

Translation and Validation of the Self-Compassion Scale in Urdu Language for Mothers of Children with Autism Spectrum Disorder

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Abstract

Measuring self-compassion in mothers of children with autism spectrum disorder is important because self-compassion helps to cope with the stressors of life. This population needs a valid and reliable measure to assess self-compassion. The present research aimed to translate and validate the self-compassion scale for mothers of children with autism spectrum disorders in the Pakistani national language, Urdu. The sample consisted of 204 mothers of children with autism spectrum disorders. Confirmatory factor analysis showed satisfactory indices of fit with composite scores as well as subscales. It is concluded that the Urdu version of the SCS is a reliable instrument for assessing self-compassion in mothers of children with autism spectrum disorders.

Key words: Self-Compassion, Autism Spectrum Disorder, Factor Analysis, Mothers.

1. Introduction

The concept of self-compassion, which is an aspect of research in positive psychology and mindfulness has emerged as significant construct for the psychological health and resilience in an individual. According to Neff (2003a), compassion for self has three components, which include self-kindness, common humanity, and mindfulness. Together, these factors help people manage their suffering by responding with care and empathy instead of self-criticism, emotional

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detachment and over-reaction to negative feelings. Studies have been done which have shown that low levels of depression, anxiety and stress, as well as better life and emotional satisfaction are more common in people with high levels of self-compassion (Neff, 2003b; MacBeth & Gumley, 2012). The Self Compassion Scale (SCS) which was developed by Neff (2003b) is one of the most widely used instruments measuring how people The Self Compassion Scale (SCS) which was developed by Neff 2003b has gained more usage in measuring self-compassion. This particular scale has been shown to have been translated and validated in various countries and languages particularly Spanish, Chinese and Arabic languages thus testifying the fact that self-compassion is indeed a global psychological concept (Halamandaris et al., 2017; Birkett & Karney, 2020). Nonetheless, it is worth noting that despite the growing interest in the studies of self-compassion, so far, there is no evidence-based instrument available for the assessment of self-compassion in Urdu which further means that it cannot be used effectively in Pakistan where such language is spoken.

Bridging this gap is fundamental towards the development of research and practice in the area of mental health among Urdu speaking patients. As the lingua franca of the country, a large segment of the national population can communicate in Urdu. For the purpose of enhancing assessment of self-compassion in this population it is very important to translate and validate the scale of self-compassion. Moreover, the Self-Compassion Scale in Urdu could assist in targeting cultures sufficiently which can also enable more psychological research to be conducted in the area. Translating and validating, however, need to be more careful with language, culture and context to create a properly adapted scale that is reliable and valid. This study fills this gap by translating and validating the Self-Compassion Scale Urdu version, which had not been done before. The goals of the study are to produce an accurate translation of the source language, evaluate the psychometric features of the Urdu translated text, and determine its applicability in various parts of Pakistan. This research also seeks to expand the existing body of knowledge on self-compassion by investigating how the construct is expressed in a collectivist society such as Pakistan where materialistic values and extended families tend to guide the individual experience of self-kindness and compassionate loving behavior. Furthermore, the study also addresses the gap concerning the necessity for developing local psychological instruments in developing countries.

The SCS scale that is translated into native languages encourages non neglecting research

work while also ensuring that the interventions are appropriate to the real-life context of the people being targeted. So, the translation of the SCS into Urdu is likely to provide leeway for other studies that investigate the impact of self-compassion on mental health, academic achievement and relational interactions in the context of Pakistan.

Pakistan is unique in the sense they have specific socio-cultural and such economic problems which naturally tells that the concern of the individuals' mental health is utmost (Qasim & Rafi, 2021). Self-compassion integration models of treatment in clinical as well as education systems does help in addressing depression and promoting resilience characteristics but for such interventions to work. It is imperative that a self-compassion measure that blends linguistically and culturally be developed. This research seeks to adapt the Self Compassion Scale to the Urdu language and culture while establishing the psychometric properties of the scale.

For a translation and validation work there are fold of processes, i.e. One can start from forward translating, then work on backward translating followed by expert review and evaluation, doing the pilot study as well as doing the psychometric tests. Research of the role of self-compassion for self-care still has to be conducted, especially in a latent Urdu-speaking microculture. Those conclusions will steer in the outcomes of such assessments as expanding the array of more accurate and relevant assessment of care factors in needed areas thus increasing the effectiveness of services offered in Pakistan.

2. Literature Review

Understanding Self Compassion.

