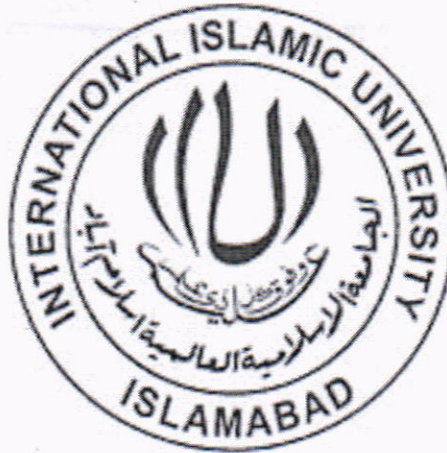


# **Attitude of blinds towards society and its impact on their psychological well-being**



By

Humera Asghar

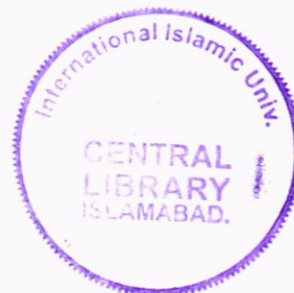
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Islamabad

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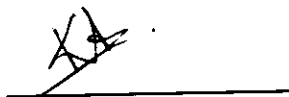
Department of Psychology  
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In the partial fulfillment of the requirements for the degree of MS in  
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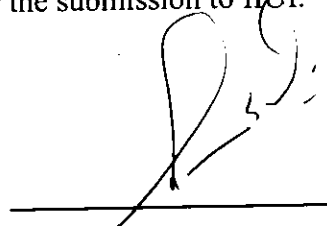
**In the name of Allah, The most merciful, the most  
beneficent**

## APPROVAL CERTIFICATE

Certified that content of thesis entitled 'Attitude of Blinds towards society and its impact on their psychological well-being' is submitted by Miss Humera Asghar towards the partial fulfillment of MS Degree program has been approved for the submission to III<sup>rd</sup> I.



Internal Examiner

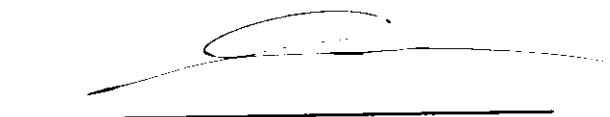


Dr Seema Gul

Supervisor



External examiner



Dean Faculty of Social Sciences

**Attitude of blinds towards society and its impact on  
their psychological well-being**

**Dedicated to my family**

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## ABSTRACT

*The main purpose of this study was to check attitude of the blinds towards the society and its impact on their psychological well- being. The sample consists of 80 blinds, Male (n=45) and Female (n=35), including by birth, not by birth, totally, partially, educated, uneducated, employed and unemployed Blinds. The sample was above 20 years of age. They were taken from different institutes and different localities. It was hypothesized that negative attitude has an impact on the psychological well- being of the blinds. It was also aimed to assess the difference in the negative attitude between by birth blinds and the blinds who develop blindness after birth , totally blind and partially blind , males and female blinds, educated and uneducated , employed and unemployed blinds and the blinds who are in middle adulthood and in late adulthood. Two instruments were used i.e attitude scale by Aisha Manzoor. (1994) and urdu version of Affectometre II by Samina Naheed. (1997). Data was analyzed by using t- test to check group differences in different blind groups and regression to check impact of attitude on psychological well-being. The findings showed the existence of negative attitude in different groups of blinds and its impact on their psychological well-being. The regression score identified that negative attitude is a significant predictor of low psychological well-being. The results of t-test also showed group differences in different blind groups.*

# **INTRODUCTION**

### Introduction

Individuals are considered physically normal when they are able to participate in the wide range of human activities on equal terms with others, without requiring special consideration or undue help but when they require help or are unable to do their activities independently then they are called disabled and handicapped. Disability affects directly the physical and psychological growth of the person and also the psyche of the society around the disabled person. Moreover, Impairment is an anatomical, pathological or psychological disorder. On the basis of failure to perform customary social roles; a person is labeled as a handicapped. This is a judgment applied by others to the handicapped or the impaired person. So either the impaired person accept this label as handicap or reject, it affects their psychological well-being equally. For a blind person moving from the label of being impaired to handicapped is to cover the distance from symptom to social role. They are moving from the functional limitation towards activity restriction (Garraad, 2000).

Handicapped means loss or lack of any functional capability of a person. This term is used both by professional and common person. It refers to the lack or loss of function or a capacity. The disability leads to handicap when it retards, distorts or adversely affects the normal development and adjustment to life (Jackson & Taylor, 2001). In fact it is not the fault of the person but it is a limitation imposed by disease, accident or by birth. The society has developed its emotional attitudes not towards blindness itself, but toward the reaction pattern of the blind toward society. The social condition and tentative reaction of the blind to the society is a reflection of social attitudes. This amounts to saying that blind's attitudes are formed in terms of something which itself is formed by social attitudes in circular reasoning which refrains coming out. (Hunzaai, 2003).

## **Psychological adjustment to visual impairment**

Psychological experiences of blind towards their blindness vary according to gender, work experiences, educational background and also by the time of onset of blindness either it was congenital or developed after birth. Related to the type of visual impairment, there is a variation also in the psychological well being and psychological growth of the blind individuals. Visual impairment's effect on the blind can be examined by coping and stress management dimensions used by the blind individuals. (Marinelli & Dell, 1991). It therefore stands to the reason that individuals demonstrate significant variance in their degree of psychological adjustment to vision loss (Jackson & Taylor, 2001).

The response to blindness results invariably in a pattern of behavior different from that of neurotics. Conditions imposed by blindness make blind person's personality distorted considerably. The blind person, evaluate himself in society by comparing with the sighted people around and focus on his shortcomings what he can not do which a sighted person can do easily and as a result he feels himself inferior and alone. In his effort to regain both self-respect and social esteem, he reacts in either of two ways either the way of compulsive compensation, or the way of hysterical withdrawal. Both responses are totally neurotic which means, among other things, that they hinder rather than assist the individual to adjust to his handicap and to surroundings (Cutsforth , 2008).

A Blind person faces different psychological symptoms according to onset of blindness. Blinds that develop blindness after birth face immediate difficulty in adjustment to normal life ranging from anxiety and depression. They sometimes develop somatic complaints of different bodily ailments, irrational and aggressive behavior, substance abuse, disturbed interpersonal relationships, and even sometimes shows paranoid symptoms (Jackson & Taylor, 2001). Although evidence suggests that most presentations of depressive symptoms in visually impaired individuals do not reach threshold for a diagnosis of major depressive disorder. Blinds show these symptoms, such as dysphonic and irritable mood, flat or restricted affect, tearfulness, social isolation and withdrawal from others, and suicidal ideation (Jackson & Taylor, 2001).



Blinds that develop blindness in later age can show other more acute symptoms of depression such as suicidal ideation. They can also have stimuli specific anxiety which may be triggered in situations that were not anxiety provoking prior to visual loss such as busy streets, crowded rooms, noisy places, and some other situations can provoke remarkable fear responses initially in visually impaired individuals. Visually impaired individuals who develop blindness in later age may experience visual hallucinations as a direct symptom of vision loss. Psychological state of the blind person gets extremely affected by the blindness. There are different reasons which lead the blind individual towards poor psychological well being in different individuals but one very common problem seen in all blind people is their attitude towards normal population which often becomes very negative displaying mistrust and suspicious attitude. There are a number of reasons for the blind why they develop negative behavior towards the society such as adjusting to vision loss not only requires the visually disabled person to cope with stress, but adapt with functioning to less stimulus input from their environment. Often people around the blind person are not ready to share their time and the whole things around them, and sometime they do not tell the real things as they think they need extra time to satisfy the questions of the blinds. This creates suspiciousness and mistrust among the blind individuals (Cutsforth , 2008).

All senses are used in human learning. in most cases learning is largely contingent on visual information ( Posner, Mckulamn, Suci, & Millick . 1976 ) .When visual information is restricted to any degree , learning , problem solving , orientation , memory systems , and even decision making may deteriorate temporarily as the result of adjusting to less sensory awareness and stimulus input. Psychological impacts of visual impairment vary on the blind person according to their age groups, educational background, job status etc (Levy & Gordon, 1986).

Visual loss or visual impairment is also known to increase cognitive deficits and psychological non stable personality in elderly people, mostly male and less educated people. Older individual with visual impairment or blindness are frequently found to have increasing difficulty in interpreting environmental cues. Depressive response that include cognitive slowing in elderly blind people make them show more negative attitude

towards the world (Appollonio , Griffith , Klorin , Neudeaur , & Gillbert ., 1993 ).

Psychological and social affects of visual impairment extends far beyond presumed adjustment responses and diagnostic labels but they reach the level of complex personality structure of the blinds. There is a difference in adjustments in different blind persons such as males and females are having different level of adjustment and educated and uneducated people and working and non working people are having different levels of adjustment. Stress and coping modals conceptually have different point of views but most models place significant emphasis on thinking style, personality type, the availability of social support and perceived control. Visually impaired and blind individual's have differences in personality style, attribution style, locus of control, family support, interpersonal relationships, and financial availability. But one common thing is often seen in the blind people that their attitude towards normal people. Most of the people working with blind complain mistrust from the blind towards normal and having a negative view towards the society from them. They consider people around them are not trustable and do not have positive attitude towards blindness. And blinds also do not like to work with and have any association with the normal population. (Appollonio et al., 1993).

### **Attitude of society towards blindness**

Attitudes are cognitive functions which have affective and emotional components. These are brain's associative networks. A person degree of likeness or dislikeness for anything is his attitude towards the thing. Attitudes are generally positive or negative views of a person, thing, place or event. This is often referred to as the attitude object. People can also be conflicted or ambivalent toward an object, meaning that they simultaneously possess both positive and negative attitudes toward the things.

