conversion disorder.

Conclusion

In summary, the thematic analysis revealed six major themes: living with uncertainty, emotional and physical burden, stigma and social isolation, spiritual and paranormal meaning-making, caregiving as identity and duty, and personal transformation through caregiving. Together, these themes show that caregiving for a patient with conversion disorder is a complex,

emotionally demanding, and culturally shaped experience. The findings highlight the need for support that addresses both the practical and emotional needs of caregivers, while also recognizing the role of spiritual beliefs in coping.

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