Among the many new ideas that contribute to the psychological construct self-compassion has recently gained more attention. As Neff (2003) states, self-compassion is the behavior of self-kindness and self-management during onset of strife or chaos since that as a part of humanity suffering is unavoidable. This concept is also at odds with self-esteem because it does not rely on the basis of comparison or judgement but rather self-acceptance (Neff, 2011). Results of the meta-analysis suggest that one is likely to possess a low level of self-distress and a high level of self- positive thinking when self-compassion is used (MacBeth & Gumley, 2012).

The Self Compassion Scale: Development and Relevance

The gold standard for assessing self-compassion is the SCS. It was developed by and named after Neff (2003) and has been widely expanded for use measuring self-compassion. A 26

item self-compassion questionnaire, which includes six subscales: self-kindness, self-judgment, common humanity, isolation, mindfulness and over-identification, is developed from a factor analysis. This multi-dimensional pattern allows a better reflection of self-compassion as a fluid concept. The SCS also reported a Cronbach's alpha of 0.92 and a good construct validity for many different population samples (Neff et al, 2008).

In diverse branches of science such as clinical psychology, education and the workplace, the SCS has been said to be useful (Bluth & Blanton, 2014; Neff & Germer, 2013). For example, Bluth and Blanton (2014) learned that the practice of self-compassion in young adults is beneficial for their emotional health as it greatly increases it.

In the same trace, Neff and Germer (2013) managed to showcase the benefits of self-compassion training in mitigating burnout in the context of a global pandemic and other global events impacting healthcare sectors as seen in a study done in India.

Self-compassion Scale Cross Cultural Adaptations and relevance in Pakistani Context

The researchers have noticed a trend that self-compassion is becoming accepted across many cultures, and it gives them motivation to be able to expand their understanding and validate self-compassion through self-compassion scale. They have also noted that because self-compassion is perceived differently by different cultures and subcultures, it is important that the SCS is modified. In one such instance, a validated and translated Spanish SCS adapted to the language, and culture showed similar and comparable reliability coefficients to the baseline study (Cronbach's alpha = 0.89) as set by the baseline study of (Garcia-Campayo et al., 2014) Although it was argued that triadic self-compassion in cross cultural context is integrated differently the Chinese version was also found to be valid as a construct and reliable amongst Chinese speaking populations (Chen et al., 2011).

But addressing cultural issues has its challenges, especially considering construing a culture. Some authors believe that modifying the items concerning self-compassion to suit a particular culture greatly enhances understanding (Birkett & Karney, 2020). But with proper and sophisticated methodology including experts and subjective testing, such issues can be avoided.

In simple words, all Pakistani's understand what self-compassion means for an individual in society as they have been affected by the cultural norms and values. In traditions where self-compassion especially focuses on wholeness and interdependence, the collectivist view can have an impact on how self-compassion is experienced and portrayed (Qasim & Rafi, 2021).

Additionally, mega issues like poverty and stigma concerning mental health provision, aggravate the already existing psychological trauma with clearly indicates the use of tools that address the issues successfully within the borders.

Firstly, why self-compassion in particular, Perry and Sakari (2022) as part of their investigation into conflict escalation and de-escalation tactics in southeastern Asia found that self-compassion is highly effective in aiding to look at negative encounters in a less self-critical manner, while equally remaining in a more positive state of mind. Moreover, Ehsan et al. (2022) assert that through meditation and mindful practices, self-compassion can be cultivated and developed by individuals For the Pakistani context, these can be critical assets for almost any person, family, and most importantly community. Research in comparable collectivistic societies, such as India and Iran, indicates that self-compassion may shield individuals from stress and promote better health (Sharma & Kaur, 2019; Azizi et al., 2013). The implications of this data would point out that in Pakistani context due to various reasons such as class, customs, religion and other factors self-compassion could be an excellent strategic design intervention strategy for academic performance, stressed workplaces, and many other areas.

Translation and Validation of Psychometric Scales.

Psychometric Scale Validation like translation can be said to follow a standard procedure for cultural and linguistic equivalence. The protocol established by Beaton et al. (2000), which includes forward translation and backward translation, expert evaluation along with pilot testing, has received widespread acceptance. Considering that the original translated version is expected to preserve the meaning as well as the concept of the scale in other languages. This was the case with studies instrumenting the Self-Compassion Scale as these seem to maintain this methodology having consistent and coherent translations in different languages (Chen et al., 2011; Garcia-Campayo et al., 2014).

The Self Compassion scale will be translated and validated in this study following the established protocols. Making it possible for the research objectives to be met, this research seeks to fill the gaps in language and cultural aspects in developing contextually appropriate instruments for self-compassion research and interventions in Pakistan.