According to Jung (1933) attitude is a "readiness of the psyche to act or react in a certain way". Attitudes very often come in pairs, one conscious and the other unconscious. Attitudes have dualities such as consciousness and the unconscious. The blinds have two attitudes extremely frequent, one conscious and the other unconscious.

Consciousness has a constellation of contents different from that of the unconscious, particularly evident in neurosis". Extraversion and introversion are also attitude types this pair is so elementary to Jung's theory of types that he labeled them the "attitude-types". Attitudes can also be divided into rational and irrational. The rational attitude has two components i.e. thinking and feeling psychological functions, each with its attitude. The irrational attitude subdivides into the sensing and intuition psychological functions, each with its attitude. "There is thus a typical thinking, feeling, sensation, and intuitive attitude" (Jung, 1933).

Blinds develop a feeling that the people have a negative feeling towards them, which is irrational according to them. Attitudes to handicap are full of contradictions. They can be philosophical, pragmatic, charitable, and positive for disability carries such a variety of valence for different people. The contrast and variety of attitudes comes from within the disable population itself. Society has portrayed variations in attitude towards the blinds varying from suspicious to negative attitude. Researcher has coated that people have piety and sympathy towards blindness. Sometimes fear responses are also seen from people towards the blinds; some people seek to avoid contact with visually impaired persons; some people project misery and unhappiness on blind people, while others feel that blind people are helpless and do not have the potential to do their works and live independently. Some people think that blindness is punishment for sin and some associate it with general disease; some people also feel that blindness also results in intellectual deficit and other losses ( Monbeck ,1975) .

The multidimensional attitude towards blinds and blindness has pushed the blind people to develop multidimensional attitude towards the society. It is also observed that blind people possess negative attitude towards the society whether they show it or succeeded in hiding their attitude towards the society (Lukoff , 1972 ).

Witeman & Loukoff (1970) identified five dimensions of attitudes towards blindness.

1) **Personal attributes**, differentiate people from each other according to the degree to

which they have a negative view of the emotional life and general competence of blind people.

2) **Social attributes**, which show readiness of sighted person for the interaction with the blind and to have feeling about the interpersonal competence of blind people;

3) **Evaluation of blindness**, how much the blindness is affecting the blind person?

4) **Non – protectiveness**, the people's attitude and sympathy towards the blind person.

5) **Interpersonal acceptance**, emotional and psychological acceptance of blind people in interpersonal situations. All these five dimensions of attitude develop a reactive attitude in the blind person accordingly. When the blind is considered incompetent to control his emotions, unable to have a normal interaction on equal basis with the normal person than as a result blind wants himself segregated from environment and considered surrounding environment not supporting for him.

There are multidimensional approaches which help in measuring and understanding the attitudes of the blind person and also other people about blinds. The attitudes shown on all dimensions by visually impaired persons show their self concept. The negative attitude they show towards the society is an exhibition of their concept that people around them are having negative views about their personality, their abilities and their truthfulness. The visually impaired person is having very strong ability to sense rejection. Which creates a serious personal distress and frustration. And as a result the blinds considers them rejected and they put the responsibility of this rejection on the sighted people. This leads them towards development of a negative view of the society. This distress and frustration reaches to a level that it becomes noticeable by other person. So the sighted people also develop an unfavorable attitude towards blinds.

These negative attitudes of blind and other persons towards each other are developed due to lack of guiding norms for situations where blind and sighted persons

first encounter each other (Lukoff , 1972). These strained interactions are disrupted by the blind person's lack of visual contact, different gestures and facial expressions, and lack of similar conversational cues (Monbeck, 1975).

Attitude to disable people, especially blind was established in different phases. In phase one disablement was associated with low social status and in which blame for misfortune was attributed either to the individual or the neglect of society. Second phase is associated with era of industrial growth which was parallel by the development of segregated institutions for disabled people who were perceived as passive and in need of help. This phase saw the development of skilled professional help which, through its very success, led more and more disabled people to achieve independent and to begin to question the power relativities between them and the helping professions. The third phase is felled by new technologies (Finkelstein, 2000).

Siller (1976) developed the disability factors related to blindness which are; 1) interaction strain, people often feel uneasy in the presence of blind people as how to deal with blind. ; 2) rejection of intimacy the person feel hesitancy in developing relations with the blind ; 3) generalized rejection people feel that the blind people are negative and they should be segregated from the society ;4) authoritarian virtuousness, which involves a double edged type of endowing blind person with exceptional qualities while pleading for tolerance and special treatment for their short comings ; 5 ) inferred emotional consequences, refer negatively to the blind person's character and emotionality ; 6) distressed identification , blind people develop negative view about his own self ; and 7) imputed functional limitations , it shows that blind person feels difficulty in functioning adequately in all types of settings.

Society's attitudes place the blind in a low status in same way like other minority groups which develops a reactive negative attitude in the blind and the attitudes of the majority add resentment in the attitude of blind. Blinds have two limitations, the one inflicted on him by society and the second is self - imposed ones. Society's attitude has given handicapped persons status of minority groups. This is why the blind themselves do

not want to enter the group of common people and consider it as their enemy group. Public attitudes differ according to perceptions, severity and prognosis of disabilities as well as according to the age of each disabled person – it appears that handicapped children suffer less in this respect than adults. These attitudes are reflected in personal encounters as well as in discrimination implicit in certain legal or administrative fields. So the reaction attitude from the blinds of different ages, employment status, gender, education, age and time when disability was developed and the severity of blindness either partially or totally blind differ from person to person. Such demographics also effect the reaction of blinds towards sighted people (Tenny , 1983).

### **Causes of negative attitude of blinds towards society**

As the identity of the person who loses vision is changed from his previous to the "the blind," and he is forced to deal with whatever it means for his relations with family, friends and others in the community. These interactions will be composed both by his chores and by the other people's beliefs about the understanding of disability. So as a result of this interaction the blind starts developing a specific attitudinal pattern towards him and towards the society.

Attitudes are acquired orientation through experience toward surrounding environment and attitudes are acquired by socialization. There person through socialization becomes a part of racial group here he may face extreme racial prejudice where the individual may experience an un acknowledged feeling of personal inadequacy which are displaced to him being a members of social group . Same is in the case of blinds, they experience prejudiced evaluation of handicapped that can not do anything and are having low intellectual abilities from their surrounding socializing agencies, which in turns develop a very negative association with the surrounding world. Thus blinds feel that the outer environment is not helping and respectable for them and they develop a feeling of negativity. Some attitudes are shaped by membership of social groups where membership is conditional upon accepting group values; and they are also acquired by a single dramatic or traumatic experience. The person who develops blindness becomes a member of handicapped group and here he is forced to consider

himself incomplete as a result he develops negative attitude towards his own self.

Attitudes are also acquired through a non-conscious absorption of ideas and thoughts, which were in the air, not formally taught but caught. People working with blind reports that, blinds usually have a negative attitude towards society. The foremost reason is that handicapped in general and blind in particular are taken as discarded members of society. Blind people have a wide variety of experiences regarding discrimination and biased attitude in their lives. Some blinds individually encounter instances of prejudice in their life. The problems faced by the blinds are mostly attributed by the people to their disability. The sighted members of the community do not realize the fact that most of these problems are imposed on blinds because of the negligence of society. Moreover blinds do not get enough support within their families. They seldom receive praise or encouragement from their parents. After receiving this type of treatment blinds develop negative attitude towards the society (Hunzai, 2003).

The reason for this negative attitude in children who are blind stems from their inability to observe the joint and simultaneous nature of visual and auditory events. Consequently, these children miss valuable stimuli for talking and lose many communicative abilities. As they are unable to see the loving and affectionate gestures which are not verbally told. As a result they fail to develop affectionate and trustable relation with the person whom they are interacting (Elstner, 1983). Visual impairment has an effect on the acquisition of concepts and meanings. Infants who are fully sighted will use communication not only for communicative purposes, but also for the acquisition of concepts, whereas children with a visual impairment use verbal language only for communicative purposes and do not use visual cues (Elstner, 1983).

Attitude of blind was associated with selected personality variables. Negative evaluation of sighted tends to be expressed by blind people who take the society as unfriendly place and describe themselves as different from others. So this distance creates a feeling of enmity in blind towards sighted (Whiteman & Lukoff, 1970). Usually blind remain in contact with other blind people and avoid the society. There are some advantages to identification with a group of similarly disable people. Within such a group

the blind individual, to a degree remain protected from the frustration, conflict, anxiety, and disappointment which might result from trying to compete with and gain acceptance from more able majority. Within their own world they may find understanding and acceptance, friendship and love, respect status in a way which is impossible while remaining a marginal person in the culture of the more able majority. In the society when they feel lack of patience, love and respect. They automatically develop the same reactive attitude for the sighted people (Gravitz ,1954).

The response to blindness results invariably in a pattern of behavior different from that of neurotics. Moreover, conditions imposed by blindness make blind persons personality distorted considerably. The blind person, evaluate himself in society in its ignorance evaluates himself by comparing with the sighted population and as a result he soon feels inferior and alone. In his effort to regain both self-respect and social esteem, he reacts in either of two ways either the way of compulsive compensation, or the way of hysterical withdrawal. Both responses are totally neurotic which means, among other things, that they hinder rather than assist the individual to adjust to his handicap and to surroundings ( Cutsforth ,2008).

Research on the coping strategies developed by blind people has mainly been carried out with individuals who had recently acquired a condition of blindness or serious visual impairment. Some of these studies highlight in particular the importance of self-efficiency and mobility (Beggs, 1992), whereas other studies focus on the evaluation of psychological factors with the aim of predicting the success or lack of success of rehabilitation programs in dividing the neurotic and negative reaction showed from the blind towards several population ( Dodds , L.K. , Webster , M.A., Mayrrion, N.M ., Schrieton , J.A & McMichael , C.D., 1991).

