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**“SPIRITUAL INTELLIGENCE AND  
MENTAL HEALTH IN BLIND CHILDREN”**

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**BY**

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**Dissertation**

*Submitted to*

*KAFER, Belagavi, Karnataka,*

*In partial fulfilment of the requirements for the degree of*

**MASTER OF SCIENCE**

**IN**

**PSYCHOLOGY**

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**JUNE-2024**

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I hereby declare that this dissertation entitled " **Spiritual intelligence and Mental Health in Blind Children** " is a bonafide and genuine research work carried out by me under the guidance and supervision of **Dr. (Mrs.) YASMIN D. NADAF Associate Professor & I/C HOD, Department of Psychology.**

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*Dedicated*  
*to my*  
*Family and*  
*Guide*

## **ACKNOWLEDGEMENT**

*No individual is complete in himself. S/He needs to learn and develop with the encouragement and assessment from his/her teachers, elders, colleagues and friends at all stages of his life for better development.*

*First of all, I would like to express my deep sense of gratitude to the almighty for his blessings and guiding me to reach up to this step and complete my studies. His omnipresence has been anchor through the fluctuating times.*

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***Preeti Hongal***

## **ABBREVIATIONS**

%	:	Percentage
SI	:	Spiritual Intelligence
MH	:	Mental Health
JNMC	:	Jawaharlal Nehru Medical College
NICU	:	Neonatal intensive care unit
SES	:	Socioeconomic status
CVD	:	Colour Vision Deficiencies
NB	:	Night Blindness
MV	:	Monocular Vision
PES	:	Parental living status
BPA	:	Both the parents alive
SP	:	Single Parent
LC	:	Lower Class
LMC	:	Lower Middle Class
UMC	:	Upper Middle Class
SPSS	:	Statistical Package for the Social Sciences
n	:	Sample Size

## **ABSTRACT**

Health and wellbeing are crucial aspects happy and fulfilling life. They are gaining significantly important role in dealing with the challenges in economic, social and public health worldwide; and spirituality that uses the psychological sciences' methodology demonstrated positive effect on health (physical and mental), quality of life related to health and wellbeing, recovery from mental health problems/issues and coping skills.

The present research aimed to study the spiritual intelligence and mental health in 96 visually impaired and blind children, studying in 9<sup>th</sup> & 10<sup>th</sup> standard from Three Districts of North Karnataka (Belagavi, Dharwad and Gadag). Spiritual intelligence scale by Hasan Abdollahzadesh and Baqherpour M et al. and Mental Health Check-list Scale by Dr. Pramod Kumar were used. Percentage method, Correlation and Chi-square tests were applied. Findings revealed that students with blindness had very high levels of Spiritual Intelligence and highly good level of Mental health, there was significant correlation between Spiritual Intelligence and Mental Health. Highly significant association was observed between Spiritual Intelligence and Parental living and socio-economic status; and there was significant association between parental living status and Mental Health.

**Key Words:** Spiritual Intelligence, Mental Health, Blindness, Visual Impairment

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## INTRODUCTION

Health and wellbeing are crucial aspects happy and fulfilling life. They are gaining significantly important role in dealing with the challenges in economic, social and public health worldwide; and spirituality that uses the psychological sciences' methodology demonstrated positive effect on health (physical and mental), quality of life related to health and wellbeing, recovery from mental health problems/issues and coping skills. **Mueller et al. (2000, 2003), Kharitonov (2012)**

Spirituality is "a more general, unstructured, personalized and naturally occurring phenomenon, where a person seeks closeness and/or connectedness between him/herself and a higher power or purpose." **Joseph et al. (2017)**

In accordance to some authors, spirituality is the pursuit of a universal truth and an endeavor that helps individuals find purpose and meaning in their environment. **Woods and Ironson (1999)**. Spirituality can also be understood as a dynamic reality that is always discovering new things. It may also entail discovering the limits of existence and looking for a deeper purpose in life. Spirituality is characterized by as the manner in which a person feels faith in day-to-day living and as a means in which the individual refers to the final conditions of individual existence." **Hart (1994)**

Intellectual and spiritual are the two words that make up spiritual intelligence. *Spiritus* a Latin term meaning "that gives life or vitality to a system" is the root of English word spiritual. The relationship between intelligence and spirituality makes up "Spiritual Intelligence (SI)" that is necessary for person's welfare and ability to lead a meaningful life. **Zohar (1997)**

**Zohar and Marshall (1999)** described, intelligence is the capacity to pose basic queries and reinterpret the responses one receives. In addition, described SI as “the intelligence with which one addresses and solve problems of meaning and value. The intelligence with which one can place actions and lives in a wider, richer context that gives meaning to their lives, the intelligence with which individual can determine that one course of action or life -path is more meaningful than the another”.

SI can be considered a type of intelligence since it provides talents that help people solve issues and achieve their objectives.SI was first divided into five categories by **Emmons (2000a, 2000b)**

- a) Capacity to use spiritual tools for problem -solving
- b) Capacity to reach elevated consciousness levels
- c) The knack to utilize common place encounters
- d) The ability to rise above the tangible and material
- e) The ability to exhibit value

**Emmons (2000)** kept first 4 elements of the paradigm and eliminated being able to be moral. As per **Levin (2000)** “SI is exhibited when we individual live in a way that integrates spirituality into our daily life.”

**Wolman (2000)** defined SI as “the human capacity to simultaneously experience the seamless connection between each of us and the world in which we live, and to ask ultimate questions about the meaning of life.”

**Vaughan (2002)** interpret “SI is the study of the mind and spirit and how it relates to existence in the outside world. The ability to comprehend existential issues and gain insights into various states of awareness is implied by SI”.

It aids in differentiating between illusion and reality. It can be shown in various cultures as wisdom, love and service. The ability to use one's spiritual resources and talents to more effectively recognize, understand and address practical, existential and spiritual problems is referred to as SI (2004).

Spiritual resources and qualities are defined as “the ability to apply and embody them to enhance daily functioning and well-being.” And SI consisted of seven main ideas. These are:

- a. *Transcendence*: Living beyond the separate egoic self into an interconnected wholeness
- b. *Grace*: Living life in accordance with genuine love with trust
- c. *Meaning*: Experiencing activities of day-to-day life with sense of service and purpose even in case of sufferings and pain.
- d. *Consciousness*: Developed refined awareness and self-knowledge.
- e. *Truth*: Living in open acceptance, wonder and love for all creation
- f. *Quiet*: Submission to oneself (Truth, God, Absolute, True nature)
- g. *Inner-Directedness*: Inner-freedom matched with responsible, intelligent action.

SI results in a deeper feeling of meaning and purpose. Additionally, SI enhances a number of critical skills (both job and personal skills). **Griffiths (2017)**, **Skrzypinska (2021)**

A variety of indicators and traits are also displayed by people who possess spiritual intelligence: Self-awareness and self-flexibility are followed by the capacity to face failure and learn from it, as well as the ability to connect disparate ideas and think collectively. The ability to face life and make the decisions is assigned of spiritual

intelligence, it is the way that one's body, mind and consciousness to choose in order to meet their basic requirements. **Nasser (2012)**

When it comes to the awareness, integration and adaptive application of the non-material and transcendent aspects of one's existence **King (2008)** states that "SI is asset of adaptive mental capacities based on non-material and transcendent aspect of reality, specifically those that contribute to such outcomes as deep existential; reflection, enhancement of meaning, recognition of a transcendent self and mastery of spiritual states".

SI is significant as it allows a person to boost their self -esteem and confidence in other people, and helps them cope with life's challenges more easily and with less stress. **Otaibe and Ottman (2017)**

Research results revealed increased psychological well-being in people and having a clear goal in life who had good levels of SI. **Sahebal zamani et al. (2013)**

Mental is crucial part of one's over all well-being. Children, adolescents, students who have mental issues may struggle in developing and maintaining relationships, develop low self-esteem/inferiority complex, which may make them to experience difficulties to succeed successfully in their academics .As it is very crucial part of overall well-being, efforts must be made to educate the students, children, parents, teachers about the importance of mental health ,ways and methods of its enhancement so that they can lead much more happier and fulfilling life and contribute to society and nation, especially it is very crucial for those with some disabilities to lead the life with confidence.

The psychological stability and well-being of children who are visually impaired are referred to as their mental health in that context. Emotional control, social interactions, self-esteem and coping strategies specific to their experiences and obstacles are all included in this.

SI is the necessary foundation for the effective functions of both Intelligence Quotient (IQ) and Emotional Quotient (EQ) as stated by Dana **Zohar and Marshall (2000)**

The nearly significant proportion of blind and visually impaired individuals across various nations, coupled with the sense of responsibility for ensuring their material and spiritual well-being and the need to act to further lessen the social and individual effects of blind and partially sighted individuals so that they can be an active, social, independent, and gregarious members of society.

Two significant health, social and economic problems in both wealthy and developing nations are blindness and low eyesight. The World Health Organization (2004) estimates that over 38 million people worldwide are blind and that the number of those with visual impairments is rising to almost 110 million. According to **Ramezani et al. (2012)** over 90% of all persons with vision impairments reside in developing nations.

It has been estimated that between 0.3 and 4.4 percent of people in underdeveloped nations are blind. Numerous researches have demonstrated that a person's quality of life is negatively impacted by visual impairment, which also decreases social activities and independence and there by affecting their psychological health **Sarabandi et al. (2013)**

As stated by the World Health Organization (WHO,2004) Mental Health (MH) is "a state of well-being in which every individual realizes his or her own potential can cope with the normal stresses of life can work productively and fruitfully and is able to make a contribution to her or his community." This definition highlights comprehensive MH aspects, which includes interpersonal relationships, productivity, stress resilience and individual talents

In addition, MH is a spectrum that extends from maximum functioning to significant disability rather than just the absence of mental illness. It is impacted by a combination of environmental, genetic and life experience variables as well as social, psychological and emotional aspects in balance.

**Some important dimensions have been recognized by prior studies:**

- Emotional Control
- Social Interaction
- Identity and self-esteem
- Coping Mechanisms

Research in this area has shown that, overall understanding and meeting the mental health needs of blind children necessitates a multimodal approach that considers physical emotional, social, psychological and spiritual aspects.

In psychological and educational studies, the complex topic of mental health in blind children has received a lot of attention. A person's ability to regulate emotions, interact socially and enjoy life in general can all be negatively impacted by the particular difficulties that blindness brings.

Studies suggest that visually impaired youngsters can be more susceptible to social isolation, anxiety and depression than their non-visually impaired classmates. Feelings of irritation, powerlessness and low self-esteem might result from not being able to see what is around them. Furthermore, because they frequently run across obstacles to social inclusion and interaction, blind youngsters may find it challenging to make and keep friends. **Shearer K. (2021)**

**Rungtusanatham et al. (2018)** blind children showed higher levels of internalizing tendencies than sighted children did, including despair and anxiety. The researchers stressed the value of early intervention and specific support services in order to address the particular mental health requirements of children who are blind.

The mental health outcomes of blind children have been found to be improved by educational interventions that emphasize the development of adaptive abilities, the promotion of social connections developing a purpose in life, resilience, adaptability and the encouragement of self-advocacy. Furthermore, establishing a supportive environment that encourages resilience and favorable mental health outcomes requires integrating families and caregivers in the support process.

With a focus on important discoveries and their implications for intervention and support, this review attempts to examine the body of research on mental health problems in visually impaired children.

- Psychological Effects of Blindness: As mentioned by **Thompson and Ungerleider (2019)** being blind as a child can result in a number of psychological issues such as anxiety, sadness, social disengagement and low

self-esteem. The incapacity to recognize visual cues and move about on one's own might exacerbate mental health issues by fostering feelings of frustration

- **Social and Emotional Development:** Blind children may face delays in their social and emotional growth, which can lead to issues with emotion regulation and relationship formation. **Silverman et al. (2020)**
- **Experiences in Education:** Blind children's mental health is greatly influenced by their educational environments. Studies reveal that feelings of inadequacy and frustration may be exacerbated by insufficient accommodations and support in schools. **Cameron & Shearer (2021)**. Fostering academic performance and promoting healthy mental health outcomes require access to specialized services such as mobility training, orientation and assistive technologies.
- **Familial Dynamics:** Blind children's mental health is greatly impacted by their familial environment. Children's perceptions of blindness and self-esteem can be influenced by the attitudes and coping mechanisms of their parents **Mastropieri & Scruggs (2019)**. Better psychological adjustment in blind children is linked to positive family dynamics, which are defined by encouragement, support and good communication.
- **Intervention Plans:** A multidisciplinary strategy that considers each child's particular requirements are necessary for effective therapies that support mental health in blind children. **Mavrommati et al. (2022)**. Psychotherapy, social skills instruction and support groups catered to the unique needs of the blind population may fall under this category. In addition, the implementation of comprehensive intervention programs requires close collaboration among educators, healthcare providers and families

## REVIEW OF LITERATURE

**Sonia G Koenes, Judith F Karshmer (2000)** have conducted "A Comparison study between blind and Sighted adolescents" (n = 22) in New Mexico. The findings showed evidently that depression scores were significantly higher in participants with blindness than the scores of sighted participants at the level of 0.05.

