The Mind – Journal of Psychology
Vol 4, No. 1, 2025

Article

Translation, and Validation of the Psychic Pain Scale

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eISSN: 2957-8493
pISSN:2957-8507

DOI:
https://doi.org/10.36755/themind.v4i1.17

Received:28-10-2025
Accepted:19-11-2025
Online:15-15-2025

ABSTRACT

Psychic pain is an emotional state which is associated with intense psychological pain and is an important construct especially for adolescents. The aim of the study was to translate and validate the Psychic Pain Scale developed by Lewis et al., 2020 scale in Urdu language on adolescents (15-18 yrs). Back translation method was used for translation and adaptation of scale. The scale was given to 300 school and college going girls and boys aged 15-18 years. The reliability of translated version was high (Cronbach's α = .898) which indicated strong internal consistency. This paper discusses translation process along with cultural relevance and potential application of said scale in academic and clinical context.

KEYWORDS: *Urdu Speaking Adolescents, Internal Consistency, Psychometric Evaluation, Cultural Relevance*

Introduction

Psychological pain is often described as a deep emotional suffering or mental torture which is quite invisible yet very powerful factor which may impairs daily functioning, decision making and overall quality of life. While it is not a fully recognized category but is a red flag for mental health concerns like depression, anxiety and suicidal ideation (Shneidman, 1993). The construct has now gained much attention among clinicians and researchers to explain non-physical turmoil that under lies self-harming behavior and suicidal ideation.

Adolescence is a phase of rapid development in emotional, biological and cognitive areas of personality. The transition may bring vulnerabilities particularly in social, academic, familial and peer contexts. In Pakistan, the stigma of having mental illness, limited available psychological resources and rigid cultural norms make it difficult for

an adolescent to express their emotions or even recognizing their emotions. Resultantly, mental pain may go undetected until it manifests in some clinical outcome.

There is need for a culturally sensitive and valid psychometric tool to assess psychic pain among Pakistani adolescents. The tools developed in Western context have strong validation or psychometric properties but their application on non-western remains limited due to linguistic, cultural and contextual differences. In Pakistan, where Urdu is the national language and education systems vary widely in quality, adapting such tool is critical step towards assessing mental health of the adolescents.

The psychic pain scale developed by Lewis et al., (2020) offers auspicious framework to assess the construct. The study aimed to translate and validated the scale in Urdu language, a language which is widely spoken and understood in Pakistan, focusing adolescent 15-18 years, using rigorous translation method and psychometric protocols to ensure linguistic, cultural and conceptual equivalence.

Psychic pain often coined as mental pain, is an effective state which is often recognized as feelings of hopelessness, shame, despair and deep psychological hurt. Shneidman (1993) was the first one who introduce the term "psych ache" to emphasize unbearable mental pain, then mental illness per se, is often underlying cause of suicide. The concept has been studied in various populations since then, with consistent evidence linking to various psychopathologies including depression, borderline personality, trauma related disorder and suicide.

Psychic pain is very relevant during adolescents, as it is a period which is marked by identity formation, emotional confusion and increased sensitivity towards social and academic evaluations. The inability to articulate inner self, may be due to lack of words, stigma or judgement makes psychic pain difficult to assess without the help of well-constructed tool.

Assessment tools developed in Western settings may not hold true on non-western contexts. For instance, expression of emotional distress in South Asian culture including Pakistan, may be suppressed due to sociocultural expectations around, emotional control and gender roles. Without proper cultural adaptation, assessment tools may fail to capture the true essence or may yield inaccurate diagnosis. Therefore back-translation method recommended by Brislin (1970) becomes essential. It ensures not only linguistic translation but also conceptual and experiential evidence. In adapting the Psychic Pain Scale for Pakistani adolescents, care was taken to preserve theoretical underpinning while ensuring that items remained culturally relevant and understandable.