When blinds face poor interaction with the general people, it brings about, among other outcomes, the deepest identity crisis (Vander Zanden, 1990), during which the perception of the self is challenged to a point in which a whole new personal identity starts to develop: taking part in the process of learning the rules of adult life, learning to relate to others. When the blinds fail to relate themselves with general people and consider themselves handicapped in an independent and autonomous manner, they



gradually becoming more self-conscious. It is the stage of friends and peers, who help the individual, create the feeling of belonging, cooperation, binding to the group, self-esteem and identification. But in case of blinds they have few people around and fail to develop feeling of belongingness (Vander Zanden, 1990).

Blindness and visual impairment create a barrier as well as a situation of passive behavior that makes blinds girls and boys dependent on others. They are always expecting others to lead them and help them in every matter so as to develop the feeling of dependency on sighted and take passive decisions for fear of being rejected. They feel they always have to show they are capable and that their errors are "forgiven" because they are blind. So they develop an expectation from the society to be overly protected forever but mostly society acts otherwise, adversely affecting their attitude. Their self-esteem is lower, due to the fact that they need specific items that continuously display their stigmas (such as canes, glasses, monocle lenses, folding tables, Braille reading, and so on). These necessities create in them a feeling of disability and dependence; to such a degree that it makes them wonder to which group they really belong and are bound to: the group of the sighted or the one that establishes the differences (Calvo, 1995). Davidson (1975) concluded that difficulties of blind individuals were isolated from their sighted peers. Davidson (1975) detailed the difficulties encountered by blind children. Fraiberg, S. (1977) tried to build a perception of them. Likewise, Verdugo and Caballo (1995) refer to the sensorial handicaps that negatively affect the development of the individual's self-conception. This negative self-conception leads them towards negative evaluation of general public. These difficulties result in these blinds finding them immersed in slightly stressful daily situations, but this stress is also accumulative (Cohen & Lazarus, 1979).

Observation carried out on blind people who share same visual impairment relating to each other within a group shows that they are socially associated, use the normal language for their age and situation (including both frivolity and seriousness) and function as normally as any group of teenagers. There is something subjacent to social relationships that halt interaction between blind boys and girls when it comes to sharing their spare time outside academic activities. However they avoid interaction with sighted counterparts but it is seen that blinds have interaction within their own blind community

with opposite gender. It is seen that female blinds develop a trust and relationship with sighted population in less time and comparatively more easily than male blinds. Male blinds are more suspicious towards the society and their negative evaluation of the society is more intense than female blinds.

Kids display a passive social attitude when they relate within a group of sighted individuals, and they seldom show any passivity at all within a group of fellow blind individuals. They do not apply the same social competency and skills in any group they find themselves relating with. These preoccupations about social acceptance of blindness and the perception they hold of themselves is the factor that negatively influence their social attitude. These are the strategies they employ to confront the problems caused by their blindness what really determines the differences with sighted population. Hence, they do not avoid social interaction with sighted but they also start hating the sighted population.

Unlike personality, attitudes in blinds are expected to change as a function of experience. Tesser (1993) says that hereditary variables may affect attitudes - but believes that they may do so indirectly. Attitudes can be changed through persuasion. Attitude change is a response to communication. However blinds start avoiding communication with sighted so they find difficulty in attitude change. Message features such as source non-verbal communication is also a major source of message content, and places a very important image on the receivers understanding of the emotional content of the message. The characteristics of a message are important because one message can elicit different levels of emotion for different people. Blinds are not accessible to the non verbal part of the communication. They are unable to see the positive, non criticizing, and non humor gestures of the others. But they interpret according to their own thinking as the person who is communication to them is having a feeling of inadequacy and inferiority for the blinds and he is not taking them seriously. As a result a common suspicious feeling develops in blinds. Thus, in terms of emotionally appealed messages, one size does not fit all. As the time of development of blindness, gender and employment status has different emotional effects on blinds. Attitude accessibility refers to the activation of an attitude how readily available is an attitude about an object, issue,

or situation. The blinds are often seen having an easily available rejecting and rigid attitude about any type of situation because they are not ready to give a second opinion to things happening around them but they remain fixed on their suspicious and non cooperative attitude and are often very much resistant to efforts made by people to access them and to have them outside of their blind group. Issue involvement correlates with both attitude access and attitude strength which exists in both blinds and sighted people. Accessible attitudes are more resistant to change. (Dillard ,1994).

German , Davis , & Friedson (1965) have given theory on effects of stigma on human interactions. As in case of blinds, it is clear that problem is neither in the person who possess the stigma nor entirely in the persons who react to the stigma, but in the interaction between these two people and in the nature of their interactions with each other. As in the case of blinds problem neither exists totally in the sighted nor totally in the blind.

### ***Psycho social causes of negative behavior***

Three theoretical concepts are useful in understanding the psychosocial experience of visually impaired persons in relation to general public. Attitudes of the blinds can be understood by following three theoretical concepts such as psychosocial situations, overlapping roles and passing. These originated in some of the early works of Lewin (1963) and were first applied to situation of disabled person by Barker et. al ,1953). They have been further described by Myerson (1963). The concept of passing was developed by Goffman (1963).

A new psychosocial situation is one in which the setting of positive goals and the way by which they can be achieved are not clearly perceived by the person, as opposed to an old situation in which both the positive and negative goals and the behavioral possibilities are well known. While entering, a new psychological situation attracts and repels a person, because of the uncertain location of a positive goal. A person will use trial and error behavior and will experience a certain amount of vacillating to discover the location of the goal and how to achieve it. The blind person in the new situation will experience frustration as a result of the searching the trial and error

behavior leading this frustration to experience of anxiety and the disruption of behavior. Blinds totally assimilate the situation around them as a cause of their frustration and anxiety and feel that normal people do not help them and attribute their negativity towards general population. The person will be in conflict as he simultaneously tries to reach the goal of the new situation and then withdraw to the safety of the old situation, leading the blind individual to develop negative behaviors and attitudes towards the general population. He starts thinking that people around him are not good and they are having a negative attitude towards blind people and blindness (Myerson, 1963).

Visually impaired persons and other physically disabled persons, more frequently experience psychological situation than do non-impaired persons. Congenitally disabled persons have been over protected and deprived of some of the common experiences of non-disabled persons. Some situations are new for all disabled persons as a result of the stimulus value that the disabled person represents for the non-disabled persons who are present. The disabled person often does not understand while entering a social situation whether he will be an object of curiosity, pitied, sympathized with, helped, patronized, exhibited, praised for his spunk, avoided, or actively rejected". What is reasonably certain is that the disabled person will elicit a strong reaction of some sort, but what is uncertain is the direction and type of reaction to expect and how to cope with it. So sometimes they develop an attitude for the people around them, which is not positive. They develop mistrust on the people around and the general population. They not only feel segregated but also develop a concept of a very unfavorable and harsh society and environment around them (Myerson, 1963).

Interacting with a disabled person is also a new psychological situation for the non-disabled person. The infrequency of this experience along with strong stimulus that the disabled person represents, signals to the normal person is a different situation which may not be handled. The new psychological situation is likely to give rise to trial and error searching for the right behavior and the frustration that accompanies this both for disabled and non disabled. It also leads to anxiety and the disruption of normal behavior patterns and eventually to conflict about interacting or leaving the situation as in case of blind or visually impaired person it is seen often they show mistrust on the person

interacting with them and exhibit a negative attitude towards them in return the person also feels unhappy in the situation and starts avoiding the situation and interaction with the blind people as a result of that the negative attitude of the blind become more strengthened (Myerson , 1963).

## **Psychological well-being**

Psychological well-being initially emerged in the discipline of health in 1947, the world health organization (WHO) defined health as a “positive state, physical, mental and social well being, not merely the absence of disease or infirmity”. The construct of spiritual well being has also been added to the definition of wellbeing. Psychologist defines the concept of well being as lack of illness. (Kasl , Neechael , Clay , Andeelin, & Suizzaine ,.1980 ). Psychological well- being is considered as an appraisal of the status of one's functioning and performance with several distinct but interrelated dimensions including global, mental and physical health. He further says that operationally well being means to reside strictly in positive domain of health indicators (Schlosser, 1990).

Psychological well- being is an abstract, super ordinate construct entailing the affective reactions of individuals to their life experiences along a positive negative continuum (Oakum, Aiding & Cohn, 1990). Mental health professionals have a point of view that an individual's sense of well being is inferred from the presence or absence of depression. Symptoms of depression are considered as a lack of satisfaction and well-being. Absence of happiness with life and self which is a low sense of well-being, it can have widespread behavioral effects (Mookherjee, 1992).

There are three general components of well being; life satisfaction judgments; positive affect and negative affect (Andrews & Withey 1976). The concept of wellness has been developed and well researched in several disciplines including Sociology, Gerontology, Anthropology and Psychology. Well-being is an extensive, broad ranging and diffused concept. As Witmer and Sweeney (1992) have pointed out, the issue of well- being has three parts; (1) mental health; (2) quality of life; (3) sociology gerontology. Therefore psychologists, sociologists and gerontologist paid attention to

well-being and related variables.

There are different terms which coin together to give the concept of wellbeing. These terms are well being , satisfaction , happiness , positive affect , negative affect , affect balance , cognitive evaluations , subjective well being , subjective welfare , psychological well – being , perceived ill-being , anxiety , depression, distress , tension and perceived life quality etc. Mookherjee (1992) pointed out that psychiatric and psychoanalytical theories also described much importance to the individual's sense of well-being (Bradburn ,1969). Bradburn & Caplovitz (1965) studied positive mental health (psychological wellbeing). The general social surveys conducted by national opinion research centre in 1972 in USA also obtained the reports about perceived well-being (mukherjee, 1992). Campbell, Andrews & withly (1976) devised some questionnaire in order to probe the psychological aspects of well-being. Psychologists are more interested in subjective experience and perception of well-being. Psychological well-being means one's positive sense of subjective well-being. According to this statement, person who thinks positive has better psychological well-being.