**Naheed Bi, Krishna Faujadar et al. (2023)** have undertaken a study on "Role of emotional intelligence in educator training for Blind students in special educator programs" in Uttar Praesidia. The sample consisted of 225 instructors representing Polish institution. The results of the research showed that kid's mental health or behavior may play role in challenges, instructors reported experiencing while around specific groups of special education pupils. If the significant is related to MH or behavior then kid's MH and behavior play significant role in the challenges, instructors reported experiencing while around specific groups of special education pupils ( $p < 0.01$ ).

**Fatemeh Dehghan, Mariyah Kaboudi et al. (2017)** carried out study on "The relationship between emotional intelligence and MH with society anxiety in blind and deaf children " in Iran. In this investigation 12 and above aged 58 deaf and 28 blind children were involved. Outcome shows that substantial ( $p > 0.001$ ) association between Emotional Intelligence (EI) and cognitive emotional control with social anxiety.

**Traci L Brook, Sion Kim Harris et al. (2000)** conducted research on "Association of adolescent risk behavior with MH Symptoms in America ". This study is a secondary data analysis of the 1992 Massachusetts adolescent health survey

involving 2,224 ninth and twelfth grade public high school students as described in Thrall et al. The result of the research showed that the female gender had greater than threefold increased odds of reporting depression/stress. There was no significant difference in depression/stress symptoms by race/ethnicity. Females were more likely to report symptoms (47% vs 25%,  $P < 0.001$ ). Those with failing grades were more likely to show depression /stress compared with all other categories ( $p = 0.006$ ).

**Masoumeh Khosraui and Zha Nikmanesh (2014)** carried out study on "Relationship of SI with resilience and perceived stress". The sample consisted of 307 students of Sistani and Baluchistan university. The outcomes indicated positive and substantial relationship ( $F = 32.475$  with  $p < 0.01$ ) between SI and resilience and there was a strong negative link ( $F = 20.397$  with  $P < 0.010$ ) between SI and stress.

**Mahammad Shaukat Malik, Sana Tariq (2016)** have conducted research on "Impact of SI on organizational performance". On 300 Bank employees in Pakistan. The study evaluated that there was significant positive relationship between SI and organizational financial performance ( $r = 0.237$ ,  $p < 0.01$ ). From the results it could be interpreted that the SI increases the organizational performance, while age, gender, education and organizational culture act as a moderator on their relationship.

**Zarina matsaad, Zulkarnain A et al. (2016)** conducted a study on "The impact of SI on health of the elderly in Malaysia" ( $n = 378$ ) in Perlis, Malaysia. Findings suggested that older adults with higher propensity for health were those who could oversee daily tasks, take part in activities and connect with others in a holy way. They could also apply spiritual resources to address everyday issues. When taken together, the variables explained 9% of the variations in the level ( $F = 9.986$ ;  $P < 0.000$ ).

Prior to coping ( $B=0.20$ ,  $P<0.01$ ), holiness ( $B = 0.048$ ,  $p<0.01$ ).SI was positively associated with general health.

**William N Green, Kathleen D Noble (2008)** have conducted study on "Fostering SI: Undergraduates' growth in a course about consciousness". On 211 Under Graduate (UG) students who enrolled in an honors course about consciousness at the university of Washington. The results of the study indicated that students became more open to diverse ideas about consciousness, more self-work and more committed to meditation and self -reflection. Significantly positive relationship was found between SI and consciousness ( $t=-3.776$  with  $p=.001$ ).

**Mohammad Sahebalzuni et al. (2013)** investigated "The relationship b/w SI with psychological well-being and purpose in life of nurses" ( $n=270$ ) from hospitals of Tehran university. The result of research showed significantly positive significant relationship of SI with psychological well-being and having a purpose in life( $P=0.001$ ).

**Florentina K Tehubijuluw (2014)** has conducted research on "The effect of SI to increase organizational performance through worker's job satisfaction in Indonesia". The sample consisted of 350 employees from 10 biggest developer companies. Outcomes of the analysis showed a favorable relationship between workers' self-esteem and job happiness. Additionally, the examination demonstrated that workers satisfaction will lead to higher productivity and ultimately better performance inside the firm. The relationship between the workers' job satisfaction was quite significant. Due to the t-value of  $0.2(5.37>2)$  SI has a favorable impact on workers job satisfaction.

**Morteza Charkhabi et al. (2014)** explored "The effect of SI training on the indicators of MH in Iranian students: An experimental study". The two groups of high school students the control (n =30) and experiment (n =28) were randomized at random using the multistage cluster approach. Outcomes of the study showed that interpersonal sensitivity, sensory overload, obsessive-compulsive, depression, fears, paranoid ideation and psychosis was reduced significantly ( $p>0.05$ ) by SI training.

**Abbas Ebrahimi, Moloud et al. (2012)** have investigated "Relationship between resiliency, SI and MH of a group of undergraduate students"(n =100) male and female students of Hormozgan University by random sampling. Evaluation revealed that resiliency and MH had positive relationship ( $p<0.01$ ) also Resiliency and SI ( $p< 0.01$ ). Findings of t-test revealed that no difference between male and female in resiliency.

On the other hand, results of multiple regression analysis indicated that MH and SI meaningful explain resiliency. MH has more significant role in predicting and explaining resiliency.

**Naghmeh Razaghi et al. (2017)** studied "The relationship between MH and SI of parents of hospitalized premature neonates in the Neonatal intensive care unit in Iran". This descriptive, cross-sectional study included 152 fathers and mothers of premature neonates. Results revealed that there was a significant direct relationship between mothers' MH and SI that is, mothers with high SI had a higher of MH ( $p = 0.020$ ,  $r =0.225$ ).

**Mohammad Ishfaq Mir et al. (2022)** carried out a study on "SI and MH of Post Graduate student: Comparison and correlation" 256 students participated in the study from different streams (Humanities 74, Commerce 62, Science 54 and Social

Science 66). The findings showed that there was positive and significant correlation between SI and MH behavior of students ( $r=.197$ ,  $p=.001$ ).

**Derek A et al. (2017)** investigated "How does SI relate to MH in western sample?" in the Northeastern United States. The sample consisted of 353 (266 women & 87 men) Under Graduate (UG) Psychology students. The findings showed a weak positive association between SI and Depression approached significance ( $r=0.12$ ,  $p=0.031$ ) and 95% bootstrapped confidence intervals (bCIs) confirmed this association to be unreliable 95% bCIs (-0.00, 0.22).

**Naveen Pant et al. (2017)** had carried out a study on "The impact of SI, gender and educational background on MH among college students". Participants of this study were three hundred post graduate (PG) scholars of Uttarakhand (India). Researchers concluded that SI and MH relate significantly among arts students. SI and MH relate significantly among Science students. In gender wise no discernible change was obtained in both the scholars on SI and MH. Not much of a change was found between arts and science students in terms of SI and MH.

**Mohammad Saeed Jadgal et al. (2022)** undertaken a research on "Relationship between spiritual well-being and SI with MH in students" in Iran. Sample consisted of two hundred and seventy-seven scholars. The results of the study show a healthy spiritual life expects 14% of the divergence of learner's interaction with themselves and with others were forecasters for the social exchange measurement of MH. Also, among the subscales of spiritual health and connectedness to God had an inverse and significant relationship with anxiety and physical health ( $p<0.05$ ) and self with anxiety and depression.

**Liv Berit Augsted (2017)** has conducted research on "MH among children and young adults with visual impairment: A Systematic review". It consisted the articles published between January 1998 and July 2016. A total of 17 publications representing 13 countries) met the inclusion criteria of which 15 reported studies were with a cross-sectional design. The majority of the studies suggested that children and young adults with visual impairments had more emotional problems than did their sighted peers. In addition, girls with visual impairments more often experienced serious symptoms of depression and anxiety than boys with visual impairments. Analysis of the results in line with findings for the general population. Two studies with a longitudinal design suggested that emotional problems among children and young adults with visual impairment might lessen over time.

**Edine P.J.van Munster et al. (2021)** have carried out "Barriers and facilitators to recognize and depression and anxiety experienced by adults with vision impairment or blindness: a qualitative study" in Netherland. The sample consisted of 16 visually impaired or blind adults receiving support from three Dutch low vision service organizations. The results showed that visually impaired and blind adults might experience several barriers to recognize, acknowledge and discuss MH Healthcare providers and social support systems seemed essential for them in reducing MH problems like anxiety and depression.

**Kamrooz Fathi et al. (2020)** have investigated "The MH and hope of blind people compared to visually impaired" in Iran. The sample consisted of 80 females (40 blind and 40sighted) and were compared in two independent groups as blind and sighted. The analysis of the study showed that there was no significant difference in the level of life expectancy and dimensions of factor thinking pathways in the group

of blind and sighted ( $p>0.05$ ). Also, the findings showed that there was a significant difference in the level of MH between the group of blind and sighted subjects ( $p<0.05$ ). There was difference in expectancy of life in blind and sighted group but difference in MH between the two groups.

**Sayeh Semnani et al. (2016)** have completed a study on "The comparison of the SI and self-concept of blinds and sighted high school girl students in Tehran" (n =50 blinds and 50 sighted high school girls). The findings revealed that there was significant ( $p<0.05$ ) difference between the of blinds and sighted groups on SI. The blind reported significantly higher SI compared to their sighted peers. However, no significant difference in self-concept was observed between two groups ( $F =5.007$ ,  $P=0.028$ ).

**Mansoreh Kareimi et al. (2018)** have done a "Comparison of SI, religious belief and MH of blind and partially sighted people" in Iran. The study sample consisted of 690 people (510 were partially sighted and 180 were blind) in the age group of 20 years and 40 years). The findings indicated that there was a difference between SI, religious belief and MH of blind and partially sighted people, showing that SI, religious belief and MH of people with partially sighted people were more than blind people ( $F =13.324$  at  $P<0.05$ )

**Seyedeh Fatemeh Norashrafodin et al. (2017)** have carried out a research on "Investigating the relationship of visual treatment and rehabilitation with the quality of life and visual status in children diagnosed with Amblyopia "in Tehran, Iran. Obtained the records of 90 children with amblyopia of which 76 were included in the study. The analysis of the study showed that amblyopic children who did not have an early and timely art of treatment aid and did not complete treatment were the most

prevalent group (38.2%). The low frequency (13.2%) pertained to those who did not a timely art treatment but experienced a completed treatment process. Significant relationship between the number of visits to the optimist and all components of quality of life as well as total quality of life. ( $r = 0.56$ ,  $p = 0.007$ ). Number of visits increased the quality of life.

**Harold G. Koenig et al. (2012)** have explored "Religion, spirituality and health: The research and clinical implications" in New York, England. which involved a systematic review of original data- based quantitative research published in peer -reviewed journals between 1872 and 2010 including a few seminal articles published since 2010. Concluded a result showed that positive emotions significantly ( $p < 0.05$ ) association with spirituality \ religion, positive emotions positive association with good physical and mental health and negative emotions inverse effect on good health.

**Daniel Eisen et al. (2009)** have undertaken "Stigma and help seeking for MH among college students "in Michigan, Ann Arbor, using a random sample of 5,555 scholars from a diverse set pf 13 universities. The findings of the research showed that (a) Perceived public stigma was considerably higher than personal stigma (b) personal stigma was higher among students with any of the following components: male, younger, Asian, international, more religious or from a poor family (c) personal stigma was significantly and negatively associated with measures of help seeking ( $p < 0.01$ ) while perceived stigma was not significantly associated with help seeking ( $p < 0.01$ ).

**Onur Burak Dursubn et al. (2014)** studied "The effect of ice skating on psychological well-being and sleep quality of children with visual or hearing

impairment” in Turkey. Forty students (20 visually impaired and 20 hearing impaired) aged 18-16 were included in the regular ice-skating programmed for three months. Outcomes revealed that there was significant improvement in self-concept, behavioral and emotional problems and sleep quality ( $p < 0.05$  for each) of the children with hearing impairment. Although the sleep quality ( $p < 0.0190$ ) and emotional scores ( $p < 0.000$ ) of the visually impaired scholars improved self-concept, peer relations and hyperactivity scores of these kids worsened.