Lewis et al. (2020) is a self-report measure which assess unbearable negative affect state which is associated with suicidal state of mind. Their validation work demonstrated excellent reliability and construct validity in clinical and non-clinical samples. However, research on its applicability on adolescents outside North America

is limited. The gap underscores the importance of adapting and validating the scale in diverse culture in developmental context.

According to the World Health Organization (WHO), about 10–20% of the adolescents experience mental health conditions globally, yet these remained undiagnosed and untreated in low- and middle-income countries like Pakistan. Factors such as family environment or familial expectations, peer pressure and societal taboos contribute positivity towards mental health outcomes. Unfortunately, the lack of culturally validated tools limits the ability of educators, psychologists, and policymakers to respond effectively to these challenges. Therefore, by translating and validating the scale in cultural context will bridge the gap between theoretical and practical assessment will pave the way for earlier identification and intervention.

Methodology

Participants

The study included 15-18 years school going adolescents from both public and private schools in Rawalpindi, Islamabad and Lahore. Convenient sampling technique was use to collect data. The age group was selected as it is marked by critical developmental phase with heightened emotional reactivity and psychological distress. Inclusion criteria was those students who could read and understand Urdu language and voluntarily agreed to participate in the research. Participants below 14 and above 18 years were excluded and those with incomplete or missing responses exceeding 10% of items were also excluded from the final analysis to ensure data integrity. A total sample of 300 valid responses were retained screening for missing and invalid data. The sample size was determined in line with psychometric validation studies particularly confirmatory factor analysis (CFA). According to established guidelines e.g. Kline, 2016; Wolf et al., 2013, sample size of 200–300 participants is considered sufficient for reliable estimation of factor loadings and structural model stability when item loadings are expected to exceed 0.40. For the present study, sample of 300 provides adequate statistical power to detect factor loading. Data was collected in classroom settings arranged in exam style rows to maintain confidentiality and to prevent peers to view another response. Participation was voluntary and no identity information was collected from participants.

Instrument

The Psychic Pain scale developed by Lewis et al. (2020) is a self-report measure. The scale has 12 items which measures unbearable negative affect states associated with suicidal states of mind. The items are rated on 5 point scale. The total sum score may be used as an overall measure of psychological pain. High scores on the scale shows high level of psychological pain and needs clinical assessment. The Psychic Pain Scale (Lewis, Good, Tillman, & Hopwood, 2020) was translated into Urdu language by

following standardized Brislin (1970) translation and back translation procedure to ensure conceptual and cultural relevance between the original and targeted version of the scale. Formal permission was obtained from original author before translating the scale on 17 May 2023. For the purpose, five independent translators, all natives Urdu speakers, fluent in English and had background in psychology, independently translated the original English version into Urdu. Each translator worked separately to minimize individual bias and to capture a wide range of possible expression and meanings.

The research team then employed a committee approach to review and reconcile five translated versions into a single consensus Urdu translation. The committee members holds doctorate degree in psychology and had wide experience in scale translation and adaptation. During this phase special attention was paid to accuracy of meaning and preservation of original psychological construct. Cultural relevance also took prime importance while translating the scale by discussing emotional expression, context appropriate language so that the item would be meaningful and acceptable within Pakistani culture.

Next the reconciled Urdu version was back translated by three different bilingual translators who were not part of forward translation method and were blind to the original scale. The step allowed the team to identify any discrepancies and potential shifts in meaning between the original and translated versions. No major changes were seen in this phase.

A multidisciplinary review committee comprising of translators who had back ground in psychology reviewed the final Urdu draft to confirm its linguistic accuracy and cultural appropriateness. The final version was then taken to National University of Modern Languages translation and adaptation center, where final version was again scrutinized in terms of understandability of words, proper sentence formation and in terms of cultural suitability

A pilot study on 20-30 participants was carried out first to get further clarity regarding understanding of sentences and cultural appropriateness. Participants found the items comprehensible, culturally relevant and appropriate. Consequently no amendments or rewording were required after pilot testing. The final version of the scale demonstrated excellent internal consistency (A=0.898) supporting the reliability and validity of translated scale.