### **Conceptual models of well-being**

Causal models of well-being focused happiness (Brief et al., 1993). Causal models of well-being can be divided basing on whether they focus on a bottom –up versus a top – down approach to happiness .The bottom-up model suggests that happiness is derived from summation of pleasurable and un pleasurable moments or experiences. It maintains that by simply summing up well-being in particular domain, such as marriage, work, and family, people develop an overall sense of subjective well-being (Brenner et al., 1993).

### **Two domain model**

Initially illness and wellness were considered as two opposite poles and well being was defined as a relative lack of pathological indicators (Witmer & Sweeney, 1992). When affect was considered as a component of well-being; it is said that absence of negative affect is well-being. Bradburn (1969) presented two domain model of well – being in which he explained that positive affect and negative affect are orthogonal

dimensions, who are having unique correlates and they are contributing to well – being. Negative affect is found to have relationship with unpleasant events and health complaints, while Positive affect is related with pleasant events (Watson , Clark & Carey ,1988).

However, Diener et al (1985) gave the idea that positive and negative affect are both components of well-being and are not independent at particular moments of time. Each type of affect clearly suppresses the others. Both types of affect are not independent even in terms of their frequency of occurrence. More a person feels positive or negative affect; the less the person will feel the other. A feeling of happiness (positive affect) clearly means suppression of sadness (negative affect) at that time of experience.

### **A Multidimensional Model**

A recent model of psychological well-being is presented by Ryff and Keyes (1995). They found that well being encompasses 6 distinct dimensions of well being including: (1) autonomy, (2) environmental mastery, (3) personal growth, (4) positive relations with others, (5) purpose in life, and (6) self acceptance.

Six different components of positive psychological wellbeing are explained by multidimensional model : (1) self-acceptance: the positive evaluation of oneself and one's past life : (2) personal growth: the sense of continued growth and development as a person; (3) purpose in life: the belief that one's life is purposeful and meaningful: (4) positive relations with others: the possession of quality relations with others) environmental mastery(5) the capacity to manage affectively one's life and surrounding world : and (6) autonomy: the sense of self determination.

Well – being is multifaceted construct which encompasses positive self regard , mastery of surrounding environment , quality relations with others , continued growth and development , purposeful living , and the capacity for self determination (Brenner , Alphaime , Fastner , Nchwartz ., & Genster., 1990 ).The top down model view, by way of contrast, assumes that people have a predisposition to interpret life experiences in either positive or negative ways, and this predisposition in turn colors one's evaluation of satisfaction in specific domains. Experience is not so much objectively good or bad but

rather is interpreted that way.

Integrated model explains that global features of personality and an individual's objective life events influence the way in which the person interprets the circumstances of his or her life, and these interpretations, in turn directly influence subjective well-being. As the blind individuals face difficult circumstances and they face negative evaluation of the abilities and avoidance by people which leads them towards social isolation which intern lead them towards poor psychological well-being. Operationally defines the psychological well-being with relation to attitude, the more positive is the persons attitude towards other peoples thinking and dealing the more the psychological well-being of the person will be high and the more the person is having negative attitude towards other people, more will be their psychological well-being low. It means that person who evaluates his past and present positively will, has a positive cognition of his future and who perceives himself or herself individually energetic and socially approved is psychologically well. Such sort of evaluation provides the basis for his overall general perception of satisfactory and happy life. These cognitions and evaluations the person has either a predisposition to perceive the things in a certain manner or he has the experience of specific nature; or both at a time. For example if a person is a pessimistic and experiences many negative events in his life, he will develop a negative attitude towards his life and life events and intern his psychological well being will be lowered.

According to Carroll Ryff (2003) Psychological well being can be divided into following parts.

- 1 Having positive attitude toward one's self, acknowledging and accepting multiple aspects of self, feeling satisfied and positive about one's past life.
- 2 Attitude of continued development and potential and being open to new experiences, feeling increasingly knowledgeable and effective.
- 3 A person is having goals and a sense of direction in life, feeling that both present and past experiences are meaningful, holding beliefs that give purpose to life.
- 4 Feeling of competence and able to manage a complex environment; choosing or



creating personally suitable contexts.

- 5 Self-determining, independent, and by regulating behavior internally; resisting social pressures to think and act in certain ways, evaluating oneself by personal standards.
- 6 A person should have warm, satisfying, trusting relationships, being concerned about others' welfare, being capable of strong empathy, affection, and intimacy, understanding give-and-take of human relationships.

It is observed that blind people's psychological well-being gets affected by their attitude towards society. The more they have negative attitude towards society more poor psychological well being they possess. If they are having positive attitude towards society they have high psychological well- being. It is also observed that the time of development of blindness also affects the attitude of the blind person towards society. If he is by birth blind he will have more negative attitude towards the society than the person who develops blindness in the later age.

It is evident that gender of the blind people affects the attitude of the people towards society and as a result their psychological well- being also gets affected by this. Female blinds are having less negative view towards society than the male blinds. It is also seen that education level , socioeconomic status and status of employment ,gender and age also plays a vital role in building a positive or negative attitude of the blind people towards society and this also affects the psychological well-being of the blind people. The blinds that developed blindness not at birth but later due to any reason either by accident or any other cause, they depict a different attitude than the blind by birth.

## **Relationship of blindness and psychological well-being**

It is quite difficult to isolate the life events of a person like blindness from other psychological variables of his life (like marriage, family, health, occupation etc). However, researches have shown the relationship of well – being with life events. Blindness affects the psychological well being of the individual (Diener, 1984).

It is evident that daily circumstances or events of a person's life have a consistent but modest relation with different aspects of subjective well- being, including life satisfaction, positive affect, and negative affect. Blindness places a very serious impact on the daily routine and social circumstances of a blind (Heady , Vearing ,1989; Meddley ,1993).

Good life events are related to positive affect and bad life events are related to negative affect. Varr, J.I., Johnn, H.S., Festinger, V., William, C. B., & Helly, K. (1983). This positive or negative affect pushes a certain type of attitude in the person. As the blinds have a number of negative events related with their blindness. They feel themselves handicapped in many of the activities which they are unable to perform independently. They require help in this sense. When they go for studies they require special setup like Braille system and do not get mix with normal students. When they compete for a job with normal, they rejected as having visual disability which will affect the performance and the employer cannot get maximum out of them. So they develop a negative attitude towards themselves and society as well.

There is also evidence that ones ability to control events is also related to the impact these have on his life (Guttman, 1978; Zauta & Reich, 1983). Emmons (1992) explained that a number of approaches have suggested that positive and negative life events are not randomly critical for blind person's well-being, but rather these are the events that impinge upon blind's goals and commitments. He studied the interactive effect of personal strivings and daily life events of the blinds. Power strivings were found negatively correlated with positive affects. It can be inferred that life events are

associated with one's well-being. Blinds have poor psychological well-being which shows that blindness plays a role of negative life event which affects their whole life.

## **Rationale of the study**

This study aimed to study the impact of negative attitude on psychological well-being in the blinds. Efforts can be made in improving life styles of blinds. Other disable individuals can also be brought in lime light by using the information that will be gained from this study. The findings of this study can help towards the development of intervention strategies about the problems of the blinds.

The findings of the studying can help in finding the ways in improving educational facilities for the blind. Efforts should be made to increase the literacy rate of the blinds to change their thinking pattern and improve their self concepts and also their views about the society. Another implication of the research will be emphasis on the educational system. In educational systems emphasis should be on aspects of personality growth, such as social skill development etc. This task would be accomplished by teachers in the form of tutorials or activity designed for it.

There is a need for more research in to the problems of the blinds. It is important for the sociologists, social workers and psychologists to understand this phenomenon and develop remedial steps for it. This study will be a beginning of similar studies that will help our understanding in to problems of the blinds.

False and negative attitudes are prevalent in our society that affects psychological well-being of the individuals. These false and negative attitudes are both from the blinds and normal people side as they focus on the disabilities of the blind persons and show piety for them. People should be having an attitude of focusing on the abilities of the blinds rather on their disabilities.

# METHOD

### Method

#### Objectives

Following are the main objectives of the study

1. To study the attitude of blinds towards society and its impact on their psychological well-being.
2. To study role of different demographic variables i.e. gender, age, education, employment status on attitude and psychological well-being in blinds.
3. To study relationship of onset of blindness and types of blindness i.e. total blindness and partial blindness on attitude and psychological well-being.

#### Hypotheses

1. Negative attitude has a negative impact on psychological well-being of blinds.
2. Male blinds have more negative attitude and poor psychological well-being than female blinds.
3. Uneducated blinds have more negative attitude and poor psychological well-being than educated blinds.
4. Unemployed blinds have more negative attitude and poor psychological well-being than employed blinds.
5. Blinds that are in late adulthood have more negative attitude and poor

psychological well-being than blind that are in middle adulthood.

6. Totally blinds have more negative attitude and poor psychological well-being than partially blinds
7. By birth blinds have more negative attitude and poor psychological well-being than those who are not by birth blind.

## **Operational definition**

### **Attitude**

Attitude is an innate predisposition towards some object, person and society. Higher score of the blind people on the negative attitude scale show the negative attitude of the blind towards society.

### **Psychological well being**

Andrew and Robinson (1991) defined the psychological well being as

It refers to one's positive sense of subjective well being i.e.; a person who thinks positively is thought to have, positive psychological well being .it is a positive attitude towards one's self and life.

### **Blindness**

Blindness is a physical disability in which the person is having some defect with sight. Blindness is of different kinds which ranges from total blindness to partial sightedness.

#### **Total blindness**

When the person is unable to detect light stimuli of any kind on his visual field he is considered as totally blind person.