**Rahim Mollazadeh Esfanjani et al. (2013)** undertaken “A comparison of self-esteem and MH in blind athletes from 13 to 30 years in Mashhad”. For this inquiry from 100 individuals (59 blind athletes and 41 non-athletes) from first national sport Olympiad of Mashhad female and male players were selected randomly. Results of the examination was there were significant difference between two groups in self-esteem and MH ( $p < 0.01$ ). Also, there was significant relationship among MH, social dysfunction and depression subscales of them negatively ( $p < 0.01$ ). But physical symptoms and anxiety had no significant relationship to self-esteem. Also, there was no significant relationship between self-esteem & MH of non-athlete group. Regression analysis indicated that social dysfunction could predict self-esteem significantly.

**Yasuko Kohda et al. (2019)** carried out investigated on “MH status and related factors among visually impaired athletes” in Japan (81 VI athletes were involved in the study). Investigated showed that total 21.0% of participators showed bad MH Condition. Findings of multivariate logistic regression analysis showed that female odds ratio (OR) 11.94, 95% confidence interval (CI) 2.60 ( $P = 0.001$ ) higher evaluation from one’s surroundings for competition stressors (OR is 5.74 at 95% CI,

p=0.019) and lower social support from family members (OR is 3.97 at 95% CI, P = 0.045) were the risk factors of bad MH.

**Damaris Magdalene et al. (2021)** undertaken a study “Evaluation of life quality, psychological well-being and ocular morbidity in children attending blind schools in North east India” (n =515 from 17 schools for the blind). The outcomes showed that 85.52% of children has some decline in quality of life and 56.56% scholars displayed some degree of anxiety and tension on the anxiety-stress scale.

**Ajay Kumar Bakhla et al. (2023)** examined “Prevalence of depression in visually impaired children and adolescents: A systematic review and meta-analysis”.13 studies composed of 822 samples. Research revealed that among visually impaired children or adolescents, the total pooled prevalence of depression or dysthymia was 14% (137/822 persons, 95% CI = 9% to 20%) with a high degree of study heterogeneity (I<sup>2</sup> = 80.11%; P < 0.001). For male (n = 219, I<sup>2</sup> = 47.52) and female (n = 116, I<sup>2</sup> = 60.6%) participants in five studies that reported the gender distribution, the cumulative prevalence of diagnosed depressive disorders was 6.85% and 18.96% respectively. Among visually impaired or blind children and adolescents, the estimated pooled prevalence of depression was 14% (95% CI = 9% to 20%) based on our analysis and selection of 13 articles for this systematic review and meta-analysis.

## NEED FOR THE STUDY

Spiritual intelligence plays a vital role in education by assisting individuals in developing goals and ideals and by uniting flexibility with emotional quiet. **Zohar and Marshall (2001)**

It can encourage one's curiosity, inventiveness, teamwork, self-mastery, situational mastery and service delivery. **Zohar (2010)**

According to Amram and Deye (2007) it is “the ability to use and embody spiritual resources to improve daily functioning and wellbeing”. Research has shown that spirituality and mental health are positively correlated in both healthy individuals and those with a range of medical or psychological illnesses. **Joshanloo, Mohsen (2010)**

Higher levels of intrinsic life purpose, strength and inner serenity are experienced by spiritual people, who also tend to be more upbeat and have more social support. **Salsman J M (2005), Hill P C (1995)**

Researchers that study the functioning of the brain during reported spiritual experiences have also discovered that parietal cortex of the brain region (linked to pain inhibition, altruism and unconditional love) and neurotransmitter (dopamine responsible for pleasure and reward) is involved. **Kurup R K (2003)**

Spirituality has been shown to help people manage the consequences of daily stress, heightened pleasant emotions, and negative sentiments **Whitehead BR (2012)**. Individuals with blindness due to their perceived limitations compared to others who

are with normal vision may experience humiliation, anger, inferiority complex, anxiety, sadness and other similar psychological issues. **Lindo G (1992)** SI enhances a person's positive sense of self provide meaning to mental health challenges, lessen the severity of symptoms and provide a framework for social behavior.

According to **Nyman SR (2010)** those who have visual impairments may be more susceptible to mental health issues like anxiety and sadness. A substantial body of research indicates that individuals with vision impairments (VI) are more likely to experience certain mental health issues and several studies have shown a connection between vision impairment and depression. **Choi HG (2018)**

Research has shown that mental health conditions like anxiety, depression, poor perceived health, suicide and cognitive impairment, low wellbeing are associated with VI. **Ishii K. Kabata (2008)**

Despite having loving families and strong social networks, blind children are reported to be confused and depressed. According to **George AL (2006)** a highly individualized interventional approach should be implemented with a focus on helping these children acquire social excellence.

To reduce the outcomes of distress, mental health treatment and clinical care should be balanced. It is recommended that non-pharmacological approaches, family support system be formed and that parents of students with low vision and blindness attend specialized courses. **Rizwan Ishtiaq (2016)**

Strong interpersonal relationships and general contentment can be fostered and maintained by pupils with its assistance with such exposure, orientation to mental

health services like counseling/psychotherapy they can handle daily stressors and obstacles in life better when they have good mental health.

With the aim of determining SI and MH practice of spirituality in blind children as well as identifying sociodemographic factors and crucial rehabilitation measures that could raise their degree of mental health present study is undertaken.

**VARIABLES:**

**Independent variables**

1. Gender
2. Parental living status
3. Type of blindness
4. Socioeconomic status
5. Location
6. Age

**Dependent variables**

1. Spiritual intelligence
2. Mental health

## **OBJECTIVES:**

1. To measure the level spiritual intelligence in children with visual impairment and blindness.
2. To assess mental health of children with visual impairment and blindness.
3. To find out correlation between spiritual intelligence and mental health.
4. To find out association of demographic variables with spiritual intelligence and mental health.

## **MAIN RESEARCH QUESTIONS:**

1. Is the level of spiritual intelligence high in blind children?
2. Is the level of mental health high in blind children?
3. Is there a correlation between spiritual intelligence and mental health?
4. Is there an association between selected demographic variables and spiritual intelligence and mental health in blind students?

## METHODOLOGY

### 3.1 RESEARCH DESIGN:

Descriptive

### 3.2 SAMPLE DESIGN:

Non-probability Sampling

#### 3.2.1 Sampling Technique:

Convenience

#### 3.2.2 Sample Size:

Sample size determination: It was computed based on study “The 29-item Spiritual Intelligence questionnaire” study by Abdollazadesh et al. (2009).

It was calculated using the following formula:

$$n = \frac{S^2 Z^2}{d^2}$$

Where,

Sample size(n) = Number of bind children

Standard Deviation(S) = 15

Mean difference(d)= 3

Confidence level(z)= 1.96 at 95% confidence

$$n = \frac{S^2 Z^2}{d^2}$$

$$n = (1.96)^2 (15)^2 / (3)^2$$

$$n = (3.84) (225) / 9$$

$$n = 864 / 9$$

$$n = 96$$

### **3.2.3 Inclusion Criteria:**

Children with visual impairment and blindness (monocular, colour vision deficiencies, night blindness) studying in 9<sup>th</sup> & 10<sup>th</sup> standard from Three Districts of North Karnataka (Belagavi, Dharwad and Gadag).

### **3.2.4 Exclusion Criteria:**

1. Blind children studying in 8th standard and Primary School
2. Children with other deficits/disabilities

## **3.3 METHOD OF DATA COLLECTION AND MEASURES USED:**

Questionnaire Method: Spiritual intelligence scale by Hasan Abdollahzadesh and Baqherpour M et al. and Mental Health Check-list Scale by Dr. Pramod Kumar were used.

### **3.3.1 Description of the Scales:**

- i. Spiritual intelligence: This scale measures the level of SI. Every item records the spirituality during different situations of the life. It comprises of 29 items. The sum of scores of all the 29 items provides the level of SI. There are no positive and negative items. The maximum score is 145 and minimum score is 29. The first factor with 12 questions was called 'understanding' and the second factor with 17 items was called 'life or reliance on the inner core'. Higher the score higher the spiritual intelligence and lower the score lower is the spiritual intelligence.

- ii. **Mental Health Check-list Scale:** This scale measures the level of MH/Psychic condition. It comprises of 11 items (6 mental and 5 somatic) it has four-point alternatives format. The total score is obtained by adding part A and part B, there is no positive and negative item. The range of minimum and maximum score for full check-list ranging from 00 to 33. The higher the score the poor mental health and lower the score, the better the MH.

### **3.3.2 Reliability:**

- i. The SI scale was determined by factor analysis, correlation of all questions was 0.3. The reliability of this questionnaire is 0.89.
- ii. The MH scale -The test-retest reliability was used, which was it has found to be 0.65(N=30) with an index of reliability of 0.82 and has found to be at 0.01 level of confidence.

### **3.3.3 Validity:**

- i. SI Scale-Factor analysis was used to evaluate validity in addition to formal content validity that the questions were confirmed by the experts and the correlation of all questions was higher than 0.3, 0.01 level indicating the convergent validity of the questionnaire, which is 0.71.
- ii. MH Scale-The content validity was adequately assured as only those symptoms, which showed 100 percent agreement amongst the judges regarding their relevance the study of mental health was selected. Those items which gave a fairly high discrimination i.e. 0.30 or above, following items were included in the check-list, which is significant at 0.1.

### **3.3.4 Uses of the Scales:**

SI Scale is useful-

- To assess the level of spiritual intelligence
- To measure the SI in terms of who are and what a particular person is and what constitute person's spirituality.

MH Scale is useful-

- To identify persons with poor MH in need of psycho diagnostic help
- It measures extent to which the person has been able to meet environmental demands, social, emotional or physical.

### **3.4 PROCEDURE:**

After seeking the clearance and approval from Ethics committee for Human Subjects' Research, JNMC, KLE Academy of Higher Education and Research (KAHER) Belagavi and the authorities and principals of blind schools, the present study was conducted. Blind children studying in 9th,10th standard from three districts of north Karnataka (Belagavi, Dharwad and Gadag) were selected and 96 blind children were selected as participants by non-probability convenience sampling technique. Researcher contacted and communicated with parents/guardians and teachers of these children in person with prior notice. The study was briefed to them and informed consent was obtained. Assent of the Students was obtained. Instructions

were clearly given to the participants and doubts were attended and cleared by the researcher, then individually questions were read out by the researcher one by one and answer were ticked in the given alternative column accordingly. Further they were used for scoring and analysis.

### **3.5 DATA PROCESS:**

The examination of the acquired data was carried out thoroughly along with scoring and coding, was entered into MS Excel Sheet and then relevant statistical measures were applied by using SPSS.

### **3.6 SCORING:**

- i. SI Scale-Each item is scored as '5' if endorsed "Completely agree", '4' "Agree", '3' for "Almost agree", '2' for "Disagree" and '1' if "Completely disagree". The sum of scores of all the 29 items provides the level of SI score.
- ii. MH Scale- Each item is scored as '3' for "Always", '2' "Often", '1' "Sometimes" and '0' if endorsed "Never". The total score is obtained by adding part A and part B, which provides the level of mental health.

### **3.7 ANALYSIS OF RESULTS:**

#### **3.7.1 Statistical Technique:**

1. Percentage method: This was used to measures the levels of spiritual intelligence and mental health.
2. Correlation test: Karl Pearson's method was used to study the relation between spiritual intelligence and mental health.

3. Chi-square: This test was applied to find the association of demographic variables with spiritual intelligence and mental health.

### **3.8 ETHICAL ISSUES:**

The present study was conducted only after obtaining ethical clearance from Institutional Ethics Committee for Human Subjects' of J.N. Medical College, KAHER, Belagavi. A study was briefed to the participants & confidentiality was assured. Only after obtaining their informed consent of parents, ascent from students and clearing their doubts questionnaire was administered. Participation in the study was voluntary.

## **RESULTS AND DISCUSSION**

Spiritual intelligence is a collection of flexible mental abilities predicated on non-material and transcendent aspects of reality. Specifically, it is the mental faculties that help one become aware of integrate and apply in a flexible way the nonmaterial and transcendent aspect of their existence, leading to such outcomes as deep existential reflection, enhanced meaning, transcendent self-recognition and mastery of spiritual states. **King (2008)**

A mental health state allows people to investigate and work efficiently, manage lie's stresses, realize their full potential and give back to their communities. One of the most important components of the health and well-being is the foundational capacity for decision-making, social interaction and MH is fundamental to socioeconomic, societal and it is a fundamental human right. **WHO (2022)**

The results of the objective 1 are presented in table 01 are discussed below.

