

# Comparison of Spiritual Intelligence, Religious Beliefs and Mental Health of Blind and Partially Sighted People

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## Abstract

**Purpose:** The purpose of this study is to compare spiritual intelligence, religious beliefs and mental health of blind and partially sighted persons. **Method:** The present study is based on the causal-comparative method. The statistical population of the study consists of all individuals who have visual impairment (partially sighting or blindness) between 20 and 40 years of age and until 2017 have been referred to the Blind Community of Borujerd County that have been 690 individuals and 510 were partially sighted individuals and 180 blind people. 60 individuals (30 partially sighted and 30 blind) were voluntarily selected with biased sampling as sample for this study. Data collection tools included King Spiritual Intelligence Questionnaire (2008), George (1988) and Goldberg & Heller's Mental Health Questionnaire (1979). The data were analyzed by hypotheses test using the Kolmogorov-Smirnov test to verify the normality of the data, the Pearson correlation test to examine the relationship between variables and multiple regression to investigate the effect or non-effect of the variables. **Results:** The results show that there is a difference between spiritual intelligence, religious beliefs and mental health of partially sighted and blind people, so that spiritual intelligence, religious beliefs, and mental health of people with partially sighted are more than blind people. **Conclusion:** According to the results, it can be concluded that the amount of visual impairment of individuals can be effective in spiritual intelligence, religious beliefs and their mental health.

**Keywords:** Mental Health, Religious Beliefs, Spiritual Intelligence

## Introduction

The almost significant percentage of blind and visually sighted people in different countries of the world and the feeling of the need to provide their spiritual and material well-being and the need to take measures to further reduce the social and individual effects of the blind and partially sighted people to the extent that the blind and partially sighted person can be an active, social, self-reliant and sociable member, these factors led the governmental organizations, private, researchers, experts, practitioners that pay attention to the position of blind as a social objective and investigate reasonable and appropriate scientific solutions. Therefore, in many countries in the world, extensive research has been conducted in this field and there has been extensive investments in improving the condition of the blind people and training them in order to meet the new situation and assigning them in appropriate jobs (Nayir et al., 2016).

Therefore, blindness and low vision are two important health, economic and social issues in developed and developing countries. According to the World Health Organization, nearly 38 million people are blind in all over the world, and about 110 million people in the world have visual impairment that their number is increasing. More than 90% of all vision-impaired people live in developing countries (Ramezani, Pardis, Rafati, Kazemi Moghaddam, Katibeh and Rostami Rabbanihah, 2012).

The prevalence of blindness in developing countries has been reported to be between 0.3 and 4.4 percent. Various studies have shown that visual impairment affects the quality of individual life and reduces his social activities and independence (Sarabandi, Mobaraki, Kamali, Chabok, Soltani, 2013).

One of the psychological characteristics of blind and partially sighted people who may differ with each other for the particular circumstances they have, is spiritual intelligence. Spiritual intelligence is a consciousness of being or a force beyond the material aspects of life, and creates deep emotions of unity or link with the universe. Both positive and hard-thoughts are both components of spirituality and are related to mental health and resistance to stress. Spiritual support can have an impact on strike against stress. Having a spiritual

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tendency towards life prevents personal and social inappropriate behaviors. The tendency towards the fundamental concepts of religion and life leads to a purposeful experience and a sense of satisfaction and personality integration. Wilber knows spirituality as the highest stage in all stages of the development and process. His view is that spirituality is state of love that one can have at any given time (Afrouz, 2016).

Therefore, since the society of blind and partially sighted people is one of the most sensitive and vulnerable groups of society, their religious tendency will have an effective role in mental health and coping with mental disorders. Religion and spirituality can provide a spiritual relaxation for them when they feel emptiness and frustration with psychological stresses. When blind people are alone and disappointed with others help in reducing their physical and mental pains, when the hope of recovery from blind and partially sighted people with chronic and progressive process is taken and classical treatments do not help him, the only way to survive the anxiety, depression and sorrow pains that remains is to help him with religious beliefs and faith. The belief in God`s power and his praise and entrust to God`s will, can tolerate human in relieving pains. In this case, spiritual needs are supported, moral capitals is crystallized, and man finds himself able to move away from his own selves and does not feel pain, or to relax so that he does not experience the stress (Rastian et al., 2016).

In addition to spiritual intelligence, another psychological characteristics of blind and partially sighted people who may be different from each other due to the particular circumstances, is religious beliefs. The role of spirituality in promoting peace, mental health, and even its effect on the reduction of mental disorders and social abnormalities led to the growth of psychological studies of religion and spirituality in different aspects. In light of psychologists' attention and interest in the field of spirituality and mental health and the growth of extensive research in this field, researchers have sought to define new concepts in relation to spirituality and mental health. (Barry and Jenkins, 2017).