#### **Partially blind**

Some people are able to detect specific ranging light stimuli and are able to interpret these light stimuli but are unable to see everything as person's having normal sight these are partially blind people.



**By birth blind**

These are the people who are born with some congenital disability in their sense of sight.

**Blindness developed after birth**

Some people are born with normal sight but due to any problem their sight gets affected in later life.

## **Sample**

The sample of the present study consists of 80 blinds. These were taken from different special education institutes i.e Government Qandeel Institute for Blind Boys Rawalpindi, Govt School for blind girls Shamasabad Rawalpindi, Govt Special Education Centre Hazro, Govt Razia Sultana School for the Blinds Attock, Govt Degree College for disables Gullberg Lahore.

Blinds were of different categories i.e. by birth blinds, blinds not by birth , totally blinds and partially blinds also, males and females , educated and uneducated , employed and unemployed were also taken. All the respondents were from 20 years to 60 years of age. Informed consent was taken from all respondents and their families and also from institutions in which some of them were working.

## **Instrument**

Following instruments were used in the present study.

### **Bio data Form**

A bio data form was developed for gathering demographic information from the respondents. Name , age , gender , qualification, employment status, time of development of blindness, either by birth or later developed, type of blindness either partially or totally blind was asked in the demographic sheet.

## **Attitude scale ( Manzoor, Aisha.1994)**

The attitude scale was developed by Aisha Manzoor in 1994 for blinds. It is a standardized scale for measuring the attitude of blinds towards community. It is a 50 item likert type scale. The responses ranges 1 (strongly agree) to 5 (strongly disagree). The scale consists of both positively and negatively worded items. 25 items of the scale are positively worded i.e. 1,3, 4,6, 11,13 17,18, 19,21,22 ,23,25,27,29, 30,31,35,36,37,38,40,41,42,50 and 25 items are negatively worded i.e. 2,5,7,8,9,10,12,14,15,16,20,24,26,28,32,33,34,39,43,44,45,46,47,48,49. These items are scored as 1-5 and the negative items are scored as 5-1. The total score of the scale is 250 which is the sum of 1-50 items. The cut-off point of the scale is 150. The high score on the scale reveals negative attitude of the blinds towards society. The scale has high reliability of scores (0.83) on blind individuals. For present study the purpose of the attitude scale was to see the impact of negative attitude of blinds on their psychological well-being. (Annexure-2).

## **Affectometre 2: A selected measure of Well- Being**

Affectometre II well-being scale was translated into Urdu by Samina Naheed (1997) . This scale was used for the measurement of well-being.

This scale consists of 39 items divided in two parts. Part A composed of 19 statements and part B has 20 adjective in it. Ten items , no 1,3,5,7,9,11,13,14,16,18 in part A are positive items while 9 items , no 2,4,6,8,10,,12,,15,,17,19 are negative items . This scale was developed on Likert type scoring system. It ranges from strongly agree to strongly disagree and scoring is accordingly. The cut-off score is 117. The person scoring above is considered as having better psychological well-being. (Annexure-3).

## Procedure

Informed consent was taken from the respondents. The respondents were briefed about research, purpose of data collection and data collection procedure. They were also told that data will be used just for research purposes. They were assured about the confidentiality of the information given by them. Generally blinds were cooperative and willing to share their views on different life issues, though some respondents needed extra probing.

Respondents were of different categories of blinds and they were taken from the special centers for blind in Rawalpindi, Attock, Lahore and also from the general institutes in Rawalpindi where blind people were working or present and also by the blind who are illiterate and unemployed from district Rawalpindi. Both scale such i.e attitude scale and well- being scale was taken in Urdu version so that it becomes easy for them to understand. The scale was also converted on Braille for the educated blind people so that they can read it by themselves. The people were approached at their places for the purpose of data collection.

## Data Analysis

Both scales used in the research were likert type scales ranging from strongly agree to strongly disagree. The scores were given from 1 to 5 on the type of responses. The data was analyzed by using statistical package for social sciences (SPSS).

Impact of negative attitude on psychological well –being simple was calculated by linear regression . For measuring group differences in the blinds the t-test was applied. Reliability of the both scales was also checked on SPSS. Both scales proved highly reliable on the present blind population.

# RESULTS

**RESULTS****Table 1**

Reliability of Attitude scale and Affectometre II scale.

Scale	No of items	Cronbach's alpha
Attitude	50	0.98
Affectometre II	39	0.86

The Cronbach's alpha of the attitude scale is 0.98 and of the affectometer II scale is 0.86 which shows that both scales are highly reliable for the blind population

**Table 2**

Linear regression showing effect of negative attitude on poor psychological well-being.

Variable	b	SE	B	t	p	95% CI
Constant	272.58 **	3.55		76.72	0.00	[265, 279]
Attitude towards society	-1.089 **	0.03	-0.972	-36.43	0.00	[-1.14,-1.03]
R <sup>2</sup>	0.972					
$\Delta R^2$	0.943					

F( 1327.58 ,df= 78 )

table 2 show linear regression analysis. Linear regression analysis is computed with negative attitude as predictor variable and psychological well-being of blinds as an outcome variable. The  $\Delta R$  0.943 value of indicates that 94.3 % variable in the dependent variable can be accounted for, by the predictor (F= 1327.58),  $p < 0.00$ . The result also indicate that negative attitude ( $\beta = -0.972$ ,  $p < 0.00$ ) has significant effect on poor psychological well-being in blinds.

**Table 3**

Mean, standard deviation, t- values and Cohen's d of Male and Female blinds on attitude scale and psychological well- being scale. (N= 80)

Variables	Female (n=35)		Male (n=45)		t	LL	UL	Cohen's d	p
	M	SD	M	SD					
Attitude	106.72	25.97	186.35	19.98	15.50	57.25	76.96	3.43	0.01
Psy well being	151.91	18.62	79.48	19.67	16.85	69.41	89.85	3.78	0.05

df = 78

Table 3 indicates a significant difference between the male and female blinds on the attitude scale and psychological well-being scale. Male blinds scored (M =186.35) and female blinds scored (M= 106.72) on attitude scale and there is a significant difference between both groups i.e. (t=15.50) and (p<0.01). The male blinds scored (M=79.48) and female blinds scored (M=151.91) on psychological well-being scale and there is a significant difference between both groups i.e. (t=16.85) & (p<0.05).



**Table 4**

Mean, Standard Deviation, t- values and Cohen's d of educated and uneducated blinds on attitude scale and psychological well- being scale.

Variables	Educated (n=42)		Uneducated (n=38)		t	LL	UL	Cohen's d	p
	M	SD	M	SD					
Attitude	131.56	38.48	176.45	42.62	4.96	-62.89	-26.69	1.10	0.05
Psy	127.43	34.85	90.97	39.47	4.40	13.98	52.94	0.97	0.01
Well -being									

df = 78

Table 4 indicates a significant difference in the educated and uneducated blinds on attitude scale and psychological well-being scale. Uneducated blinds have scored (M =176.45) and educated blinds have scored (M= 131.56) on attitude scale and there is a significant difference between both groups i.e., (t=4.40) & (p<0.01). Uneducated blinds scored (M=90.97) and educated blinds scored (M=127.43) on psychological well-being scale and there is a significant difference between both groups i.e., (t=4.96) and (p<0.05).

**Table 5**

Mean, Standard Deviation, t- values and Cohen's d of employed and unemployed blinds on attitude scale and psychological well- being scale. (N= 80).

Variables	Employed (n=35)		Unemployed (n=45)		t	LL	UL	Cohen's d	p
	M	SD	M	SD					
Attitude	131.56	38.48	176.45	42.63	4.96	-64.89	26.89	1.10	0.05
Psy	127.43	34.85	90.97	39.47	4.20	19.98	52.94	0.97	0.05
Well-being									

df = 78

Table 5 indicates a significant difference between employed and unemployed on attitude scale and psychological well-being scale. Employed scored (M= 131.56) and unemployed scored (M =176.45) on attitude scale and there is a significant difference between both groups i.e., (t=4.96) and (p<0.05). Employed scored (M=127.43) and unemployed scored (M=90.97) on psychological well-being scale and there is a significant difference between both groups i.e., (t=4.20) & (p<0.05).

**Table 6**

Mean, Standard Deviation, t- values and Cohen's d of blinds in middle adulthood and blinds in late adulthood blinds on attitude scale and psychological well-being scale.(N=80).

Variables	Middle adult hood (n=42)		Late adulthood (n=38)		t	LL	UL	Cohen's d	p
	M	SD	M	SD					
Attitude	115.26	28.15	181.41	25.55	6.38	-86.07	-62.22	2.46	0.05
Psy well being	144.09	25.92	76.76	19.78	7.06	57.06	77.58	2.92	0.01
df = 78									

Table 6 indicates a significant difference between the blinds in late adult adulthood and blinds in middle adulthood. Blinds in middle adulthood scored (M= 115.26) blinds in late adulthood scored (M=181.41) on attitude scale and there is a significant difference between both groups i.e., (t=6.38) and (p<0.05). Blinds in middle adulthood scored (M=144.09) and blinds in late adulthood scored (M=76.76) and there is a significant group difference between both groups i.e., (t=7.06) & (p< 0.01).

**Table 7**

Mean, Standard Deviation, t- values and Cohen's d of totally and partially blinds on attitude scale and psychological well- being scale. (N=80).

Variables	Totally Blind (n=55)		Partially Blind (n=25)		t	LL	UL	Cohen's d	p
	M	SD	M	SD					
Attitude	178.79	42.22	125.11	32.18	6.26	37.14	70.20	1.43	0.01
Pay well being	87.92	38.88	133.73	28.87	5.04	-60.89	-30.73	1.33	0.05

df = 78

Table 7 indicates a significant difference between the totally blinds and partially blinds on attitude scale and psychological well-being scale .totally blinds scored (M =178.79) and partially blind scored (M= 125.11) on attitude scale and there is a significant difference between both groups (t=6.26) and (p<0.01). Totally blinds scored (M=87.92) and partially blind scored (M=133.73) on psychological well-being scale and there is a significant difference between the groups of blinds i.e., (t=5.04) & (p<0.05).