**Table No.01: Level of spiritual intelligence in Blind students**

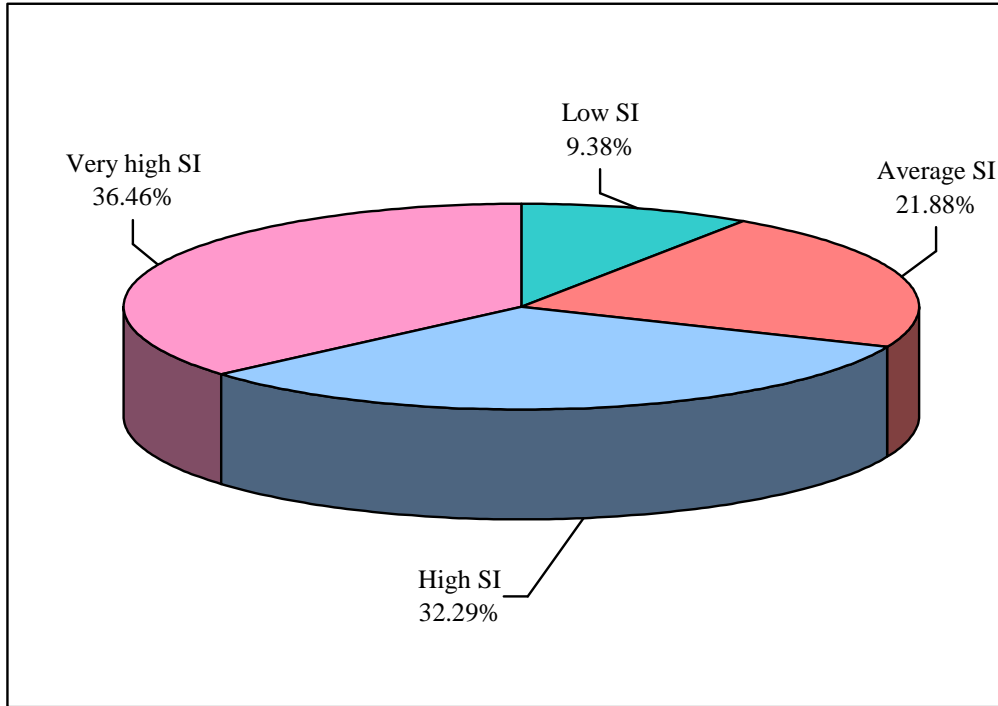
<b>Levels of spiritual intelligence</b>	<b>No of respondents</b>	<b>% Of respondents</b>
<b>Low</b>	9	9.38
<b>Average</b>	21	21.88
<b>High</b>	31	32.29
<b>Very high</b>	35	36.46
<b>Total</b>	96	100.00

According to the table No.01, 36.46% of participants had very high SI, followed by 32.29% with high level, 21.88% with average SI and 9.38% with low level of SI, which indicates that majority of them had very high level of SI.

The results of present study confirm the findings of some of previous researches that revealed SI was high in blind students. **Subban (2023)**

Thus, as per the present results SI was found very high in blindness students with these out-turns are represented in Graph 1.

**Graph NO. 01: Levels of spiritual intelligence in blind students.**



The findings of the second objective are conferred in table 02 are explained below

**Table No.02: Levels of Mental health in blind children.**

<b>Levels of mental health</b>	<b>No of respondents</b>	<b>% of respondents</b>
<b>Extremely good</b>	18	18.8
<b>Highly good</b>	43	44.8
<b>Good</b>	19	19.8
<b>Moderate poor</b>	16	16.7
<b>Above average poor</b>	0	0.0
<b>Highly poor</b>	0	0.0
<b>Extremely poor</b>	0	0.0
<b>Total</b>	96	100.00

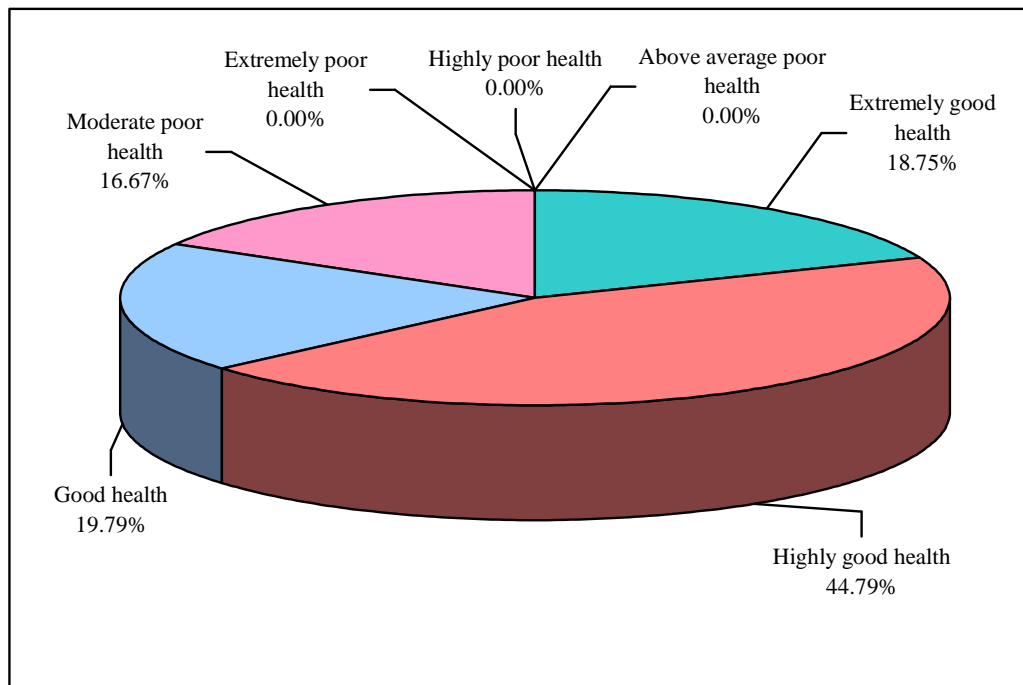
Reference to the outcomes presented in the table,44.8% have highly good MH,19.8% are with good level of MH, 18.8% are found extremely good level, where

as 16.7% have moderate poor MH and no respondents were found to be in above average poor mental health to Extremely poor MH range.

Whereas, only some percent of them had moderately poor mental health, which was seen even some of previous research findings. The results of the study on blind students. A systematic review from 17 publications representing 13 countries revealed that emotional issues plagued youngsters and teens with VI. **Liv Berit Augestad (2017)**

Thus, as per the findings highly good MH found in these students which is presented in Graph 2.

**Graph no.2: Levels of mental health in blind children**



The outcomes of the objective 3 are presented in table 03 are pointed out below.

**Table No.03: Correlation between mental health scores and spiritual intelligence scores by Karl Pearson's correlation coefficient.**

Variables	Correlation between mental health scores with		
	r-value	t-value	p-value
<b>Spiritual intelligence</b>	-0.5946	-7.1695	0.0001*

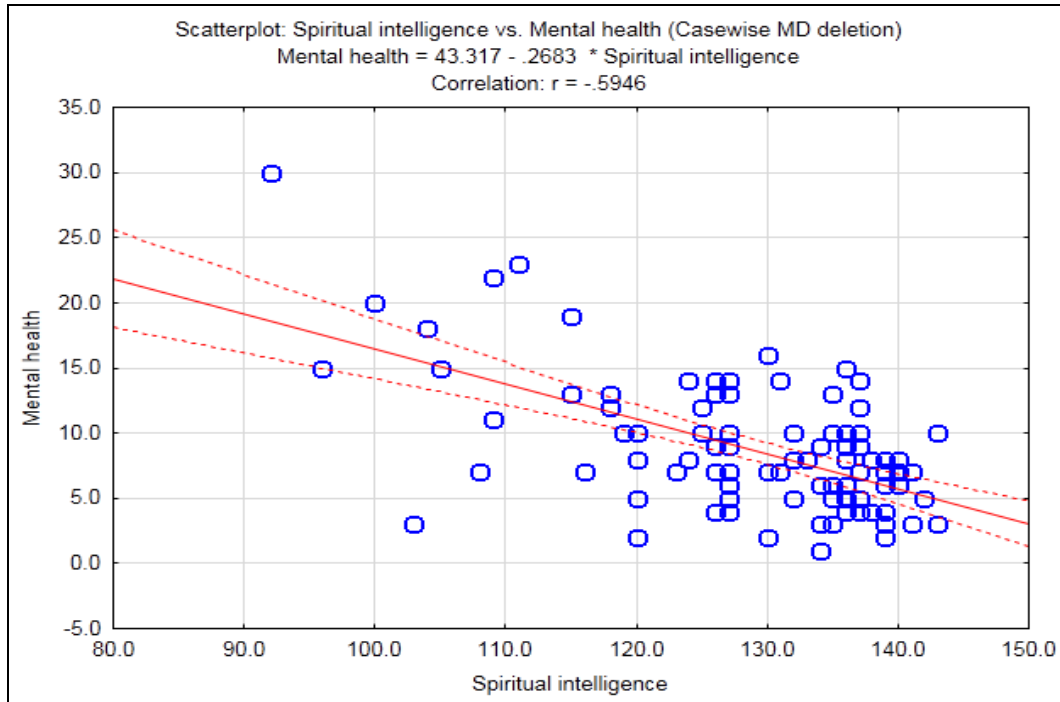
\*p<0.05

In regard to the above table, that r-value is -0.5946, t-value is -7.1695 and calculated p-value is 0.0001 showing correlation between at high level of significance SI and MH. This indicates that, as levels of SI increase from low to very high levels of poor MH decreases from moderately poor mental health to extremely poor MH.

The findings of the current study confirm the some of the previous researches, which indicated that SI significantly influences the well-being of students with visual impairment.SI can aid their mental and spiritual well-being. **Qiangqiang Ma (2022)**

Hence, these findings suggest that SI helps in reducing poor MH levels.

**Graph No.03: Scatter diagram of correlation between mental health scores and spiritual intelligence scores**



Results of objective 4 are disclosed in tables 04 and 05.

**Table No.04: Association between Levels of spiritual intelligence with demographic components**

Demographic characteristics	Low SI	%	Average SI	%	High SI	%	Very high SI	%	Total	Chi-square	p-value
<b>Gender</b>											
Male	8	11.8	13	19.1	20	29.4	27	39.7	68	3.5040	0.3200
Female	1	3.6	8	28.6	11	39.3	8	28.6	28		
<b>Parental living status</b>											
Single parent	7	20.6	10	29.4	9	26.5	8	23.5	34	11.3940	0.0100*
Both parents alive	2	3.2	11	17.7	22	35.5	27	43.5	62		
<b>Type of blindness</b>											
Monocular	5	10.6	13	27.7	12	25.5	17	36.2	47	3.8700	0.6940
Night blindness	2	10.5	4	21.1	6	31.6	7	36.8	19		
Colour vision deficiencies	2	6.7	4	13.3	13	43.3	11	36.7	30		
<b>SES</b>											
Lower class	0	0.0	5	13.5	17	45.9	15	40.5	37	18.0040	0.0060*
Lower middle class	5	26.3	7	36.8	3	15.8	4	21.1	19		
Upper lower class	4	10.0	9	22.5	11	27.5	16	40.0	40		
<b>Location</b>											
Rural	5	7.7	12	18.5	22	33.8	26	40.0	65	2.5230	0.4710
Urban	4	12.9	9	29.0	9	29.0	9	29.0	31		
<b>Age</b>											
15yrs	3	7.0	9	20.9	14	32.6	17	39.5	43	0.714	00.870
16yrs	6	11.3	12	22.6	17	32.1	18	34.0	53		
Total	9	9.4	21	21.9	31	32.3	35	36.5	96		

\*p<0.05

Chi-square was applied to find out association between demographic variable with SI and MH.

On demographic factor of gender, 39.7% of male and 28.6% of female had very high SI, 39.3% female and 29.4% of male had high SI, 28.6% of female and 19.1% of male had average SI followed by 11.8% males and 3.65% females with low level SI. As mentioned in results, very high SI was found in males whereas high and average level of SI found majorly in females and lower level of SI is found more in males than in females. The calculated p-value is 0.3200, which shows that gender was not significantly associated with SI.

Second demographic variable parental living status (PLS), 43.5% and 35.5% of participants with both the parents alive (BPA) have very high and high SI respectively, while 29.4% participants with single parent (SP) have average SI and 20.6% of them showed low levels of SI whereas only 3.2% participants with both the parents alive have low SI. The chi-square (11.394) and computed p-value suggest that there was significant association of PLS with SI at 0.01 level of significance.