Objectives of the research

The objectives of this research were:

1. Translation of Self Compassion Scale in Urdu Language

2. Validation of Self Compassion Scale in Urdu Language

3. Method

Sample

A sample of 204 mothers of children with autism spectrum disorder (ASD) was taken from different areas of Lahore, Pakistan. The age range of the sample was between 25 years to 40 years with mean age of 33.12 (SD = 4.12). Around 300 mothers were approached. Few refused to fill the questionnaire due to limited time and few did not understand the questions. The response rate of the sample was 68 percent. The sample was selected according to the following inclusion/exclusion criteria.

Inclusion/Exclusion Criteria

- Both working and non-working women were included
- Only those women were included who had only one child with autism spectrum disorder (ASD).
- Women having any kind of physical and psychological disability were excluded.
- Women working in special education institutions were excluded.

Table 1 shows the demographic characteristics of mother and children. Most of the women were graduate with average of 33 years. Women belonged to both urban and rural families. Most of the women were educated up to graduation. 74 person children were going to schools, and 47 percent were under treatment.

Table 1

Descriptives of Sample Characteristics

<i>Variables</i>	<i>M</i>	<i>SD</i>	<i>F</i>	<i>p</i>
Age (In years)	33.12	4.12		
Education				
Matric			26	13
Secondary			25	12
Graduation			109	54
Masters		4.	32	16

MPhil		12	.06
Working Status			
Non-Working		143	70
Working		61	30
Household Income	121000	96000	
(PKR)			
Family System			
Joint		101	49
Nuclear		103	51
Age of Children	8.34	2.12	
School Going			
Yes		151	74
No		53	26
Under Treatment			
Yes		95	47
No		103	53

Operational Definition of Construct

Self-Compassion.

Self-compassion denotes a compassionate and empathic attitude toward oneself. It has different components such as self-kindness, self-judgment, mind fullness, isolation, common humanity, and over identified (Neff, 2003).

Assessment Measures

Demographic and Infertility Related Questionnaire.

Demographic scale developed by researcher consisted of age, education, working status, household income, age of the children, status of children' education and treatment.

Neff Self-Compassion Scale (SCS).

The self-compassion scale was developed by Neff in 2003. It is a 26-item scale which measured the domains of self-kindness, self-judgment, mind fullness, isolation, common humanity, and over identification. Participants were asked to respond on each item carefully by keeping their experiences in mind by using five-point Likert scale (1= strongly disagree to 5=

strongly agree). The sample items are “I am kind to myself when I’m experiencing suffering and When I’m going through a very hard time” and I give myself the caring and tenderness I need” The means for each subscale are then used to compute a total mean value. In her validation research on the Self-Compassion Scale, Neff (2003) reports strong construct, content, convergent, and discriminate validity, as well as an overall internal reliability of .92 with the following subscale reliabilities: .78 for self-kindness, .77 for self-judgment, .80 for common humanity, .79 for isolation, .75 for mind fullness, and .81 for over identification. Test-retest reliability was reported as .93 with the following subscale test-retest reliabilities .88 for self-kindness, .88 for self-judgment, .80 for common humanity, .85 for isolation, .85 for mindfulness, and .88 for Over identification. Scale was translated into Urdu language according to the MAPI guidelines.

Translation of Self Compassion Scale

The procedure for translation of the scale was according to the procedure described in Linguistic Validation methodology by MAPI institute (2008). The procedure of translation is given below.

Conceptual Definition. Conceptual definition is made to clarify the concepts investigated by each item of the original instrument to ensure that they are reflected appropriately in the target language. The process of conceptual definition includes analysis of the original instrument and definition of the concepts underlying each item of the questionnaire. For translation, the researcher looked into the concepts of every item.

Forward Translation. Forward translation was done to obtain a consensus target language version. According to the MAPI institute (2008), the process of forward translation involves the production of two independent translations by two professional translators in the target language conducted in the target country. Reconciliation meeting between the two forward translators and the local project manager to obtain a consensus version is a necessary part of the translation. Based on this discussion, the consensus language version may be further modified.

To translate the scale, one MPhil scholar and one MSc student were provided with the copies of English version of the scale. These translators were bilingual. After the translation of all scales in Urdu language, final version for back translation was prepared with the consensus of research supervisor.

Backward Translation. Backward translation was done to assess and control the quality of translated version. The process involved translation of the forward consensus version into the source language by one independent translator. Comparison of the source questionnaire with the backward translation by the local experts (team) was done to check the conceptual content of forward consensus versions.