Procedure

Permission from authors was obtained before translating and collecting data. The concerned heads of educational institutes were provided with written authorization letter being provided by National University of Modern Languages, Islamabad. In letter purpose and nature of study was explained in detail and request was also made for collection of data. After seeking permission, the teachers were directed by their heads

to help us with collecting data. Ethical consideration was taken in account. Participants were told that the information collected from them would be kept confidential and they have the right to withdraw at any point during filling in the forms. Questionnaires were distributed and were also instructed to read the instructions printed on the scale and if they have any difficulty in filling in the forms they may ask. After completion of tools and collection of filled questionnaires, participants along with their teachers were thanked for their participation in research. After collection of data, it was subjected to statistical analysis to test research hypothesis. Average time to complete the questionnaire was about 5-7 minutes.

Special ethical consideration was taken into account while working on adolescents with such sensitive topic. The research procedures were first approved by Ethical Review Committee of the Department of Psychology, National University of Modern Languages (NUML), Islamabad, and were conducted in accordance with the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association (APA, 2017) and the Declaration of Helsinki (World Medical Association, 2013).

The data was collected in classroom settings where students were seated in rows resembling examination hall in order to maintain their privacy and preventing from peers to review others response. No identity information such as names, roll number, class section etc. was asked to keep the anonymity and confidentiality.

Keeping sensitive topic, participants were informed beforehand that some items on the scale may arise emotional distress. They may discontinue if experiences any discomfort. After data collection, the participants were debriefed and provided with contact information for mental health support services like Rozan Helpline and Umag helpline. The researcher also shared her personal contact number to offer further assistance if the participants wished to share any concern privately. Several students later contacted the researcher, and confidential counseling and emotional support was provided accordingly. The proactive follow-up ensured participant's psychological wellbeing and adherence to ethical principal of avoiding harm.

Data Analysis. SPSS version 26 was used to analyze the data. Data were analyzed using SPSS version 26. Descriptive statistics were calculated, and reliability was assessed using Cronbach's alpha. The data set is available from cross ponding author upon request.

Result

Table 1

Item-Level Descriptive Statistics and Reliability Indices for the Urdu Version of the Psychic Pain Scale (N = 300)

No.	*Urdu Item*	*M*	*SD*	*Corrected Item–Total r*	*α if Item Deleted*
1	میں جس طرح کا انسان بن چکا ہوں مجھے اس سے نفرت ہے۔	2.08	1.44	.596	.892
2	مجھے لگتا ہے کہ میں اندر ہی اندر مر رہا ہوں۔	2.11	1.50	.609	.891
3	مجھے نہیں لگتا کہ میں مزید ایک دن بھی خود کو برداشت کر سکوں گا۔	1.94	1.38	.658	.889
4	میں اپنے تکلیف دہ احساسات سے فرار حاصل نہیں کر سکتا۔	2.07	1.38	.623	.890
5	مجھے اپنی مصیبتوں سے باہر نکلنے کا کوئی راستہ نظر نہیں آتا۔	2.44	1.50	.615	.891
6	میں اپنے تکلیف دہ احساسات سے باہر نکلنے کے لیے کچھ بھی کر گزروں گا۔	2.23	1.48	.617	.891
7	جو کچھ میں نے کیا ہے میں اس پر خود کو معاف نہیں کر سکتا۔	2.13	1.50	.587	.892
8	میں اپنی تکالیف سے اس حد تک ٹوٹ چکا ہوں کہ بہتری کی کوئی گنجائش نہیں۔	2.19	1.56	.664	.888
9	مجھے ایسا محسوس ہوتا ہے کہ جیسے میں اپنے تکلیف دہ احساسات میں ڈوب رہا ہوں۔	2.33	1.57	.746	.884
10	میں اتنے زیادہ احساسات سے گزر رہا ہوں کہ مجھے ان کی سمجھ نہیں آ رہی۔	2.52	1.61	.663	.888
11	کسی اپنے کو دیکھ کر میں خود پر قابو نہیں رکھ پاتا۔	2.42	1.56	.491	.897
12	میں جذبات کی شدت میں ٹھیک سے سوچ سمجھ نہیں پاتا۔	2.88	1.59	.536	.895