Outcomes related to type of and blindness SI show that 36.8% students with Night Blindness (NB) followed by 36.7% of students with Colour vision deficiencies (CVD) after that 36.2% participator had Monocular vision (MV) possess very high SI, 43.3% CVD studies and 31.6% NB pupil and 25.5% MV children own high level of SI. 27.7% with MV, 21.1% due to NB & 13.3% children possess CVD had average SI; 10.6% MV conforming to 10.5% NB and 6.7% CVD are detected had low SI. As per findings it is quite clear that there was no difference between those in attendance with type of blindness having very high SI and high SI is discovered in CVD learners, average & low SI located more in MV participators compared to other two groups.

Estimated p-value is 0.6940 which shows that type of blindness was not significantly associated with SI.

That attendance with all type of blindness had high SI which can be due to availability of modern assistive technologies, accommodation and inclusive teaching practice, alternative learning strategies, accessible materials and supportive environment. **Husain A et al. (2000) & Birch.J(2001)**

As per outcomes on Socioeconomic status, 40.5% of Lower class(LC) then came 40.0% of Upper lower class (ULC) and 21.1% lower middle class (LMC) students had very high SI, 45.9% LC, 27.5% ULC & 15.8% of LMC scholars had high SI, in contrast 36.8% LMC, 22.5% ULC and 13.5% LC students were discovered to have average SI; 26.3% LMC, 10.0% ULC participators possess low SI depending on the outcomes it is evident that very high and high SI located in LC, Average & Low SI are found in lower middle class, comparatively quite more than that of other two classes. The chi-square (18.004) additionally computed p-value of 0.0060 provide that there was a high significant association of SES with SI at 0.0060 level of significance.

Participants of both LC& ULC background discovered to possess high level of SI this can be possibly due to factors such as importance to the relationships, involvement in community activities\work, developing resilience through overcoming psychological constraints, economic hardships, with the exposure to communication skills modern teaching and learning methods, value based programs, counseling, guidance in education system; family and institutional values, guidance for personal growth , career aspiration and exposure to methods & means, developing and strengthening virtues & positive attitudes. **Suhui Sabbah (2023)**

Demographic factor Location,40% of rural and 29.0% urban learners had very high SI, 33.8% rural & 29.0% have high SI,29.0% urban and 18.5% of rural participators possess average SI ;12.9% urban and 7.7% rural registrants were conforming to low level of SI. As stated by findings very high- and high-level SI uncovered in samples of rural, average & low SI found out in urban students, figured p-value is 0.4710 propose that there was no significant association of location with SI.

Very high and high SI find-out in rural samples because in rural communities' strong emphasis on traditional values, beliefs and provide tighter-knit support system rooted in shared beliefs & traditions but in urban zone offer a more diverse range of social connections and more distraction caused by media. **Emmons. A (2000)**

Findings associated with Age factor 39.5% of 15 years and 34.0% of 15 years' students had very high SI, 32.6% of 15yrs and 32.1% of 16yrs participants possess high SI, while 22.6% 16years & 20.9% 15yrs are found with average SI; 11.3% in the age group of 16yrs and 7.0% 15yrs samples had low SI. As per findings very high and high SI found in 15 years, average & low-level SI located in 16yrs. The tallied p-value is 00.870 which shows that age is not significant associated with SI.

Over all findings showed that among all the demographic variables only PLS and SES are significantly associated with SI.

**Table No. 05: Association between levels of mental health with demographic variables**

Demographic characteristics	Extremely good	%	Highly good	%	Good	%	Moderate poor	%	Above average poor	%	Highly poor	%	Extremely poor	%	Total	Chi-square	p-value
<b>Gender</b>																	
Male	13	19.1	29	42.6	14	20.6	12	17.6	0	0.0	0	0.0	0	0.0	68	0.4650	0.9260
Female	5	17.9	14	50.0	5	17.9	4	14.3	0	0.0	0	0.0	0	0.0	28		
<b>Parental living status</b>																	
Single parent	2	5.9	14	41.2	10	29.4	8	23.5	0	0.0	0	0.0	0	0.0	34	8.7520	0.0330*
Both parents alive	16	25.8	29	46.8	9	14.5	8	12.9	0	0.0	0	0.0	0	0.0	62		
<b>Type of blindness</b>																	
Monocular	9	19.1	18	38.3	12	25.5	8	17.0	0	0.0	0	0.0	0	0.0	47	8.6930	0.1920
Night blindness	4	21.1	8	42.1	1	5.3	6	31.6	0	0.0	0	0.0	0	0.0	19		
Colour vision deficiencies	5	16.7	17	56.7	6	20.0	2	6.7	0	0.0	0	0.0	0	0.0	30		
<b>SES</b>																	
Lower class	8	21.6	21	56.8	7	18.9	1	2.7	0	0.0	0	0.0	0	0.0	37	10.1040	0.1200
Lower middle class	3	15.8	7	36.8	5	26.3	4	21.1	0	0.0	0	0.0	0	0.0	19		
Upper lower class	7	17.5	15	37.5	7	17.5	11	27.5	0	0.0	0	0.0	0	0.0	40		
<b>Location</b>																	
Rural	15	23.1	28	43.1	12	18.5	10	15.4	0	0.0	0	0.0	0	0.0	65	2.5210	0.4720
Urban	3	9.7	15	48.4	7	22.6	6	19.4	0	0.0	0	0.0	0	0.0	31		
<b>Age</b>																	
15yrs	5	11.6	21	48.8	9	20.9	8	18.6	0	0.0	0	0.0	0	0.0	43	2.6180	0.4540
16yrs	13	24.5	22	41.5	10	18.9	8	15.1	0	0.0	0	0.0	0	0.0	53		
Total	18	18.8	43	44.8	19	19.8	16	16.7	0	0.0	0	0.0	0	0.0	96		

\*p<0.05

As per table No.5, results related to gender show that 19.1% of male & 17.9% of female had extremely good MH, 50.0% female and 42.6% of male had highly good MH, 20.6% male & 17.9% female possessed good MH, where as 17.6% male and 14.3% female were with moderately poor MH. Based on these observations provide extremely good MH found little higher in male than female, whereas females had good MH in compared to their counterparts, good & moderately poor MH find out in males. The evaluated p-value is 0.9260 showing gender was not significantly associated with MH.

On second demographic variable PLS, 25.8% with both the parents alive and 5.9% with single parent had extremely good MH, 46.8% learners with BPA & 41.2% with SP possessed highly good MH, 29.4% children with SP & 14.5% along with BPA had moderately poor MH on the other side 23.5% with SP & 12.9% with moderately poor MH, with regard to the findings, participators along with BPA had extremely and highly good MH, whereas those with SP possessed good & moderately poor MH. The chi-square (8.7520) and measured p-value (0.0330) intimate that there was significant association of PLS with MH.

The outcomes pertaining to type of blindness and MH shows that 21.1% of children with NB subsequently 19.1% of pupils along-with MV and 16.7% participants with CVD had extremely good MH, 56.7% with CVD, 42.1% with NB & 38.3% along with MV had highly good MH, 25.5% of MV, 20.00% of CVD & 5.3% of NB showed good MH; 31.6% of NB, 17.0% with MV & 6.7% of samples poor MH. Considering the outcomes extremely good MH found majorly in those in attendance with NB & highly good MH in CVD children and good MH found in MV and moderately poor MH in NB participators. Determined p-value 0.1920 suggests that there was no significant association of type of blindness with MH.

The outcomes pertaining to SES and shows that 21.6% of LC students, 17.5% of ULC & 15.8% of LMC scholars possessed extremely good MH, 56.8% of LC, 37.5% of ULC then came 36.8% of LMC had highly good MH, 26.3% of LMC next came 18.9% LC and 17.5% ULC had good MH, 27.5% of ULC, 21.1% of LMC & 2.7% of LC had moderately poor MH. Assessed p-value was 0.1200 advising that there was no significant association of SES with MH.

Location wise 23.1% rural and 9.7% urban learners had extremely good MH, 48.4% of urban & 43.1% rural showed highly good MH, 22.6% of urban & 18.5% of rural had good MH, 19.4% of urban & 15.4% of rural reported moderately poor MH. In consonance with outcome extremely good MH was found in rural population whereas good & moderately poor MH was present in urban children. Computed P-value of 0.4720 recommended that there was no significant association of location with MH.

Results related to age factors indicated that 24.55% of 16yrs and 11.6% 15 years participators had extremely good MH, 48.8% of 15 years age group & 41.5% of 16yrs had highly good MH, 20.9% of 15years & 18.9% of 16yrs children had good MH, 18.6% of 15 years and 15.1% of 16yrs students had moderately poor MH. As per outcomes extremely good MH located in 16 Years participants and highly good, good and moderately poor MH found out in 15 years those in attendance. The determined p-value was 0.4540, which shows that age was not significantly associated with MH.

No participants were reported to have MH in the range of above average poor to extremely poor level.

In entire set of demographic components only parental living status was significantly associated with MH.

## **SUMMARY AND CONCLUSION**

The present study was conducted on blind students from three districts of North Karnataka (Belagavi, Gadag, Hubli) to assess the level of spiritual intelligence and mental health. It delves into how spiritual beliefs, practices and experiences impact their psychological health. Blind individuals navigate their spirituality, including their sense of meaning, coping strategies and social support system how these factors contribute to their mental health outcomes, understanding the unique intersection of spirituality and mental health in blinds can inform tailored interventions and support services to enhance their overall health and well-being. Objectives of the study were to know the level of spiritual intelligence and mental health in blind students, correlation between them and association of demographic components with them.

### **CONCLUSION**

1. Students with blindness have very high levels of Spiritual Intelligence
2. Students with blindness have highly good level of Mental Health
3. There was highly significant correlation between Spiritual Intelligence and Mental Health
4. There was highly significant association between Spiritual Intelligence and Parental living and socio-economic status.
5. There was significant association between parental living status and Mental Health.

## **SUGGESTIONS, SOCIAL IMPLICATIONS AND LIMITATIONS**

### **SUGGESTIONS**

1. Future studies must be conducted on large samples from diverse disabilities background.
2. Counselling services must be made available to the blind students by government and institutional authorities to enhance mental health.
3. More researches have to be carried out on blind students on a greater scale across India.
4. Interventions must be implemented that target to develop and enhance spiritual well-being in blind students, such as mindfulness practices, spiritual counselling and evaluate their effectiveness in improving mental health outcomes.

### **SOCIAL IMPLICATIONS**

The current study beneficial in understanding the role of spirituality in the mental health of blind students can inform the development of more inclusive support service and mental health facilities within educational institutions, residential schools and creating awareness of the same in parents, families and at community. This can promote greater acceptance and understanding of the diverse ways in which individual cope with challenges and maintain their mental health.

## **LIMITATIONS**

- The study was conducted on a limited sample size.
- This study was restricted to only three districts.
- This study was limited to the people from only one group of disability.

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## ANNEXURES

### ANNEXURES-I ETHICAL CLEARANCE LETTER



K. J. SOMAIYA INSTITUTE OF HIGHER EDUCATION AND RESEARCH  
(Deemed to be University)

Accredited 'A' Grade by NAAC in (3<sup>rd</sup> Cycle) Placed in Category 'A' by MHRD (Final)

**JNMC INSTITUTIONAL ETHICS COMMITTEE**  
**JAWAHARLAL NEHRU MEDICAL COLLEGE,**  
**NEHRU NAGAR, BELAGAVI-590010 (KARNATAKA-INDIA)**

Website: <http://www.jnmc.edu>  
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Ref No. MDC/JNMCIEC/ 009

Date: 26/05/2023

To,  
MS. PREETI HONGAL  
PG Student in M.Sc. Psychology  
J. N. Medical College,  
BELAGAVI.

Sub: Institutional Ethical Clearance for the study.

With reference to the above, we wish to inform you that your proposed research project titled "SPIRITUAL INTELLIGENCE AND MENTAL HEALTH IN BLIND CHILDREN", is ethical and justifiable. The proposed research project has been cleared by the JNMC Institutional Ethics Committee.

(Dr. Smita Sonoli)  
Member Secretary  
JNMC Institutional Ethics Committee  
J.N. Medical College, Belagavi.

(Dr. Harsha Hegde)  
Chairman,  
JNMC Institutional Ethics Committee  
J.N. Medical College, Belagavi

## **ANNEXURE-II**

### **INFORMED CONSENT FORM AND STATEMENT**

**K.L.E. ACADEMY OF HIGHER EDUCATION AND RESEARCH,**

**J.N. MEDICAL COLLEGE, BELAGAVI.**

**DEPARTMENT OF PSYCHOLOGY**

### **INFORMED CONSENT FORM**

**“Spiritual intelligence and Mental Health in Blind Children”**

**Investigator:** Ms. Preeti Hongal

**Guide/Co Investigators:** Dr. (Mrs.) Yasmin D. Nadaf / Dr. Shivaswamy. M. S

#### **Objectives:**

1. To Measure the level spiritual intelligence in children with visual impairment and blindness
2. To Asses mental health of children with visual impairment and blindness
3. To find out Correlation between spiritual intelligence and mental health
4. To find out association of demographic variables with spiritual intelligence and mental health.