In the present research, the translated version of scale was translated into English language by the one lecturer. The translated Urdu version of the scale was reshaped after discussing the backward translation with research supervisors.

Pilot Testing. The aim of pilot testing was to get input from people representing future users of the questionnaire i.e., the eventual respondents. Pilot testing of the questionnaires for the present research was done on ten university students. It was observed in pilot testing that students were able to read and understand all assessment measures.

Proofreading. To check the mistakes related to grammar, typing and spelling in the translated target language version, proofreading was done. Proofreading was done prior to starting of the main research. Integration of relevant corrections leads to the final target language version.

Ethical Considerations

In order to conduct this research, following ethical considerations were kept in mind.

1. Permission from the respective author of assessment measure was taken to translate and validate the scale.
2. The informed consent was taken from the participants, and the nature of the study was described to them before the administration of questionnaire.
3. The participants were told about their right to withdraw from participation and terminate at any time they wish. The participants were ensured about the anonymity and confidentiality of the data.

Procedure

The study was approved by the Departmental Board of Studies and Board of Advance Studies and Research, Center for Clinical Psychology, University of the Punjab, Lahore. Permissions for translating and validating the respective instrument was granted from the respective author. The researcher approached mothers through different special schools. The data was collected in two phases. In first phase half participants completed English version and half

completed Urdu version and vice versa in next phase, participants who filled English questionnaire in first phase filled Urdu questionnaire in second phase. All participants read and signed informed consent before filling questionnaires. After completion of data collection, participants were thanked for their cooperation.

Results

The results of the psychometric properties of the scale areas.

Table 2

Psychometric Properties of Self-Compassion Scale

Scale	<i>M</i>	<i>SD</i>	Potential range	Actual range	α	Skew	Kur
Self-Kindness	14.53	4.32	5-25	7-23	.87	.33	.51
Self-Judgement	19.21	9.50	5-25	8-21	.85	.31	.46
Common Humanity	12.54	8.20	5-20	9-16	.90	.45	.43
Isolation	11.34	8.75	5-20	7-17	.89	.43	.33
Mindfulness	12.42	5.64	5-20	6-15	.85	.33	.51
Over identification	14.53	3.23	5-20	7-18	.81	.31	.46
SCS Composite Score	54.32	12.43	26-130	26-130	.84	.45	.43

Note. N= 204. α = Cronbach's alpha, Skew= skewness, Kur= kurtosis.

SCS = Self-Compassion Scale

Psychometric properties of scale showed good reliability of Urdu version of Self compassion Scale. The values of skewness and kurtosis were in acceptable range. To assess cross language validation, Pearson product moment correlation analysis was applied to see the relationship between English and Urdu versions of Self-Compassion Scale. Results of correlation analysis are presented in table 3.

Table 3

Correlation in English and Urdu Items of Self-Compassion Scale

Items	English-Urdu Items correlation
Item 1	.87**
Item 2	.86**
Item 3	.89**
Item 4	.86**

Item 5	.82**
Item 6	.86**
Item 7	.85**
Item 8	.81**
Item 9	.83**
Item 10	.82**
Item 11	.85**
Item 12	.86**
Item 13	.84**
Item 14	.81**
Item 15	.78**
Item 16	.81**
Item 17	.83**
Item 18	.82**
Item 19	.79**
Item 20	.81**
Item 21	.82
Item 22	.92
Item 23	.83
Item 24	.88
Item 25	.82
Item 26	.83

Note. N= 204

Correlation analysis showed highly significant correlations between English and Urdu Items of the scales which depicts good cross language validation.

Confirmatory factor analysis with the method of maximum likelihood was applied to investigate whether factor structure of Urdu version of Self Compassion Scale and its subscales is equivalent to English version of Self Compassion Scale. Multivariate normality of data was checked for confirmatory factor analysis which shows all assumption of normality were met. The results of confirmatory factor analysis are presented in table 4.

Table 4

Confirmatory Factor Analysis of Self-Compassion Scale Urdu Version (Indices of Model Fit)

Model	X ²	Df	NFI	CFI	RMSEA
Model 1: First Order CFA (26 items; 5 subscales Co-varying)	229.44	87	.94	.95	.06
Model 2: Second Order CFA (26 items; 1 composite scale)	238	93	.94	.95	.07