Note. M = Mean; SD = Standard deviation; Item–Total r = Corrected item–total correlation; α = Cronbach's alpha.

The Urdu version of the scale showed excellent internal consistency (α = .898). All the items demonstrated moderate to strong corrected item–total correlations (r = .49–.75), indicating that each item contributed meaningfully to the overall construct of psychological pain. No item, if deleted, substantially improved the reliability coefficient, suggesting item stability and conceptual coherence. Mean scores ranged from 1.94 to 2.88 (SDs = 1.38–1.61), indicating that participants moderately endorsed psychological pain symptoms.

Table and Interpretation: Confirmatory Factor Analysis of Psychological Pain Scale
Table 2:
Factor loading of Confirmatory Factor Analysis for Psychological Pain Scale (N = 300)

Items No	Factor I
1	.59
2	.59
3	.70
4	.65
5	.66
6	.64
7	.60
8	.74
9	.81
10	.70
11	.52
12	.58

Table 2 indicated that factor loadings of the factor in psychological pain scale are above .3 which is minimum acceptable range.

Factor analyzed through confirmatory factor analysis through Structural Equation Modelling (using AMOS 21). In order to determine the best model fit a number of indices were used as indicators; these included CFI, GFI, and RMSEA. These indices were chosen as these are most frequently reported in current literature (McDonald & Ringo Ho, 2002). The indices were interpreted as Comparative Fit Index (CFI ≥ .90) given by Bentler (1990), Goodness of Fit Index (GFI ≥ .90) as suggested by Joreskog and Sorborn (1989), and Root Mean Square Error of Approximation (RMSEA ≤ .05) suggested by Browne and Cudeck (1993). Root Mean Square Error of Approximation should be (RMSEA ≤ .080 (Hooper, Coughlan, & Mullen, 2008) .

Table 3

Model Fit Indices of Psychological Pain Scale (N= 300)

Models	χ^2 (*df*)	*p*	GFI	CFI	RMSEA
Default Model	319.46(54)	.000	.84	.84	.13

Modified Model	182.38(53)	.000	.90	.92	.09

Note. χ^2 = chi-square, *p* = significance level, GFI = goodness of fit index, CFI = Comparative fit index, RMSEA = root mean square error of approximation.