Our era religiously is anxiety and crisis especially for the youth generation and has raised the old and forgotten questions that have covered the mental health of the youth (Motahhari, 1968).

Consequently, psychologists believe that the only view that can remove or neutralize the resulting suffering from the human body, is the belief in God and the belief in the origin of truth and a supreme humanity power, because the only power that can overcome problems is divine power (Woods, 2016).

As previously mentioned, blindness and low vision affect the normal life of the individual and he experiences various physical and mental illnesses, including depression, isolation, fear, anger, violence and nervousness, and ... . Physical handicap in each level with physical impairment makes limitations in person which in many cases will cause the development of emotional and behavioral disorders. Whenever a person can not move for a long time and relate to others for the simple activities of life, his feelings will expose to prill and he will gradually feel empty and worthless, and his self-confidence will be lowered. There will be profound effects on the lack of social communication or the avoidance of the community on the mental health of the client. The occurrence of stressful situations also leads to limiting the capabilities of the blind and partially sighted person and makes him more susceptible to physical and mental hurt. The strong sense of spirituality with religious beliefs in general can have a positive effect on the health of the blind and partially sighted person. The morality creates hope. Blinds and partially sighted people can rely on religious beliefs to feel calm and power. (Onifade et al., 2016).

Also, the mental health of blind and partially sighted people may also be different because of the specific circumstances they are in. Mental health is associated with emotions, thinking, and behavioral issues. A person with a good mental health can usually deal with increasing incidents and everyday issues: Pursues its goals in life and has an effective social function. The concept of health also includes concepts such as feeling well-being and self-efficacy, self-reliance, competitive ability, intergenerational membership, and self-actualization of potential intellectual, emotional and other capabilities, and also the absence of illness and symptoms. Mental health, as one of the healthiest, requires a useful, effective, and individually satisfying life, and the responsibility for measuring, evaluating, controlling, treating and improving it before each one is by social and behavioral science specialists (Barry & Jenkins, 2017).

Blind and partially sighted people show a high degree of vulnerability to increasing mental illnesses and the characteristics of neurotic psychological cognition such as anxiety, depression, obsessive-compulsive disorder, and hostility, paranoia thoughts, tremor, sweating, fainting, insomnia, and like them. Problems and vulnerabilities of blind and partially sighted people are reported to some social relationships such as social isolation, high dependence on others, fear of elimination or ridicule by peers, few friends and limited social relationships. These people spend most of their time in solitude and have limited activity compared to healthy people. Social isolation in the blind and lack of adequate social support for them, can be lead to low mental health and social problems (Prochaska & Norkras, 2017).

Due to what is mentioned, blindness and low vision are considered as important health, economic and social issues in developed and developing countries. Due to the prevalence of blindness and low vision, the need to examine the psychological characteristics of these

people seems necessary. Since the blind and partially sighted community is one of the most sensitive and vulnerable groups in society, their religious tendency will have an effective role in mental health and coping with mental illness. In addition, religious beliefs seem to be one of the most important features of the life in the blind and partially sighted people. Mental health is also one of the psychological characteristics that plays an important role in the lives of blind and partially sighted people. Considering the issues raised, this research has been conducted to answer this question: what difference is there between spiritual intelligence, religious beliefs and mental health of blind and partially sighted people in Boroujerd city?

## Research Method

This research is based on the causal-comparative method. Because causal-comparative is one of the descriptive (non-experimental) research methods that examines the difference between two groups from the studied population based on the research purpose. When there is a difference between two variables so that it can be said that the two groups are different in terms of mean scores, we say there is a significant difference between the two groups in terms of the examination variable and in terms of its purpose is practical because the research is used by using the cognitive background and information provided by basic research to meet human needs.

### *Statistical Population*

The statistical population of this study consisted of all patients aged 20 to 40 years old with visual impairment (low vision or blindness), 690 people have referred to the Blind Community in Boroujerd city in 2017, (which 510 were partially sighted and 180 were blind).

### *Sample size and sampling method*

Since the studied population is 690 people, 60 people (30 partially sighted and 30 blind) were selected as samples using the non-random sampling method-voluntarily and using valid authoritative research books previous research findings and opinions of supervisors and advisors.

### *Introducing instruments:*

#### *King Spiritual Intelligence Questionnaire*

This questionnaire was developed by King (2008) and has 24 articles in a range of 5 options ranging from totally incorrect to completely correct. The questionnaire also has 4 sub-scales (existentialism, personal development, transcendental consciousness, and extension of consciousness). It should be noted that this questionnaire is standardized by Raghieb et al.(2010).