**Introduction:** The study of spiritual intelligence (SI) and mental is a descriptive new and expanding field of behavioral analysis that is advancing in a number of fields, including management, psychology and the health sciences. The value of the SI and mental health construct is being emphasized more and more as a way to provide a more balanced understanding of how cognition and emotion interact to affect outcomes in daily life. Among the concepts introduced in the field of emotional intelligence include paying attention to emotions, employing them in human

relationships, understanding one's own and others' emotions, self-control, preventing spontaneous desires, empathy with others, and using emotions in thinking and comprehending.

**Explanation of procedure:** In this study, a standardized questionnaire of Spiritual intelligence by Abbdollahzadeh et al. and Mental Health by Dr. Pramod Kumar. questionnaire consisting of 29 questions and 10 questions from mental health will be conducted on each student. It will take approximately 10-15 minutes for the test to be administered.

**Withdrawal from participation in the study:** “Your participation in this study will be voluntary. You are free to decide whether to participate or not in the study. In case you decide not to participate in this study, you will be able to withdraw your participation”.

**Possible benefits from participating in the study:** “You will not get any benefits but will come to know your level of emotional intelligence (if willing to)”.

**Possible risks from participating in the study:** There will not be any risk involved in the study. The scale will be administered for the sake of information regarding the levels of spiritual intelligence and mental health in Students.

**Privacy and confidentiality:** “Your identity will not be revealed. All the information collected will be coded so that no one will know your identity. The data collected from you will be kept confidential and only aggregated data will be published”.

**Financial incentives:** “You will not receive any payment for participating in this study”.

**Authorization for publication of aggregated data:** Results of this study may be published for scientific purposes and/or presented to scientific groups; however, you will not be identified.

**Questions:** “In case of any questions with regard to this study, you are free to contact: “Preeti Hongal (PG Student, Department of Psychology, J. N. Medical College, KAHER, Nehru Nagar, Belagavi-590010) mobile no.- 9731575068 or you may contact Dr. (Mrs.) Yasmin D. Nadaf (Assistant Professor and I/c Head, Department of Psychology, J. N. Medical College, KAHER, Nehru Nagar, Belagavi-590010) Mobile no.-9731893552.If you have any question or complaints with regard to your right as study participant you may contact Dr Harsha Hegde, Chairperson, Ethical committee of JNMC, 0831-2473777 Extension 4052 .”

**Legal rights:** By signing this consent form, we are not waving any of your legal rights.

## CONSENT STATEMENT

“I am making a voluntary decision to participate in the study. My signature below indicates that I have decided to participate and I have read the information provided above or the information provided above has been read to me in the language that I understand best. I was given the opportunity to ask questions and that they have been answered to my satisfaction.”

Name of the participant:

Signature or left thumb impression of the participant:

Name of the witness:

Signature or left thumb impression of the witness:

Name of the investigator:

Signature of the investigator:

Date: \_\_\_\_\_

Place: \_\_\_\_\_

ಒಪ್ಪಿಗೆ ಹೇಳಿಕೆ

"ನಾನು ಅಧ್ಯಯನದಲ್ಲಿ ಪಾಲ್ಗೊಳ್ಳುವ ಸ್ವಯಂಪ್ರೇರಿತ ನಿರ್ಧಾರವನ್ನು ಮಾಡುತ್ತಿದ್ದೇನೆ. ಕೆಳಗಿನ ನನ್ನ ಸಹಿ / ಎಡ ಹೆಬ್ಬರಳ ಗುರುತು ನಾನು ಭಾಗವಹಿಸಲು ನಿರ್ಧರಿಸಿದ್ದೇನೆ ಎಂದು ಸೂಚಿಸುತ್ತವೆ. ನಾನು ಮೇಲೆ ಒದಗಿಸಿದ ಮಾಹಿತಿಯನ್ನು ಸಂಪೂರ್ಣವಾಗಿ ಓದಿದ್ದೇನೆ (ಅಥವಾ ಮೇಲೆ ಒದಗಿಸಿದ ಮಾಹಿತಿಯನ್ನು ನನಗಾಗಿ ಓದಲಾಗಿದೆ) ನನಗೆ ಪ್ರಶ್ನೆಗಳನ್ನು ಕೇಳಲು ಅವಕಾಶ ನೀಡಲಾಗಿದೆ ಮತ್ತು ನನ್ನ ಪ್ರಶ್ನೆಗಳಿಗೆ / ಸಂದೇಹಗಳಿಗೆ ತೃಪ್ತಿಕರವಾಗಿ ಉತ್ತರಿಸಲಾಗಿದೆ".

ಪಾಲ್ಗೊಳ್ಳುವವರ ಹೆಸರು:

ಪಾಲ್ಗೊಳ್ಳುವವರ ಸಹಿ:

ಅಥವಾ ಎಡ ಹೆಬ್ಬರಳ ಗುರುತು:

ಸಾಕ್ಷಿಯ ಹೆಸರು:

ಸಾಕ್ಷಿಯ ಸಹಿ:

ಸಂಶೋಧಕರ ಹೆಸರು:

ಸಂಶೋಧಕರ ಸಹಿ:

ದಿನಾಂಕ:

ಸ್ಥಳ: ಬೆಳಗಾವಿ

संमती विधान

"मी अभ्यासात सहभागी होण्यास स्वयंसेवी निर्णय घेत आहे. खाली माझे स्वाक्षरी / डाव्या अंगठ्याचा ठसा मला सहभागी करण्याचा निर्णय घेतला आहे आणि मी वर दिलेली माहिती वाचली आहे (किंवा वरील माहिती मला वाचली आहे) आणि मला प्रश्न विचारण्याची संधी देण्यात आली आणि त्यास उत्तर देण्यात आले माझे समाधान "

सहभागी यचे नाव:

सहभागीचे सही:

किंवा डाव्या अंगठ्याचा ठसा:

साक्षीदाराचे नाव:

साक्षीदारांची सही:

संशोधनाचे नाव:

संशोधकाचे स्वाक्षरी:

तारीख:

स्थान: बेलगावी

## सहमति कथन

"मैं अध्ययन में भाग लेने के लिए एक स्वैच्छिक निर्णय ले रहा हूँ। नीचे दिए गए हस्ताक्षर / अंगूठे का निशान इंगित करता है कि मैंने भाग लेने का फैसला किया है और मैंने ऊपर प्रदान की गई जानकारी को पढ़ा है (या ऊपर दी गई जानकारी मुझे प्रदी गई है) और मुझे प्रश्न पूछने का अवसर दिया गया था और उन्हें मशीन संतुष्टि के लिए जवाब दिया गया है।"

प्रतिभागी का नाम:

प्रतिभागी का हस्ताक्षर

या बाएँ अंगूठे का निशान

गवाह का नाम:

गवाह का हस्ताक्षर

शोधकर्ता का नाम :

शोधकर्ता का हस्ताक्षर

दिनांक:

स्थान: बलगापी

## ANNEXURE-III

### QUESTIONNAIRE

*The 29-item Spiritual Intelligence Questionnaire by Abdollahzadeh et al*

<i>row</i>	<i>items</i>	<i>Completely agree</i>	<i>Agree</i>	<i>Almost agree</i>	<i>Disagree</i>	<i>Completely disagree</i>
1	<i>I become astonished by observing the universe.</i>					
2	<i>I am interested in searching and asking basic questions about life and universe.</i>					
3	<i>I want to have a humane and compassionate relationship with others.</i>					
4	<i>I always feel that God is watching over my actions.</i>					
5	<i>I have a sense of gratitude and thanksgiving in life.</i>					
6	<i>I live with enthusiasm.</i>					
7	<i>I believe in God's divine presence in the world.</i>					
8	<i>It is pleasing to me to pray and I feel calm after the worship.</i>					
9	<i>In the face of difficulties and suffering, I</i>					

	<i>believe that God helps me.</i>					
10	<i>I can express my mistakes with regard to my position.</i>					
11	<i>I pray and make efforts while facing problems.</i>					
12	<i>I feel responsible and committed to my duties.</i>					
13	<i>I have the ability to stand up against public in the event of opposition to the fundamental principles of life.</i>					
14	<i>I enjoy helping others.</i>					
15	<i>I do not forget God if I feel desperate.</i>					
16	<i>I feel God's love to myself, both directly and through others.</i>					
17	<i>I am not vulnerable to changes in the world because I believe the world is changing and has the ability of flexibly.</i>					
18	<i>I consider myself as the cause of all my feelings.</i>					
19	<i>My life is meaningful with a sense of value and purpose.</i>					
20	<i>I establish a spiritual connection with the person I help.</i>					
21	<i>I control my thoughts and actions and try to improve my development.</i>					
22	<i>I enjoy religious and spiritual foundations as a source of power and guidance.</i>					
23	<i>I believe that there is peace, love, joy and satisfaction within me, not in the world around me.</i>					
24	<i>I feel I am connected to the source of the universe.</i>					
25	<i>I feel secure on my own inner strengths</i>					

	<i>and characteristics.</i>					
26	<i>I consider work as a tool for creativity and self-confidence (not just for money).</i>					
27	<i>I believe that I have nothing to lose because God is the real owner of everything.</i>					
28	<i>I have the ability to love and forgive others, regardless of gender, race or nationality.</i>					
29	<i>I find happiness and perfection in the light of attention to perfections and spirituality.</i>					



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Dr. Pramod Kumar (Vallabh Vidyanagar)

Consumable Booklet  
of  
**MHCL-KP**  
(English Version)

**Please fill the informations :**

Date

Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Date of Birth       Gender : Male  Female

Qualification \_\_\_\_\_ Faculty \_\_\_\_\_

Employed : Designation \_\_\_\_\_

Marital Status : Unmarried  Married  Widow/Widower  Divorcee

Area : Urban  Rural  Family : Joint  Single

**INSTRUCTIONS**

On the next page both mental & physical conditions lists have been given as Section A & B respectively. Against each condition Four alternatives, viz. **Always, Often, Sometimes, and Never** have been given.

Read each condition and decide your response based on the present times and put a tick mark  in the alternative reply cell which is close to your answer.

Please answer to all the 11 (6 + 5) conditions.

**Your answers will be kept confidential.**

**Scoring Table**

Section	Raw Score		z-Score	Grade	Level of Mental Health
	A	B			
Score					
Total					

Estd. 1971

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UG-1, Nirmal Heights, Near Mental Hospital, Agra-282 007

Sr. No.	Do you suffer from ?	Always	Often	Some-times	Never	SCORE
---------	----------------------	--------	-------	------------	-------	-------

**SECTION A**

- |                      |                          |                          |                          |                          |                          |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Anxiety & Tension | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Restlessness      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Nervousness       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Loneliness        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Hopelessness      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Anger             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Score Section A

**SECTION B**

- |                    |                          |                          |                          |                          |                          |
|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Headache        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Tiredness       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Disturbed sleep | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Indigestion     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Acidity         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Score Section B

अब्दुल्लाजादेह एट अल द्वारा 29-आइटम आध्यात्मिक खुफिया प्रश्नावली

नंकि	सामान	पूरी तरह सहमत	सहमत	लगभग सहमत	असहमत	पूरी तरह असहमत
1	मैं ब्रह्मांड को देखकर चकित हो जाता हूँ।					
2	मुझे जीवन और ब्रह्मांड के बारे में बुनियादी प्रश्न खोजने और पूछने में दिलचस्पी है।					
3	मैं दूसरों के साथ एक मानवीय और करुणामय संबंध रखना चाहता हूँ।					
4	मुझे हमेशा लगता है कि भगवान मेरे कार्यों को देख रहे हैं।					
5	मेरे जीवन में कृतज्ञता और धन्यवाद का भाव है।					
6	मैं उत्साह के साथ रहता हूँ।					
7	मैं दुनिया में भगवान की दिव्य उपस्थिति में विश्वास करता हूँ।					
8	मुझे प्रार्थना करना अच्छा लगता है और पूजा के बाद मुझे शांति का अनुभव होता है।					
9	कठिनाइयों और कष्टों का सामना करते हुए, मैं					