**Table 8**

Mean, Standard Deviation, t- values and Cohen's d of by birth blind and blind not by birth on attitude scale and psychological well- being scale. (n=80).

Variables	By Birth Blind (n=63)		Blind not by Birth (n=17)		t	LL	UL	Cohen's d	p
	M	SD	M	SD					
Attitude	168.04	36.97	91.16	7.54	8.73	59.39	94.40	2.88	0.01
Psy well being	97.20	33.98	162.33	13.50	7.92	-81.48	-48.76	2.51	0.05
df = 78									

Table 8 indicates a significant difference between the by birth blind and the blinds not by birth on the attitude scale and psychological well-being scale. Blinds by birth scored (M =168.04) and blinds not by birth scored (M= 91.16) on attitude scale and there is a significant difference between both groups i.e. (t=8.73) and (p<0.01). The blinds by birth scored (M=97.20) and the blinds not by birth scored (M=162.33) on psychological well-being scale and there is a significant difference between both groups i.e., (t=7.92) & (p<0.05).

# **DISCUSSION**

### DISCUSSION

The basic aim of the present study was to study the attitude of blinds and its impact on their psychological well-being. It was also aimed to measure the demographic variables and other factors which have relationship with negative attitude and psychological well-being of blinds. Many variables were found to be correlated with the negative attitude and psychological well-being among blinds. Different demographic variables have different affect on the attitude of the blind person towards other people and society. By birth blinds have more negative attitude than the blind that develop blindness in later age, gender education, employment status, type of blindness (either partially or totally blind) also affects the attitude and psychological well-being of the blinds.

The results of the study showed that blinds in general have negative attitude towards the sighted population and have poor psychological well-being. The regression score was showing that negative attitude is a predictor of poor psychological well-being. It was found that there are a number of reasons to develop an attitude of retaliation towards the society among the blinds. The foremost reason is that handicapped in general and blinds in particular are regarded as discarded members of the society. Blind people have a wide variety of experiences regarding discrimination and prejudices in their life; others may face the prejudices and stereotypes of the society throughout their life. The problems faced by the blinds are mostly attributed by the people to their disability. The sighted members of the society, however, do not realize the fact that most of these problems are imposed on blind because of the negligence of the society.

The differences in score of both the male and female blinds show that as the negative attitude increases psychological well-being decreases. It is evident from the results that despite the degree of severity of negative attitude both male and female blinds are having a negative attitude towards the society to some extent.

The t- score of the male and female blind group showed group differences the attitude of male blinds is more negative towards the society and male blinds have poor psychological well being than the female blinds (Table 3). Fraiberg .S (1972) has argued that male blinds often feel more maladjustment than female blinds in the society and this poor adjustment creates a negativity in the thinking patterns of the male blinds they develop an expectation that nothing good is going to happen with them. So their psychological well- being gets affected.

As male blinds move in the society more frequently than the females and they have to work with the sighted population, they have to become a candidate for a job along with the sighted population and they develop the view that they are not being given their due share and respect. But the females have less interaction with the sighted population. They don't have to compete for a job with sighted population and not also to show performance equivalent to the sighted population in the job in comparison to male blinds.

Rogow N. M.(1972) gave a common theme in rehabilitation literature of the blinds that gender of the blinds is also a casual factor of the adjustment in the environment and the social situation. Males are often found poorly adjusted than the females both emotionally and socially as blinds male are having more irritable, aggressive and negative attitude than the female blinds.

Varr, J.I., Johnn, H.S., Festinger, V. , William, C. B., & Helly, K. (1983) gave the evidence that good life events are related to positive affect and bad life events are related to negative affect. Blindness is a negative life event for a blind. The individual differences play their role in taking the affect from these events in life. The researchers gave a view that gender also plays an important role in dealing with negative events. It is often seen that in blinds the reaction is inverse to general population as the male blinds take more time in adjustment with their disability than the females and they show poor psychological growth than females.



Irwin & Dixon (1979) suggested that education affect the life styles of the blinds he added that educated and uneducated show a significance variance in adjustment to visual loss and it's after affects. Disabled persons especially visually impaired are considered as a burden on the society because of which they are not able to take active part in day to day life. Their potentialities and capabilities are being ignored and are looked down as discarded members of the society. Blind respondents felt that they are being treated in stereotyped manner. Since stereotyping is believed to be often the product of lack of exposure, it is seen that the blind and the sighted live in different worlds having little communication with each other. These stereotypes need to be refined through dissemination of knowledge and exposure. The results on the attitudinal scores of subjects with different educational qualification indicated that educated individuals showed less negative attitude towards the society as compared to less educated blinds (Table 4).

Educated and uneducated blinds exhibited negative attitude towards sighted population. Educated blinds were having better psychological well- being than the uneducated blinds. This finding supports our hypothesis that educated blind possess less hostile attitude towards society than uneducated persons. The obvious reason for this difference may be that education provides an opportunity to develop awareness and self insight within an individual. It also enables the person to develop his capabilities and potentials to cope with the adverse circumstances and to face the hardships of life more successfully. At the same time he also learns to rely on his own abilities to fight for his right through self confidence and self- reliance. So the psychological well- being of the blind individual is also improved.

Moreover, education provides means to the blinds to have maximum exposure to an unseen world and this helps them in exploring and interpreting their environment. Education also induces the property of self reliance, both physically and socially in blinds. All these effects of education helps in broadcasting ones view points and results in ones positive attitude towards society. Lack of education induces negative feelings in less educated blind persons as they face difficulties to get job with a reasonable salary.

Failure to get higher education, for example, may prevent a blind person from even being considered for a job requiring only manual labor. Unrealistic requirements close the doors of employment to many of the disabled. They are forced to rely on others for fulfilling their requirements of basic needs.

There are different reasons why blinds develop negative attitude towards sighted population i.e. blinds do not get enough support even within their families. The behavior of the sighted reflects their unconcern and negligence towards blinds. Many people think blindness as a disability, which is a curse of God, and must be because of sin of the blind or their parents. So blinds are continuously ignored by the sighted population.

Their own families hide them from the public for the fear that people may make fun of them. They seldom receive praise or encouragement from their parents; rather it is mostly one of shame and social scorn and stigmatization. This stigmatization develops a negative interaction with the outer world in blinds. This leads them to develop a negative and suspicious behavior towards normal people which then converts into an overall negative attitude. Blinds face a number of problems in getting jobs. They do not even get jobs in those institutions in which there is reserved quota and they also qualify for these jobs. When the blinds fail to get appropriate jobs and even any job their self image becomes more poor and their attitude towards society becomes more negative. The employed blind faced lots of difficulties in getting and maintaining their jobs. Once they are employed than do not have their promotion channel. It is not favored by the authorities to place a blind on administrative post.

In the present study result indicates that the difference in score of the employed and unemployed blinds shows , as the negative attitude increases in blinds either employed or unemployed their psychological well being decreases.

By using an attitude scale Dent (1962), found at their work place, sighted people perceived the work adjustment of blind persons less favorably than that of themselves. Thus blind persons are perceived as potentially not capable of achieving satisfactory work adjustments at their jobs. Major reason for this resistance on the part of employers

could be explained. For some obscure reason, loss of vision is associated in the public mind with the loss of other vital bodily functions like standing, walking and even comprehension of a spoken world. Not frequently does one find sighted person who would want to help a blind person in sitting and standing or asking for him if it would be all right for him to stand. It is also seen in the present research that un employed blinds are having more negative attitude and poor psychological wellbeing than the employed blinds (Table 5).

McDowell & Newell (1987) suggested that in blinds persuasion of the information and the social influence of the environment becomes a cause of development of an attitude. Employed blind person is seen more socially influenced and develop a resistance to the rejection and non acceptance, so he is slightly more adjusted to criticism than the non employed. It is seen that the employed blinds develop the ability to adapt and adjust easily also in the non working environment such as social gathering but unemployed blind face more difficulty in adjusting. So the unemployed psychological well being becomes poorer than the employed blind.

Sighted persons regard blinds as inferior or marginal from physical, vocational and social aspects. They also treat the blinds as different species and try to isolate them as far as possible. Thus blinds have deep rooted misunderstanding, suspicion and conflicting attitude towards the sighted. Therefore blinds encounter negative stereotypes and attitudes whenever they attempt to interact with the sighted society. As a consequence, they internalize these negative orientations and tend to develop self conceptions that correspond to these negative and hostile attitudes. Sometimes, alternatively, as a sharp reaction they develop either an exalted image of themselves or buildup unrealistic expectations of society. These types of unrealistic expectations are seen to some extent in all ages of blinds.

In this study blinds of all ages either in late adulthood or in middle adulthood showed a negative correlation between the negative attitude and psychological well being. It showed that negative attitude at any age becomes a cause of poor psychological

well-being. Blinds portray some attitudes through out their life but some of the attitudes got change with the passing of life of the blind and passage of time as their attitude towards success. The young blinds are often seen having a fantastic thinking about their upcoming achievements in life and attribute less negativity towards the society but as the age grows they start projecting their failures to the society more often.

In this study it is also seen that the t –score of the blinds in late adulthood and blinds in middle adulthood showed differences in means which indicated that blinds in late adulthood are having more negative attitude than the blinds in middle adulthood (Table 6). It can be assumed the more a blind person is having interaction with the society in different aspects the more negative feelings he develops about the sighted population.