Figure 1
Initial Model

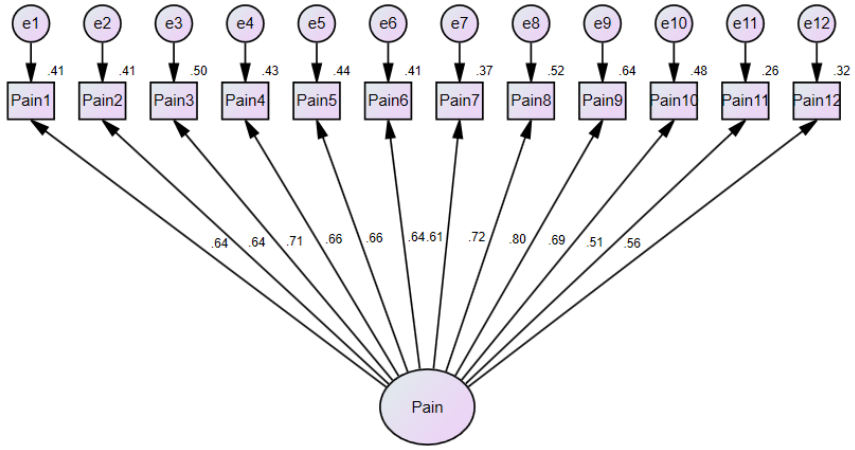
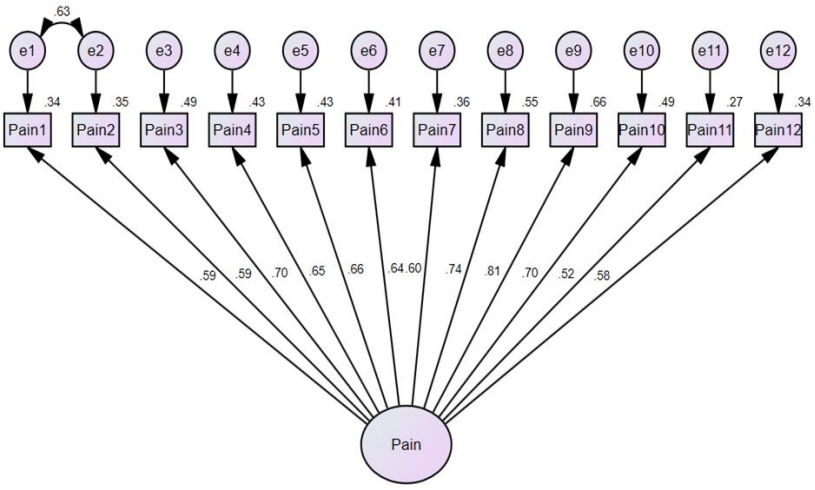


Figure 1: Default Model for confirming the factor structure of the scale. The structure of the scale that materialized from the exploratory factor analysis was further examined in confirmatory did not indicate a good fit to the data; chi-square = 319.46 (df = 54); p = .000; χ2/df =5.92; RMSEA = .13; GFI = .84; CFI = .84. Hair et al. (1998) suggest that for confirmatory factor analysis the standardized loading estimates should, at the very minimum, be .3 or greater.

Figure 2
Modified Model



The final model illustrated in figure 2 comprised 12 items and displayed a good model fit; chi-square = 182.38 (df = 53); p = .000; chi-square/df = 3.44; RMSEA = .09; GFI

= .90; CFI = .92. Generally, a good model fit requires a non-significant chi-square; however when dealing with a large data set the value of chi-square is nearly always significant. In such cases, Hatcher (1996) suggests that a model that has a value less than 3, when the value of chi-square is divided by the degrees of freedom, is a good fit. In the present study, chi-square/df = 3.44, indicated that the final model is a nearly good fit.

Discussion

The study aimed to adapt and translate the scale in native language. Strong internal consistency and clear factor structure shows the applicability of the scale in Pakistani context.

The absence of major translation issues and ease of administration suggest that the scale in accessible and appropriate for Urdu speaking adolescents. These findings are significant in light of mental health resources in Pakistan. The translated scales can serve as screening tool in school and various setups which can aid early detection of emotional distress. The validated Urdu version of Psychic Pain Scale is a reliable tool which can be used in educational, clinical and research settings for screening purpose only. It provides a reliable means to assess emotional suffering in adolescent and can help in improving psychological well-being of the adolescents. Policy makers and educators can use the scale to identify those students who are under risk and can implement protective or preventive mental health programs. The study was limited to urban areas only which may affect generalizability on rural population. Additionally, only school/college going students were the part of study therefore, further study should consider more diversified sample to address the issues with generalizability.

Conclusion

The translation and validation of Psychic Pain Scale in Urdu language, is timely and important contribution in assessing mental health of adolescent. The high reliability and validity of the scale makes it a valuable tool for clinical practitioners. Its application can lead to earlier detection and support for adolescents who are experiencing emotional suffering and resultantly contributing better mental health outcomes.

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