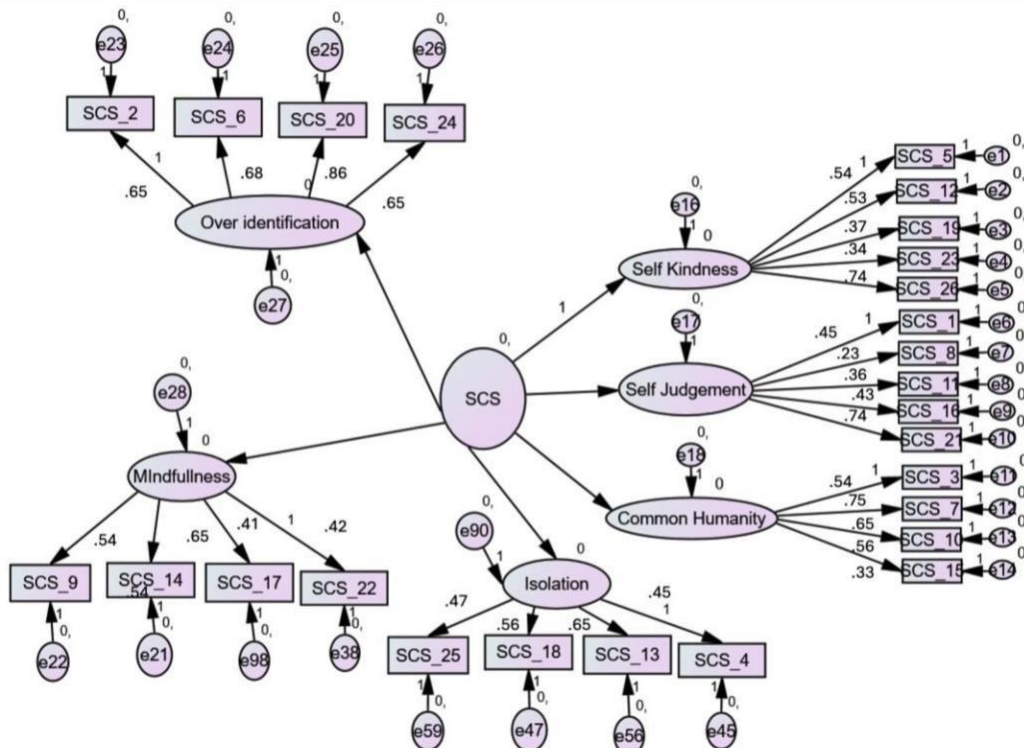
Note. N= 204. Structural equation modelling was used for the analysis. NFI = normed fit index; CFI = comparative fit index; RMSEA = root-mean-square error of approximation.

All fifteen items of SCS were loaded onto five factors.

***p < .001.

Goodness of fit was determined through chi-square χ^2 , the value of root mean square error of approximation which should be below .08 and the values of normed fit index, Comparative fit index and goodness of fit index (GFI) which should be above .95. Result showed good fitness of data with loadings ranging from 0.70 to 0.84. The values of first order CFA for NFI and CFI were above .90 which shows model fit with all subscales. The values of Second order CFA for NFI and CFI were above .90 which shows the composite integrity of scale. The results for the factor structure of scale are presented in figure 1.

Figure 1. Confirmatory Factor Analysis for Self-Compassion Scale



Note. N= 204. SCS= Self Compassion Scale

Discussion

The present research was conducted with the aims of getting a valid and reliable translation of self-compassion scale. It was translated in Urdu Language by using guidelines of Mapi Research Institute (2008). Further, the research also established factorial validity of the translated Urdu version of SCS. Moreover, the research explored item-total correlation, Cronbach's alpha if item deleted, inter-items correlation and factor structure of the Urdu version of SCS. By following Mapi Research Institute's guidelines, all the constructs in English were conceptually defined. After forward translation, backward translation, pilot testing, it was found that Urdu version of SCS consisted in simple and daily used language. Results from study showed that Urdu version of SCS was an easily comprehensible by the population to whom it was employed. The Cronbach's alpha value was good which demonstrate that Urdu version has high internal consistency between the items. Moreover, there was highly significant positive correlation between the two versions (i.e., both English and Urdu) of SCS. This shows that the translated Urdu version of SCS was a highly reliable measure. Confirmatory factor analysis suggested that the structure of the SCS could be a valid and reliable measure which explained satisfactorily by a single factor and subscales. The results of our study are also in line with those of Beaton, Bombardier, Guillemin, and Ferraz (2000) who also confirmed the structural validity of scale and explored psychometric properties. The high inter item correlation and correlation between English and Urdu items are also in line with previous findings.

Conclusions

To conclude, we confirm that translated Urdu version of SCS is a valid and reliable tool which has an excellent Cronbach's alpha value and highly significant inter-item correlation. It can be concluded that the factor structure of self-compassion scale in Urdu Language is fit for mothers with autism spectrum disorder.

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