Mock & Erbraught (1990) carried out an observation on teen age blinds relating to each other and with sighted within a group and with the aged blinds that share the same visual impairment with the young blinds. They gave the observation that young blinds were more adjusted than the aged blinds. The young blinds exhibited less irritability and they showed better communication with their young sighted partners and even their aged sighted partners. It was also seen that teen aged blinds were having better psychological conditions than the aged blinds.

Larsen & Griffin (1995) exclaimed that immediate and long term difficulties are seen in blinds. These can include a broad range from negative thinking to symptoms of anxiety and depression. He added that some blinds face more severity in the symptoms as they grow older and more negative and repelling attitude is seen in the older blinds than the younger blinds.

Meddley & Vearing (1980) discussed that cognitive process work hand in hand with the emotional and psychological issues of adjustment. They also added that no matter the blindness is partial or total the cognitive and psychological processes got equally affected in blinds which intern affects their communication and thinking patterns.

Significant group difference was seen in partially sighted blinds and totally blinds. Partially blinds exhibited less negative attitude and better psychological well-being than the totally blinds (Table 7). As the partially sighted people have a little more visual interaction with the surrounding words, they can read somewhat to the gestures of the society so they have less suspicion about the sighted population as a result they develop less negative attitude towards sighted population than totally blind individuals. The score of the totally and partially blind individuals showed differences in the means of both groups and it showed that partially sighted blind individuals showed better psychological well-being than the totally blind individuals.

In a research by Guttman (1978); Zauta & Riech, (1983) it was evidenced that one's ability to control events is also related to impact these have on his life. And the partially blinds can control events better than the totally blinds. So their psychological well-being is better than totally blinds.

In a research by Lukoff(1972) it was theorized that the visually impaired person is likely to sense rejection or the personal distress and frustration that the other person shows but according to him the totally blinds feel an exaggerated amount of rejection and negative facial impressions than the partially blinds. So the totally blinds develop more negative attitude than partially blinds.

The study indicates that there is an impact of negative attitude on the psychological well-being. As the negative behavior increases the psychological well-being of the individual decreases. To some extent all blinds are having negative attitude towards the society's rejecting behavior. But as there are individual differences and every one has to experience different things in life. So it was seen that by birth blinds as never felt themselves part of sighted group so they are more suspicious and negative than the blinds that were once a part of sighted community and can understand that sighted people have empathy for them, but when they encounter with sighted population as blind individual they are fully not satisfied with sighted population's cooperation and develop a

negative image about them.

The difference in scores of the by birth blinds and not by birth blinds show , as the negative attitude increases the psychological well being decreases both in the case of by birth blinds and not by birth blinds (Table 8).Berman, (1954); Tinny, (1953) have suggested that the prevailing social attitude to all types of blindness e.g. total blindness and partial blindness is discriminating and places them to a lower social status .Both the by birth blinds and not by birth blinds are taken in same category. Both have a status subordinate to majority's interests and suffer restrictions on entry into certain roles both experiences difficulties in employment and education. This all leads them to develop repellent and negative attitude towards society's behavior and their psychological state such as self concept becomes poor which leads to their poorer psychological well being.

The t – score of the blinds by birth and the blind who were not by birth blind showed that by birth blinds have more negative attitude and poor psychological well-being (Table 8). It can be assumed that by birth blind never felt themselves a part of sighted community so this mistrust and suspicion about the sighted population is stronger than the blinds that were not by birth blind. As they were a part of the group of the sighted community they have less suspicious view about them as a result they developed less negative view about the society.

Ward Mendelson (1981) in his research with blinds wrote that along with perception of nature, severity and prognosis, the time of development of blindness i.e. by birth blindness , blindness developed in childhood, blindness developed in adulthood and the blindness developed in older age also affects the out comes of the blindness of the person.

Seidtz Pavot (1990) did several studies on the type of blindness i.e. by birth blind and not by birth blind. They have an idea that how competent a person is in learning skills of social behavior, his ability to adjust in the environment will increase. As the not by birth blinds develop social competence better than by birth blind their social

adjustment increases as a result their psychological well being also increases.

Diaz Agudo (1995) suggested that prevailing social attitudes of the people towards blindness is of pity and not of accepting the qualities of the blinds. This creates a conflict in the interaction of the blinds and the sighted population.

The present study revealed that lesser or greater blinds are having negative attitude towards society and it is also seen that attitude has a relationship with the psychological well being. As the negative attitude increases psychological well- being becomes poorer and poorer. It was also observed that type of blindness i.e. that totally blinds, partially sighted , time of development of blindness i.e. blindness developed at birth and blindness developed after birth , age , gender education and employment status has also impact on the development of negative attitude and psychological well- being.

## **Limitations and suggestions**

Family members were not involved in the process of data collection. More information can be gained about the attitudes of the blinds towards their family members also and the friends and colleagues can also be involved in future researches for gaining information about the interaction patterns of the blinds.

It would have been interesting to compare negative attitude of the blinds with some other variable such as any type of psychological disorder and personality type. Negative attitude often leads towards mood disorders. So it could be suggested for further studies that mood disorder for instance depression with relation to the negative attitude in the blind should be explored.

Respondents were taken from all socioeconomic status and from all educational levels from primary to post graduation. Socio economic status plays a very vital role in development of attitude and psychological well being. So in future socio economic status and education level should be kept constant.



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# **ANNEXURES**

## **ANNEXURE - 1**

## Bio Data sheet

Name \_\_\_\_\_

Gender \_\_\_\_\_ male / female

Age \_\_\_\_\_

Education \_\_\_\_\_

Occupation \_\_\_\_\_

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

Father's Occupation \_\_\_\_\_

Type of blindness \_\_\_\_\_ partially blind / totally blind

Time of development of blindness \_\_\_\_\_ by birth /not by birth

No of siblings \_\_\_\_\_

No of blind siblings \_\_\_\_\_

No of blind family members \_\_\_\_\_



## **ANNEXURE – 2**

## حصہ (الف)

ہدایات: مندرجہ ذیل بیانات کو پڑھیں اور ان میں سے جو آپ کو اپنے مطابق درست لگیں اس پر ( ) نشان لگائیں۔

نمبر شمار	بیانات	بالکل نہیں	بہت کم	کبھی کبھی	زیادہ تر	ہمیشہ
۱۔	میری زندگی صحیح طور پر بسر ہو رہی ہے					
۲۔	کاش میں اپنی زندگی کا کچھ حصہ تبدیل کر سکتا کر سکتی					
۳۔	مجھے اپنا مستقبل روشن دکھائی دیتا ہے۔					
۴۔	ایسا لگتا ہے کہ جیسے میری زندگی کے بہترین سال گزر چکے ہیں۔					
۵۔	میں خود کو پسند کرتا کرتی ہوں۔					
۶۔	ایسا لگتا ہے کہ مجھ میں کچھ نہ کچھ خرابی ضرور ہے۔					
۷۔	میں کسی بھی درپیش مسئلہ کو حل کر سکتا کر سکتی ہوں۔					
۸۔	میں خود کو ایک ناکام انسان محسوس کرتا کرتی ہوں۔					
۹۔	میں محسوس کرتا کرتی ہوں کہ لوگ مجھ سے محبت کرتے ہیں اور مجھ پر اعتبار کرتے ہیں۔					
۱۰۔	ایسا لگتا ہے کہ جب مجھے ان کی ضرورت ہوتی ہے لوگ میرا ساتھ چھوڑ دیتے ہیں۔					
۱۱۔	میں خود کو اپنے ارد گرد کے لوگوں کے قریب محسوس کرتا کرتی ہوں۔					
۱۲۔	مجھے دوسرے لوگوں میں کوئی دلچسپی نہیں رہی اور نہ ہی مجھے ان کی پرواہ ہے۔					
۱۳۔	میرا خیال ہے کہ میں جو چاہوں کر سکتا کر سکتی ہوں۔					
۱۴۔	میرے پاس اپنے کاموں سے زائد قوت ہے۔					
۱۵۔	میں کچھ بھی کرنے کی پریکٹس نہیں کر سکتا کر سکتی۔					
۱۶۔	میں بہت زیادہ مسکراتا اور ہنستا رہتا ہوں اور ہنستا ہوں۔					
۱۷۔	ایسا لگتا ہے کہ میرے لئے کسی چیز میں کوئی لطف باقی نہیں رہا۔					
۱۸۔	میں واضح اور تخلیقی انداز میں سوچتا سوچتی ہوں۔					
۱۹۔	میں بے فائدہ سوچوں کے بھنور میں الجھا رہتا رہتی ہوں۔					

## (حصہ ب)

### ہدایات

اس سوالنامہ کا حصہ چند انسانی صفات پر مشتمل ہے۔

ہر صفت کے سامنے جوابات کے لئے ۵ کالم موجود ہیں۔ آپ ہر صفت کو پڑھیں اور غور کریں کہ یہ صفت آپ میں کس حد تک اور کس حد تک نہیں؟ اپنی رائے کو متعلقہ کالم میں نشان لگا کر ظاہر کریں۔

مثال:

نمبر شمار	صفات	بالکل نہیں	بہت کم	کبھی کبھی	زیادہ تر	ہمیشہ
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۱۔ دلیر

اگر آپ درج بالا صفت آپ میں بالکل موجود نہیں تو کالم نمبر ۱ میں ( ) نشان ( لگائیں اور اگر ہمیشہ موجود ہوتی ہے تو آخری کالم میں ( ) نشان لگائیں۔ اسی طرح جو کالم آپ میں صفت کی موجودگی کی صحیح

نشان دہی کرتا ہو اس کالم میں نشان لگائیں۔

نمبر شمار	صفات	بالکل نہیں	بہت کم	کبھی کبھی	زیادہ تر	ہمیشہ
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۱۔ مطمئن