### *Questions of religious beliefs*

The questionnaire is based on George's claim (1988; quoted by Amadi, 2005) without any sectarian tendency based on no religion, and merely its content is the expression of relationship with God and there is no change in content based on the religion of the Iranian community. This questionnaire was first translated and standardized by Amadi (2005). The main version of this questionnaire has three distinct parts, the first part consists of 33 questions, the second part contains 15 questions and the third part (scenarios) including 10 scenarios. In the last part of this scale, the scenario part, in order to prevent the test from being extended, and considering that the other two parts of the study were used, the last part was removed with the opinion of supervisor.

### *Mental Health Questionnaire*

This questionnaire has 28 questions presented by Goldberg and Hiller (1979; Davoudi, 2000), this questionnaire was standardized and translated by Davoudi (2000) in Iran and it has 4 sub-scales and each scale has 7 questions. The mentioned scales are as follows:

- The scale of physical symptoms
- The scale of anxiety symptoms and sleep disorders
- Social Functional scale
- The scale of depression symptoms

## Results:

Main hypothesis :There is a difference between spiritual intelligence, religious beliefs and mental health of partially sighted and blind people.

### *A. Data description*

Table 1: Descriptive statistics of spiritual intelligence, religious beliefs and mental health of blind and partially sighted people in Boroujerd city

Group	Number	Mean	Median	Mode	Standard Deviation	Minimum	Maximum
Spiritual intelligence of partially sighted persons	30	39/9	39	30	8/41	22	55
Spiritual intelligence of blind persons	30	29/97	40/5	3	21/2	3	60
Religious beliefs of partially sighted persons	30	131/2	129	156	15/04	99	156
Mental health of partially sighted persons	30	61/9	60/9	54	12/22	40	82
Mental health of blind persons	30	47/57	47/57	42	17/42	21	84

According to the 1 table, the Spiritual intelligence of partially sighted persons has a mean (39.9) and standard deviation (8.41) more than blind subjects with mean (29.97) and standard deviation (21.2). The religious beliefs of the partially sighted people has a mean (133.21) and standard deviation (15.04) more than blind or mean (84.77) and standard deviation (40.45), and the mental health of partially sighted subjects has a mean (9 / 60) and standard deviation (12.22) more than blind persons with mean (57.57) and standard deviation (17.42).

#### B. data Analysis

In this section, in data analysis, because the Manova method is used, it is necessary to follow the assumptions of this method, which, by checking the defaults, the observance of each of them is as follows.

The default normality has been observed by checking the data (Table 2-1)

In the explanation of M.BOX test, if the level of significance is greater than 0.05, the default has been observed. This means that the observed covariance matrix between the dependent variables among the groups is the same.

Table 2: Covariance matrix for the main hypothesis

M.BOX	7/057
F-Statistics	1/143
Degree of Freedom 1	6
Degree of Freedom 2	24273/132
Level of Significance (P)	0/312

The covariance matrix was not significance according to table 2. Therefore, this assumption is also valid.

Table 3 :analysis results of two-way Variance to Study the mean intergroup difference of spiritual intelligence, religious beliefs and mental health variables

Resource of variations	Resource of variation	Value	Quantity-F	Degree of Freedom	Degree of Freedom of Error	Level of Significance
Main trace of groups	Pillai`s trace test	0/416	13/324	3	56	0/001
	Wilks` Lambda test	0/584	13/324	3	56	0/001
	Hotelling`s trace test	0/714	13/324	3	56	0/001
	Roy`s Largest Root test	0/714	13/324	3	56	0/001

$P \leq 05/0$

According to the results of table 3, in Pillai ( $F = 13.324$ ), Wilks ( $F = 13.327$ ), Hotelling ( $F = 13.3324$ ) and Roy`s Largest Root ( $F = 13.324$ ), at level  $P < 0.05$  have been significant. These findings suggest that subjects are different in the variables of spiritual intelligence, religious beliefs, and mental health. Also, the results in the table above show that the group, partially sighted or blind, have been significance effect on the variables of spiritual intelligence, religious beliefs and mental health ( $P = 0.000$ ,  $P = 0.34$ ,  $13 = \text{Hotelling's } 356F$ )

Table 4. The results of variance analysis to examine the mean intergroup difference of spiritual intelligence, religious beliefs and mental health variables

Resource of variations	Dependent variable	Total squares	Degree of Freedom	Mean squares	F	Level of significance	Squares
Main trace of groups	Spiritual intelligence	1480/0670	1	1480/067	5/688	0/020	0/089
	Religious beliefs	32340/817	1	32340/827	34/730	0/001	0/375
	Mental health	2666/667	1	2666/667	11/781	0/001	0/169
Error	Spiritual intelligence	15091/667	58	260/201			
	Religious beliefs	54010/167	58	931/210			
	Mental health	13128/067	58	226/346			

According to table 4, the results of two-ways variance analysis showed that there is a significant difference between the spiritual intelligence of blind and partially sighted people ( Partial  $\eta$  0/089,  $P=0/020$ ,  $F_{1,58}=5/688$ ).