	विश्वास करो कि भगवान मेरी मदद करता है।					
10	मैं अपनी स्थिति के संबंध में अपनी गलतियों को व्यक्त कर सकता हूँ।					
11	मैं प्रार्थना करता हूँ और सामना करते हुए प्रयास करता हूँ समस्या। मैं					
12	अपने प्रति जिम्मेदार और प्रतिबद्ध महसूस करता हूँ कर्तव्यों।					
13	जीवन के मूलभूत सिद्धांतों के विरोध की स्थिति में जनता के विरुद्ध खड़े होने की क्षमता मुझमें है।					
14	मुझे दूसरों की सहायता करने में आनंद आता है।					
15	यदि मैं निराश होऊँ, तो परमेश्वर को नहीं भूलूँगा।					
16	मैं स्वयं के प्रति परमेश्वर के प्रेम को प्रत्यक्ष और दूसरों के माध्यम से महसूस करता हूँ।					
17	मैं दुनिया में बदलाव के प्रति संवेदनशील नहीं हूँ क्योंकि मेरा मानना है कि दुनिया बदल रही है और इसमें लचीलेपन की क्षमता है।					
18	मैं अपने आप को अपनी सभी भावनाओं का कारण मानता हूँ।					
19	मेरा जीवन मूल्य और उद्देश्य की भावना के साथ सार्थक है।					
20	मैं के साथ एक आध्यात्मिक संबंध स्थापित करता हूँ मैं जिस व्यक्ति की मदद करता हूँ।					
21	मैं अपने विचारों और कार्यों को नियंत्रित करता हूँ और कोशिश करता हूँ मेरे विकास में सुधार करने के लिए।					
22	मैं शक्ति और मार्गदर्शन के स्रोत के रूप में धार्मिक और आध्यात्मिक नींव का आनंद लेता हूँ।					
	मेरा मानना है कि मेरे भीतर शांति, प्रेम, आनंद और संतुष्टि है, मेरे आसपास की दुनिया में नहीं।					
24	मुझे लगता है कि मैं ब्रह्मांड के स्रोत से जुड़ा हुआ हूँ।					
25	मैं अपनी भीतरी शक्तियों के कारण सुरक्षित अनुभव करता हूँ					

	और विशेषतः।					
26	मैं काम को रचनात्मकता और आत्मविश्वास के लिए एक उपकरण के रूप में मानता हूँ (सिर्फ पैसे के लिए नहीं)।					
27	मेरा मानना है कि मेरे पास खोने के लिए कुछ नहीं है क्योंकि ईश्वर ही हर चीज का असली मालिक है।					
	मेरे पास लिंग, जाति या राष्ट्रीयता की परवाह किए बिना 28 अन्य लोगों को प्यार करने और माफ करने की क्षमता है।					
29	पूर्णता और आध्यात्मिकता पर ध्यान देने के प्रकाश में मुझे खुशी और पूर्णता मिलती है।					



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प्रमोद कुमार (वल्लभ विद्यानगर) डॉ.

ची उपभोग्य पुस्तिका

of  
MHCL-KP

(इंग्रजी आवृत्ती)

कृपया माहिती भरा:

तारीख

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नाव-

वडिलांचे नांव-

जन्मतारीख

--	--	--	--	--	--	--	--	--	--

लिंग पुरुष

स्त्री

पात्रता

विद्याशाखा

नियोजित: पद.

वैवाहिक स्थिती: अविवाहित

विवाहित

विधवा/विधुर

घटस्फोट वेपारा

क्षेत्र: शहरी

ग्रामीण

कुटुंब: संयुक्त

अविवाहित

सूचना

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तुमची उत्तरे गोपनीय ठेवली जातील.

स्कोअरिंग टेबल

विभाग	कच्चा स्कोअर		z-स्कोअर	ग्रेड	मानसिक आरोग्याची पातळी
	ए	बी			
स्कोअर					
एकूण					

स्था. १९७१

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निर्मल हाइट्स, मॅटल हॉस्पिटल जवळ, आग्रा-282 007

29-ಐಟಿಂ ಸ್ಪಿರಿಟುಯಲ್ ಇಂಟಿಲಿಜೆನ್ಸ್ ಪ್ರಶ್ನೆಗಳ ಅಬ್ಬಲಾಹಾದೆ ಮತ್ತು ಇತರರು

ಸಂಖ್ಯೆ	ಪ್ರಶ್ನೆಗಳು	ಸಂಪೂರ್ಣವಾಗಿ ಒಪ್ಪುತ್ತೇನೆ	ಒಪ್ಪುತ್ತೇನೆ	ಬಹುತೇಕ ಒಪ್ಪುತ್ತೇನೆ	ಒಪ್ಪುವುದಿಲ್ಲ	ಸಂಪೂರ್ಣವಾಗಿ ಒಪ್ಪುವುದಿಲ್ಲ
1	ಬ್ರಹ್ಮಾಂಡವನ್ನು ಗಮನಿಸುವ ಪೂರ್ವಕ ನಾನು ಅಕ್ರಮಿಕತನಗುತ್ತೇನೆ. <i>universe.</i>					
2	ನಾನು ಜೀವನ ಮತ್ತು ಬ್ರಹ್ಮಾಂಡದ ಬಗ್ಗೆ ಮೂಲಭೂತ ಪ್ರಶ್ನೆಗಳನ್ನು ಹುಡುಕಲು ಮತ್ತು ಕೇಳಲು ಆಸಕ್ತಿ ಹೊಂದಿದ್ದೇನೆ.					
3	ನಾನು ಇತರರೊಂದಿಗೆ ಮಾನವೀಯ ಮತ್ತು ಸಮಾನಾಭಿಮಾನ ಸಂಬಂಧವನ್ನು ಹೊಂದಲು ಬಯಸುತ್ತೇನೆ.					
4	ದೇವರು ನನ್ನ ಕಾರ್ಯಗಳನ್ನು ಗಮನಿಸುತ್ತಿದ್ದಾನೆ ಎಂದು ನಾನು ಯಾವಾಗಲೂ ಭಾವಿಸುತ್ತೇನೆ.					
5	ನಾನು ಜೀವನದಲ್ಲಿ ಕೃತಜ್ಞತೆ ಮತ್ತು ಕೃತಜ್ಞತೆಯ ಭಾವವನ್ನು ಹೊಂದಿದ್ದೇನೆ.					
6	ನಾನು ಉತ್ತಮವೆಂದ ಬದುಕುತ್ತೇನೆ.					
7	ನಾನು ಜಗತ್ತಿನಲ್ಲಿ ದೇವರ ದೈವಿಕ ಉಪಸ್ಥಿತಿಯನ್ನು ನಂಬುತ್ತೇನೆ.					
8	ಪ್ರಾರ್ಥನೆ ಮಾಡಲು ನನಗೆ ಸಂತೋಷವಾಗಿದೆ ಮತ್ತು ಪೂಜೆಯ ನಂತರ ನಾನು ಶಾಂತವಾಗಿರುತ್ತೇನೆ.					
9	ಕಷ್ಟಗಳು ಮತ್ತು ಸಂಕಟಗಳ ಮುಖಾಂತರ,					

	ದೇವರು ನಾನು ಸಮಾಜ ಮಾತೃಕೆಗೆ ಒಂದು ಸಮರ.					
10	ನನ್ನ ಸ್ವಾಭಾವಿಕ ಸಂಬಂಧವಿರುವ ನನ್ನ ತಪ್ಪುಗಳನ್ನು ನಾನು ಪ್ರತಿಪದಿಸಬಹುದು.					
11	ಏಕದೇವತೆಯಾಗ ನಾನು ಪ್ರಾರ್ಥಿಸುತ್ತೇನೆ ಮತ್ತು ಪ್ರಯತ್ನಿಸುತ್ತೇನೆ ಸಮಸ್ಯೆಗಳನ್ನು.					
12	ನಾನು ನನ್ನ ಜವಾಬ್ದಾರಿ ಮತ್ತು ಏದ್ದತೆಯನ್ನು ಅನುಭವಿಸುತ್ತೇನೆ ಕರ್ತವ್ಯಗಳು.					
13	ಜೀವನದ ಮೂಲಭೂತ ತತ್ವಗಳಿಗೆ ವಿರೋಧದ ಸಂದರ್ಭದಲ್ಲಿ ಸಾರ್ವಜನಿಕ ವಿರುದ್ಧ ನಿಲುವು ಸಾಮರ್ಥ್ಯ ನನ್ನಲ್ಲಿದೆ.					
14	ನಾನು ಇತರರ ಸಮಾಜ ಮಾತೃಕೆಗೆ ಅನುಸರಿಸುತ್ತೇನೆ.					
15	ನಾನು ಹತಾಶನಾಗಿದ್ದರೆ ನಾನು ದೇವರನ್ನು ಮೆಲೆಯುವುದಿಲ್ಲ.					
16	ನಾನು ನೇರವಾಗಿ ಮತ್ತು ಇತರರ ಮೂಲಕ ನನ್ನ ಮೇಲೆ ದೇವರ ಪ್ರೀತಿಯನ್ನು ಅನುಭವಿಸುತ್ತೇನೆ.					
17	ಪ್ರಪಂಚದಲ್ಲಿನ ಏಕದೇವತೆಗಳಿಗೆ ನಾನು ಗುರುತಿಸುವುದಿಲ್ಲ. ಏಕದೇವ ಪ್ರಪಂಚವು ಏಕದೇವತೆಯ ಮತ್ತು ಹೊಂದಿಕೊಳ್ಳುವ ಸಾಮರ್ಥ್ಯವನ್ನು ಹೊಂದಿದೆ ಎಂದು ನಾನು ನಂಬುತ್ತೇನೆ.					
18	ನನ್ನ ಎಲ್ಲಾ ಭಾವನೆಗಳಿಗೆ ನಾನೇ ಕಾರಣ ಎಂದು ಪರಿಗಣಿಸುತ್ತೇನೆ.					
19	ಮೌಲ್ಯ ಮತ್ತು ಉದ್ದೇಶದ ಪ್ರಜ್ಞೆಯೊಂದಿಗೆ ನನ್ನ ಜೀವನ ಅರ್ಥಪೂರ್ಣವಾಗಿದೆ.					
20	ನಾನು ಜೊತೆ ಆಧ್ಯಾತ್ಮಿಕ ಸಂಪರ್ಕವನ್ನು ಸ್ಥಾಪಿಸುತ್ತೇನೆ ನಾನು ಸಮಾಜ ಮಾತೃಕೆಗೆ.					
21	ನಾನು ನನ್ನ ಆಲೋಚನೆಗಳು ಮತ್ತು ಕಾರ್ಯಗಳನ್ನು ನಿರೂಪಿಸುತ್ತೇನೆ ಮತ್ತು ಪ್ರಯತ್ನಿಸುತ್ತೇನೆ ನನ್ನ ಅಭಿವ್ಯಕ್ತಿಯನ್ನು ಸುಧಾರಿಸಲು.					
22	ನಾನು ಶಕ್ತಿ ಮತ್ತು ಮಾರ್ಗದರ್ಶನದ ಮೂಲವಾಗಿ ಧಾರ್ಮಿಕ ಮತ್ತು ಆಧ್ಯಾತ್ಮಿಕ ಅಡಿಪಾಯಗಳನ್ನು ಆನಂದಿಸುತ್ತೇನೆ.					
23	ನನ್ನ ಸುತ್ತಲಿನ ಪ್ರಪಂಚದಲ್ಲಿ ಅಲ್ಲ, ನನ್ನೊಳಗೆ ಶಾಂತಿ, ಪ್ರೀತಿ, ಸಂತೋಷ ಮತ್ತು 23 ತೃಪ್ತಿ ಇವೆ ಎಂದು ನಾನು ನಂಬುತ್ತೇನೆ.					
24	ನಾನು ಬ್ರಹ್ಮಾಂಡದ ಮೂಲದೊಂದಿಗೆ ಸಂಪರ್ಕ ಹೊಂದಿದ್ದೇನೆ ಎಂದು ನಾನು ಭಾವಿಸುತ್ತೇನೆ.					
25	ನನ್ನ ಸ್ವಂತ ಆಂತರಿಕ ಸಾಮರ್ಥ್ಯದ ಮೇಲೆ ನಾನು ಸುರಕ್ಷಿತವಾಗಿರುತ್ತೇನೆ					

	ಮತ್ತು ಗುಣಲಕ್ಷಣಗಳು.					
26	ನಾನು ಕೆಲಸವನ್ನು ಸೃಜನಶೀಲತೆ ಮತ್ತು ಆತ್ಮ ವಿಶ್ವಾಸದ ಸಾಧನವಾಗಿ ಪರಿಗಣಿಸುತ್ತೇನೆ (ಕೇವಲ ಹಣಕಾಸಿಗೆ ಅಲ್ಲ).					
27	ನಾನು ಕಳೆದುಕೊಳ್ಳಲು ಏನೂ ಇಲ್ಲ ಎಂದು ನಾನು ನಂಬುತ್ತೇನೆ ಏಕೆಂದರೆ ದೇವರೇ ಎಲ್ಲದರ ನಿಜವಾದ ಮಾಲೀಕ.					
28	ಲಿಂಗ, ಜನಾಂಗ ಅಥವಾ ರಾಷ್ಟ್ರೀಯತೆಯನ್ನು ಲಿಖಿಸದ ಇತರ 28 ಜನರನ್ನು ಪ್ರೀತಿಸುವ ಮತ್ತು ಕ್ಷಮಿಸುವ ಸಾಮರ್ಥ್ಯವನ್ನು ನಾನು ಹೊಂದಿದ್ದೇನೆ.					
29	ಪರಿಪೂರ್ಣತೆ ಮತ್ತು ಆಧ್ಯಾತ್ಮಿಕತೆಗೆ ಗಮನ ನೀಡುವ ಬೆಳಕಿನಲ್ಲಿ ನಾನು ಸಂತೋಷ ಮತ್ತು ಪರಿಪೂರ್ಣತೆಯನ್ನು ಕಂಡುಕೊಳ್ಳುತ್ತೇನೆ.					