۲۔ پرامید

۳۔ کارآمد

۴۔ پراعتماد

۵۔ جسے دوسرے سمجھ گئے ہوں

۶۔ پیار کرنے والا اور ادالی

۷۔ بے تکلف

۸۔ پر دلولہ

۱۰۔ خوش اطوار

۱۱۔ بیدار مغز

۱۲۔ بے طمینان

۱۳۔ تنہا

۱۴۔ ناامید

۱۵۔ الگ تھلک

۱۶۔ غیر اہم

۱۷۔ بے بس

۱۸۔ ذاتی / اعصابی تناؤ کا شکار

۱۹۔ منحل

۲۰۔ متذبذب

## **ANNEXURE -3**

## سوالنامہ

- ۱۔ جنس: \_\_\_\_\_ مرد/عورت
- ۲۔ عمر: \_\_\_\_\_
- ۳۔ تعلیم: \_\_\_\_\_
- ۴۔ ماہانہ آمدنی \_\_\_\_\_
- ۵۔ دوستوں کی تعداد \_\_\_\_\_

ہماری اپڑوسی:-----

قرمی رشته دار:-----

ملاحظات:-

ہم ایک تحقیق کر رہے ہیں، جس میں ہم یہ جاننا چاہتے ہیں کہ عام لوگ نابیناؤں کے بارے میں کیا سوچ یا رویہ رکھتے ہیں۔ اس سے آپ کس حد تک اتفاق یا اختلاف کرتے ہیں۔ اس سلسلے میں ہم نے مختلف قسم کے حالات اور ردوہوں کو بنانا کی شکل دی ہے۔ ہر بیان ایک خیال یا رویہ کو ظاہر کرتا ہے جو کہ مثبت یا منفی ہو سکتا ہے۔

میں ہر بیان آپ کو پڑھ کر سناؤں گی۔ آپ اس کو غور سے سنیں اور سمجھیں۔ اگر پہلی دفعہ آپ کو مکمل طور پر سمجھ نہ آئے تو میں اس کو دہراؤں گی۔ پھر سمجھنے کے بعد آپ یہ بتائیں کہ آپ اس بیان سے کس حد تک اتفاق یا اختلاف کرتے ہیں۔ اس اتفاق یا اختلاف کی ہم نے درجہ بندی کی ہے۔ جو کہ پانچ درجوں پر مشتمل ہے۔

زیادہ اتفاق      اتفاق      معلوم نہیں      اختلاف      زیادہ اختلاف

اگر آپ کسی بیان سے اتفاق کرتے ہیں تو آپ یہ بتائیں کہ آپ اس سے صرف اتفاق یا زیادہ اتفاق کرتے ہیں۔ اسی طرح اگر آپ کسی بیان سے اختلاف کرتے ہیں۔ آپ اس سے صرف اختلاف یا زیادہ اختلاف کرتے ہیں۔

یہ بتائیں کہ یہ بیان آپ کے خیال میں ان پانچ درجات میں سے کون سے درجے میں آتا ہے۔ مثلاً ایک مثال لیجئے!

زیادہ اتفاق	اتفاق	معلوم نہیں	اختلاف	زیادہ اختلاف
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- ۱۔ عام لوگ نابیناؤں کی گفتگو نقل اور برداردی سے سنتے ہیں۔
- ۲۔ عام لوگ نابیناؤں کے ساتھ بات چیت جلد ختم کر دیتے ہیں۔
- ۳۔ عام لوگ نابیناؤں کے ساتھ بحث و تکرار سے پرہیز کرتے ہیں۔
- ۴۔ عام لوگ نابیناؤں کے ساتھ گفتگو کرتے ہوئے غلط فہمی پھیلاتے ہیں۔
- ۵۔ عام لوگوں کا رویہ نابیناؤں کے ساتھ ناقابل برداشت ہوتا ہے۔
- ۶۔ عام لوگ نابیناؤں کی معاشی طور پر مدد کر کے خوش ہوتے ہیں۔
- ۷۔ عام لوگ نابیناؤں کو اپنے کاروبار میں شریک کرنے سے کتراتے ہیں۔
- ۸۔ عام لوگ نابیناؤں کے ساتھ ازراہ ہمدردی نوکری کے لئے امیدوار بننا پسند نہیں کرتے۔
- ۹۔ عام لوگ نابیناؤں کے ساتھ متعارف ہونا پسند نہیں کرتے۔
- ۱۰۔ عام لوگ نابیناؤں کو دکھ درد میں شریک نہیں کرتے۔
- ۱۱۔ عام لوگ نابیناؤں کے ساتھ جلدی مکمل مل جاتے ہیں۔

- ۱۲۔ عام لوگ نابیناؤں کے ساتھ تعلق قائم کرنے میں پہل نہیں کرتے۔
- ۱۳۔ عام لوگ نابیناؤں کے ساتھ دوستی رکھنے میں خوشی محسوس کرتے ہیں۔
- ۱۴۔ عام لوگ نابیناؤں کے ساتھ ازدواجی تعلقات قائم کرنے سے گریز کرتے ہیں۔
- ۱۵۔ عام لوگ نابیناؤں کو اپنے اہل و عیال کی کفالت کا اہل نہیں سمجھتے۔
- ۱۶۔ عام لوگ نابیناؤں کی اکثر کاموں میں مدد نہیں کرتے۔
- ۱۷۔ عام لوگ خود مصیبت میں پڑ کر نابیناؤں کی مدد کرتے ہیں۔
- ۱۸۔ عام لوگ دکھاوے کے طور پر نابیناؤں کے ساتھ ہمدردی سے پیش آتے ہیں۔
- ۱۹۔ عام لوگ نابیناؤں کے ساتھ ہمدردی سے پیش آتے ہیں۔
- ۲۰۔ عام لوگ نابیناؤں کی صرف وہ کام سیکھنے میں مدد کرتے ہیں جو وہ آسانی سے کر سکیں۔
- ۲۱۔ عام لوگ سماجی تقریبات میں نابیناؤں کو بٹھانے / کھانا پیش کرنے میں ترجیح دیتے ہیں۔
- ۲۲۔ عام لوگ نابیناؤں کی فلاح و بہبود کے اقدامات میں دلچسپی لیتے ہیں۔
- ۲۳۔ عام لوگ نابیناؤں کو ارد گرد کے خطرات سے آگاہ کر دیتے ہیں۔
- ۲۴۔ عام لوگ نابیناؤں کو ارد گرد کے خطرات سے آگاہ کر دیتے ہیں۔
- ۲۵۔ عام لوگ نابیناؤں کو سڑک پار کرنے میں مدد دیتے ہیں۔
- ۲۶۔ عام لوگ نابیناؤں کو خرید و فروخت میں دھوکہ دینے کی کوشش کرتے ہیں۔
- ۲۷۔ عام لوگ نابیناؤں کو اکثر گاڑی میں لفٹ دے دیتے ہیں۔
- ۲۸۔ عام لوگ نابیناؤں کو اعلیٰ تعلیم حاصل کرنے کا اہل نہیں سمجھتے۔
- ۲۹۔ عام لوگ نابیناؤں کے لئے ثانوی درجے تک مفت تعلیم ضروری سمجھتے ہیں۔
- ۳۰۔ عام لوگ نابیناؤں کے لئے مفت طبی سہولتوں کے مرکز کے قیام کو ضروری سمجھتے ہیں۔
- ۳۱۔ عام لوگ نابیناؤں کو جسم اور لباس کی صفائی برقرار رکھنے میں مدد دیتے ہیں۔
- ۳۲۔ عام لوگ نابیناؤں کو پڑوسی کہلا نہیں شرم محسوس کرتے ہیں۔
- ۳۳۔ عام لوگ نابیناؤں کو پڑوسیوں کو محلہ داری کے امور میں شریک نہیں کرتے۔
- ۳۴۔ عام لوگ نابیناؤں کے ساتھ چلنے میں ہنگامہ محسوس کرتے ہیں۔
- ۳۵۔ عام لوگ نابیناؤں کے ساتھ خوش اخلاقی سے پیش آتے ہیں۔
- ۳۶۔ عام لوگ نابیناؤں کو معاشرے کا مفید فرد سمجھتے ہیں۔
- ۳۷۔ عام لوگ نابیناؤں کی ضروریات پوری کرنے میں اپنی ذمہ داری کا شجرت دیتے ہیں۔

۳۸۔ عام لوگ کا رویہ ناپیدائش کیساتھ دوستانہ ہوتا ہے۔

۳۹۔ عام لوگ ناپیدائش کو معاشرتی طور پر ناپسندیدہ افراد کے طور پر دیکھتے ہیں۔

۴۰۔ عام لوگ ناپیدائش کے خیر خواہ ہوتے ہیں۔

۴۱۔ عام لوگ ناپیدائش کے لئے وہی پسند کرتے ہیں جو وہ اپنے لئے کرتے ہیں۔

۴۲۔ عام لوگ ناپیدائش کا احترام کرتے ہیں۔

۴۳۔ عام لوگ ناپیدائش کو کافی طور پر پختہ خیال نہیں کرتے۔

۴۴۔ عام لوگ ناپیدائش کو سختی اور جفاکشی نہیں سمجھتے۔

۴۵۔ عام لوگ ناپیدائش کو معاشرے میں معزز فرد کا درجہ نہیں دیتے۔

۴۶۔ عام لوگ ناپیدائش کو خود ارنہیں سمجھتے۔

۴۷۔ عام لوگ ناپیدائش کو روزمرہ زندگی کے کام کرنے کا اہل نہیں سمجھتے۔

۴۸۔ عام لوگ ناپیدائش کو معاشرے کی ترقی میں ٹھوس کردار ادا کرنے کا اہل نہیں سمجھتے۔

۴۹۔ عام لوگ ناپیدائش پر اپنے روزمرہ معاملات کے بارے میں بھروسہ نہیں کرتے۔

۵۰۔ عام لوگ ناپیدائش کو بہت زیادہ حساس سمجھتے ہیں۔