The results of two-ways variance analysis showed that there is a significant difference between religious beliefs of blind and partially sighted people (Partial  $\eta$  0/375,  $P=0/001$ ,  $F_{1,58}=34/730$ ).

The results of two-ways variance analysis showed that there is a significant difference between the mental health of blind and partially sighted people (Partial  $\eta$  0/169,  $P=0/001$ ,  $F_{1,58}=11/781$ ).

Therefore, 95% of the researcher main hypothesis is confirmed, that is, there is a difference between spiritual intelligence, religious beliefs and mental health of the blind and partially sighted people.

According to the results of table 4, the results indicate that there is a difference between spiritual intelligence, religious beliefs and mental health of blind and partially sighted people in Borujerd city.

The results of this research with the results of studies, Pakzad et al. (2017) suggest that there is a significant difference between the partially sighted and blind children in terms of religious beliefs; Fakhami and Ardakani (2017), showed that Partially sighted students had a higher mental health than blind students. Shahabadi (2016) indicates that there is a significant difference between the mean total score of spiritual intelligence and self-esteem at the level of confidence 0.99; Afruz (2015), suggested that the mean of mental health in blind people is significantly lower than that of normal people; Tamadoni (2015) indicates that there was a significant difference between the mean total score of spiritual intelligence and religious beliefs of partially sighted and blind high school students at the level of confidence (0/99); Rastian et al. (2016), the mean spiritual intelligence in the blind significantly is lower than those of low vision and low visibility and there is a significant difference between blind and partially sighted people in terms of religious beliefs; Ghoruri et al. (2014) indicated a significant difference between the comparison of spiritual intelligence, mental health and self-esteem among the blind with normal people. Moshirabadi (2013) indicated that the mean mental health of blind students is significantly lower than that of partially sighted students and there was a significant difference between blind and partially sighted students in terms of spiritual intelligence; Ghanbari (2013) indicated that the level of spiritual intelligence in the blind was low, religious beliefs and anxiety was high and significantly was different from those with partially sighted people. Mohsenian (2010) indicated that spiritual intelligence and religious beliefs in partially sighted high school students are higher than their blind ones. Also, studies by Bernert (2017) indicated that the blind group has a lower level than partially sighted group; onifade et al. (2016), suggested that the partially sighted subjects in the field of spiritual intelligence were better than blind people, and there was a significant difference in mental health between the two groups. Var (2015) suggested that congenital partially sighted persons had more spiritual intelligence than those who have lost their sight in the war; Rafael and Jarmi (2015) indicated that mental and adaptive health of blind students are significantly lower than the partially sighted students; Yu et al., (2015) are more religious ones; Hasinn and Mota (2014) indicated that spiritual and religious beliefs are higher in partially sighted female students compared to their blind ones, and they also showed that the higher the level of spiritual intelligence in individuals, the greater the quality of their life. Dickstein (2014) suggested that among partially sighted and blind people, the partially sighted group has a higher mental health. Harpotlu and Team (2014) indicated that the blind had lower spiritual intelligence than normal persons and that the amount of attention to self-examination is lower than the other viewers.

## Conclusion

The results indicate that there is a difference between spiritual intelligence, religious beliefs and mental health of blind and partially sighted people in Borujerd city.

- In order to ensure the accuracy of the obtained results in this research, we suggest that the research variables be performed in other groups and in other geographic locations.
- It is suggested that in future researches, other influential variables such as hardiness, emotional intelligence, personality traits, etc. will also be studied and compared among blind and partially sighted people.
- It is suggested in future research that the role of other psychological, biological and social variables in relation to blind and partially sighted people be addressed.
- It is suggested that other types of data collection methods, such as interviews, be used in future research.
- It is suggested that future research on people with other disabilities, such as hearing impaired, deafness, etc., be investigated.
- It is suggested that, according to the difference between the spiritual intelligence of the blind and the partially sighted persons, counselors and social workers are recommended to focus on strengthening spiritual intelligence in the blind.
- As religious beliefs between blind and visually impaired people is different, it is suggested that during briefing sessions, blind people and their counselors should be familiar with the religious beliefs and the benefits which they can have in their lives. And get acquainted with the appropriate ways to have faithful religious beliefs.
- By educating counselors through supervisor training classes for blind and partially sighted people and family training classes in counseling centers, these results will be analyzed and trainings transmitted.
- Due to the fact that the mental health of blind and visually impaired people is different, it is suggested that during briefings sessions, they should get acquainted with the benefits and effects that mental health can have on their life and become familiar with the appropriate strategies for its development.
- Considering the importance and position of people with disabilities, especially the blind and the partially sighted, it is recommended that they can have the legal mechanisms for advisory and therapeutic services such as selecting a counselor for identifying and treating behavioral disorders in the family, especially blind and partially sighted people, by competent authorities to them as they will have a good life.

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