ಉಪಭೋಗ್ಯ ಬುಕಿಂಗ್  
of  
**MHCL-KP**  
(ಇಂಗ್ಲಿಷ್ ಆವೃತ್ತಿ)

ಹಾ. ಪ್ರಮೋದ್ ಕುಮಾರ್ (ವಲಂಭ ವಿದ್ಯಾನಗರ)

ದಯವಿಟ್ಟು ಮಾಹಿತಿಯನ್ನು ಭರ್ತಿ ಮಾಡಿ:

ದಿನಾಂಕ

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ಹೆಸರು-

ತಂದೆಯ ಹೆಸರು-

ಮುಟ್ಟಿದ ದಿನ

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ಲಿಂಗ ಪುರುಷ

ಹೆಣ್ಣು

ಆರಾಧನೆ

ಸಿಬ್ಬಂದಿ

ಉದ್ಯೋಗ: ಹುದ್ದೆ

ವೈವಾಹಿಕ ಸ್ಥಿತಿ: ಅನಿವಾಹಿತ

ಮದುವೆಯಾದ

ವಿಧವೆ/ವಿಧವೆ

ವಿತ್ತೀಡಾ ಪದವಿ

ಪ್ರವೇಶ: ನಗರ

ಗ್ರಾಮೀಣ

ಕುಟುಂಬ: ಜಂಟಿ

ಏಕ

ಸೂಚನೆಗಳು

ಮುಂದಿನ ಪುಟದಲ್ಲಿ ಮಾನಸಿಕ ಮತ್ತು ದೈಹಿಕ ಸ್ಥಿತಿಗಳ ಪಟ್ಟಿಗಳನ್ನು ಕ್ರಮವಾಗಿ ವಿಭಾಗ A & B ಎಂದು ನೀಡಲಾಗಿದೆ. ಪ್ರತಿ ಷರತ್ತಿನ ವಿರುದ್ಧ ನಾಲ್ಕು ಪರ್ಯಾಯಗಳು, ಅಂದರೆ, ಯಾವಾಗಲೂ, ಆಗಾಗ್ಗೆ, ಕೆಲವೊಮ್ಮೆ, ಮತ್ತು ಎಂದಿಗೂ ನೀಡಲಾಗಿಲ್ಲ. ಪ್ರತಿ ಷರತ್ತನ್ನು ಓದಿ ಮತ್ತು ಪ್ರಸ್ತುತ ಸಮಯವನ್ನು ಆಧರಿಸಿ ನಿಮ್ಮ ಪ್ರತಿಕ್ರಿಯೆಯನ್ನು ನಿರ್ಧರಿಸಿ ಮತ್ತು ನಿಮ್ಮ ಉತ್ತರಕ್ಕೆ ಸಮೀಪವಿರುವ ಪರ್ಯಾಯ ಪ್ರತ್ಯುತ್ತರ ಸೆಲ್‌ನಲ್ಲಿ ಟಿಕ್ ಗುರುತು ಹಾಕಿ. ದಯವಿಟ್ಟು ಎಲಾನ್ 11 (6+5) ಷರತ್ತುಗಳಿಗೆ ಉತ್ತರಿಸಿ.

ನಿಮ್ಮ ಉತ್ತರಗಳನ್ನು ಗೌಪ್ಯವಾಗಿ ಇರಿಸಲಾಗುತ್ತದೆ.

ಸ್ಕೋರಿಂಗ್ ಟೇಬಲ್

	ಕಚ್ಚಾ ಸ್ಕೋರ್		Z-ಸ್ಕೋರ್	ಗ್ರೇಡ್	ಮಾನಸಿಕ ಅರೋಗ್ಯದ ಮಟ್ಟ
ವಿಭಾಗ	ಮಿ	ಮಾ			
ಸ್ಕೋರ್					
ಮಟ್ಟ					

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ನ್ಯಾಷನಲ್ ಸೈಕಾಲಜಿಕಲ್ ಕಾರ್ಪೊರೇಷನ್ UG-1,

ನಿರ್ಮಲ್ ಹೈಟ್ಸ್, ಮೆಂಟಲ್ ಹಾಸ್ಪಿಟಲ್ ಹತ್ತಿರ, ಆಗ್ರಾ-282 007

ಕ್ರ.ಸಂ.	ನೀವು ಬಳಲುತ್ತಿದ್ದೀರಾ?	ಯಾವಾಗಲೂ	ಆಗಾಗ್ಗೆ	ಕೆಲವು ಬಾರಿ	ಎಂದೂ	ಸಿಕ್ಕಿಲ್ಲ
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ವಿಭಾಗ ಎ

1. ಆತಂಕ ಮತ್ತು ಉದ್ವೇಗ
2. ಚಡಪಡಿಕೆ
3. ನರ್ವಸ್ನೆಸ್
4. ಒಂಟಿತನ
5. ಹತಾಶತೆ
6. ಕೋಪ

ಸ್ಕೋರ್ ವಿಭಾಗ ಎ

ವಿಭಾಗ ಬಿ

1. ತಲೆನೋವು
2. ಆಯಾಸ
3. ತೊಂದರೆಗೊಳಗಾದ ನಿದ್ರೆ
4. ಅಜೀರ್ಣ
5. ಅಮೀಯತೆ

000

ಸ್ಕೋರ್ ವಿಭಾಗ ಬಿ

अब्दुल्लाजादेह एट अल द्वारा 29-आइटम आध्यात्मिक खुफिया प्रश्नावली

पंक्ति	सामान	पूरी तरह सहमत	सहमत	लगभग सहमत	असहमत	पूरी तरह असहमत
1	मैं ब्रह्मांड को देखकर चकित हो जाता हूँ।					
2	मुझे जीवन और ब्रह्मांड के बारे में बुनियादी प्रश्न खोजने और पूछने में दिलचस्पी है।					
3	मैं दूसरों के साथ एक मानवीय और करुणामय संबंध रखना चाहता हूँ।					
4	मुझे हमेशा लगता है कि भगवान मेरे कार्यों को देख रहे हैं।					
5	मेरे जीवन में कृतज्ञता और धन्यवाद का भाव है।					
6	मैं उत्साह के साथ रहता हूँ।					
7	मैं दुनिया में भगवान की दिव्य उपस्थिति में विश्वास करता हूँ।					
8	मुझे प्रार्थना करना अच्छा लगता है और पूजा के बाद मुझे शांति का अनुभव होता है।					
9	कठिनाइयों और कष्टों का सामना करते हुए, मैं					

	विश्राम करो कि भगवान मेरी मदद करता है।					
10	मैं अपनी स्थिति के संबंध में अपनी गलतियों को व्यक्त कर सकता हूँ।					
11	मैं प्रार्थना करता हूँ और सामना करते हुए प्रयास करता हूँ समस्या। मैं					
12	अपने प्रति जिम्मेदार और प्रतिबद्ध महसूस करता हूँ कर्तव्यों।					
13	जीवन के मूलभूत सिद्धांतों के विरोध की स्थिति में जनता के विरुद्ध खड़े होने की क्षमता मुझमें है।					
	14 मुझे दूसरों की सहायता करने में आनंद आता है।					
15	यदि मैं निराश हूँ, तो परमेश्वर को नहीं भूलूंगा।					
16	मैं स्वयं के प्रति परमेश्वर के प्रेम को प्रत्यक्ष और दूसरों के माध्यम से महसूस करता हूँ।					
17	मैं दुनिया में बदलाव के प्रति संवेदनशील नहीं हूँ क्योंकि मेरा मानना है कि दुनिया बदल रही है और इसमें लचीलेपन की क्षमता है।					
18	मैं अपने आप को अपनी सभी भावनाओं का कारण मानता हूँ।					
19	मेरा जीवन मूल्य और उद्देश्य की भावना के साथ सार्थक है।					
20	मैं के साथ एक आध्यात्मिक संबंध स्थापित करता हूँ मैं किस व्यक्ति की मदद करता हूँ।					
21	मैं अपने विचारों और कार्यों को नियंत्रित करता हूँ और कोशिश करता हूँ मेरे विकास में सुधार करने के लिए।					
22	मैं शक्ति और मार्गदर्शन के स्रोत के रूप में धार्मिक और आध्यात्मिक नींव का आनंद लेता हूँ।					
	मेरा मानना है कि मेरे भीतर शांति, प्रेम, आनंद और संतुष्टि है, मेरे आसपास की दुनिया में नहीं।					
24	मुझे लगता है कि मैं ब्रह्मांड के स्रोत से जुड़ा हुआ हूँ।					
25	मैं अपनी भीतरी शक्तियोंके कारण सुरक्षित अनुभव करता हूँ					

	और विद्यमान।					
26	मैं काम को रचनात्मकता और आत्मविश्वास के लिए एक उपकरण के रूप में मानता हूँ (सिर्फ पैसों के लिए नहीं)।					
27	मेरा मानना है कि मेरे पास खोने के लिए कुछ नहीं है क्योंकि ईश्वर ही हर चीज का असली मालिक है।					
	मेरे पास लिंग, जाति या राष्ट्रीयता की परवाह किए बिना 28 अन्य लोगों को प्यार करने और माफ करने की क्षमता है।					
29	पूर्णता और आध्यात्मिकता पर ध्यान देने के प्रकाश में मुझे खुशी और पूर्णता मिलती है।					



डी. एम. ए. नंबर 564838  
कोपीराइट रजि. सं. ए-73256/2005 दिनांक. 13.5.05

Dr. Pramod Kumar (Vallabh Vidyanagar)

की उपभोज्य पुस्तिका

of

एमएचसीएल-केपी

(अंग्रेजी संस्करण)

कृपया जानकारी भरें:

तारीख

नाम-

पिता का नाम-

जन्म की तारीख

लिंग पुरुष

महिला

योग्यता

संकाय

नियोजित: पदनाम।

वैवाहिक स्थिति: अविवाहित

विवाहित

विधवा विधुर

त्वान किया हुआ थी

क्षेत्र: शहरी

ग्रामीण

परिवार: संयुक्त

अकेला

निर्देश

अगले पृष्ठ पर मानसिक और शारीरिक दोनों स्थितियों की सूची क्रमशः खंड क और ख के रूप में दी गई है। प्रत्येक शर्त के सामने चार विकल्प दिए गए हैं, हमेशा, अक्सर, कभी-कभी और कभी नहीं। प्रत्येक

स्थिति को पढ़ें और वर्तमान समय के आधार पर अपनी प्रतिक्रिया तय करें और वैकल्पिक उत्तर सेल में सही का निशान लगाएं जो आपके उत्तर के करीब है। कृपया सभी 11 (6+5) शर्तों का उत्तर दें।

आपके उत्तर गोपनीय रखे जायेंगे।

स्कोरिंग टेबल

अनुभाग	कच्चे स्कोर		Z के स्कोर	श्रेणी	मानसिक स्वास्थ्य का स्तर
	ए	बी			
स्कोर					
कुल					

अनुमाना 1971

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राष्ट्रीय मनोवैज्ञानिक निगम यूजी-1,

निर्मल हाइट्स, मानसिक अस्पताल के पास, आगरा-282 007

क्या आप पीड़ित हैं?	हमें भा	अपसर	बची- कनी	कनी नहीं	अर
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एक खंड

- |                  |                          |                          |                          |                          |                          |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. चिंता और तनाव | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. बेचैनी        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. चबराहट        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. अकेलापन       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. निराशा        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. क्रोध         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

स्कोर सेक्शन ए

खंड बी

- |                 |                          |                          |                          |                          |                          |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. सिरदर्द      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 000                      |
| 2. थकान         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 3. नींद में खलल | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 4. अपच          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. अम्लता       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

स्कोर सेक्शन बी