



RESEARCH PAPER

Translation and Validation of the English Version of the Interpersonal Difficulties Scale among Pakistani Adolescents and Young Adults

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ABSTRACT

Adolescent interpersonal difficulties are a significant psychosocial issue, especially in cultures where family expectations, peer relationships, emotional regulation, social norms, and digital engagement influence interpersonal functioning. The Interpersonal Difficulties Scale (IDS), originally developed in Urdu within the Pakistani cultural context, is a multidimensional measure of interpersonal difficulties. The present study translated the IDS from Urdu into English following International Test Commission guidelines and evaluated its psychometric properties among Pakistani adolescents. The final 59-item English IDS was administered to a gender-balanced sample of 500 Pakistani adolescents aged 18–19 years. Data were analysed using IBM SPSS Statistics Version 29 and AMOS 24. Test–retest reliability over a two-week interval was satisfactory, with interclass correlation coefficients ranging from .84 to .91. Confirmatory factor analysis supported the original six-factor structure and showed acceptable to good model fit. Overall, the English IDS appears to be a reliable and culturally relevant instrument for assessing interpersonal difficulties among English-speaking adolescents.

Keywords: Adolescents, Interpersonal Difficulties Scale, Psychometric Validation, Scale Translation, Adaptation, Confirmatory Factor Analysis

Introduction

Adolescence represents one of the most critical and dynamic phases of the human lifespan. This is a time of transition from childhood dependency to growing independence and is characterized by rapid physical, emotional, neurobiological and psychosocial development. These developmental shifts occur in the adolescent's relationships with parents, peers, teachers, and broader social circles. As adolescents become more independent, they also need to maintain emotional attachment, social integration and a sense of identity. Interpersonal functioning is thus a key aspect of psychological adjustment in this developmental phase (Erikson, 1968; Steinberg, 2014).

As social connection becomes increasingly relevant during adolescence, interpersonal functioning problems can impact multiple aspects of psychological adjustment. Supportive relationships offer emotional security, validation, social learning, and opportunities for self-expression, while strained relationships can be a source of distress. Adolescents who have difficulty expressing needs, trusting others, setting boundaries, or having stable relationships may find interpersonal contexts threatening instead of supportive. These challenges can manifest themselves in social isolation, trouble making and keeping friends, ongoing family conflict, feelings of loneliness, mistrust, communication problems, lack of assertiveness, unclear personal boundaries, and unstable relationships. Research has linked poor interpersonal relationships with depression,

anxiety, suicidal ideation, low self-esteem, and broader psychosocial maladjustment among adolescents (La Greca & Harrison, 2005; Li et al., 2020; World Health Organization, 2025; Zheng et al., 2023).

These difficulties are better understood as a multidimensional relational pattern rather than a single deficit in social skill. An adolescent may struggle in relationships because of feeling controlled by others, doubting personal competence, mistrusting peers or authority figures, failing to assert needs, lacking appropriate interpersonal boundaries, or experiencing instability in relationships. These domains may reinforce one another over time. Repeated experiences of being controlled may weaken confidence, low confidence may reduce assertive communication, weak assertiveness may allow further control, and mistrust may make emotional closeness more difficult. Boundary difficulties may also increase over-involvement, interpersonal conflict, or emotional exhaustion, which can contribute to unstable relationships. A comprehensive measure of interpersonal difficulties should therefore capture the connected pattern through which these relational domains influence one another (Saleem et al., 2014; Zahra & Saleem, 2021).

The Interpersonal Difficulties Scale offers such a multidimensional framework by assessing six related domains of relational difficulty. Dominated by Others captures the experience of being controlled, pressured, influenced, or overshadowed in relationships. Low Self-Confidence reflects self-doubt, insecurity, and reduced belief in one's social competence. Mistrust refers to suspicion, guardedness, and difficulty relying on others. Lack of Assertiveness measures difficulty expressing opinions, needs, limits, and disagreement. Lack of Boundaries captures problems in maintaining appropriate psychological, emotional, or interpersonal limits. Instability in Relationships is characterized by fragile, conflictual, intense or changing relationship patterns. These six dimensions offer a comprehensive description of interpersonal functioning and not a generalised or narrow description of social difficulty (Saleem et al., 2014).

The links among these six dimensions are particularly important in adolescent development. Dominated by Others can decrease a young person's sense of agency, and Low Self-Confidence can make it challenging to start communication or stand up for personal decisions. Mistrust can cause emotional separation and decrease willingness to seek assistance, and Lack of Assertiveness can cause adolescents to hold back from disagreeing until conflict escalates. When suppressed conflict, emotional reactivity, mistrust and weak boundaries all come together, it can create Instability in Relationships; when there are no boundaries, it can become difficult to distinguish between personal needs and others' expectations, which can lead to Lack of Boundaries. This interconnection highlights the importance of not viewing interpersonal problems as separate behaviors, but rather as patterns of self-perception, emotional control, communication, and relational security (La Greca & Harrison, 2005; Li et al., 2020; Saleem et al., 2014; Zheng et al., 2023).

These interpersonal dimensions have a deeper meaning in cultural context. Assertiveness, autonomy, self-disclosure and boundary setting are not universal concepts of behaviour. These behaviors can be interpreted as self-determination and autonomy in individualistic settings. They may be influenced by collectivist norms such as family loyalty, respect for elders, social harmony and group responsibility. Pakistan is a place where family unity, dependency, respect for authority and social reputation are still significant. While these values can be used to support adolescents' emotional and social needs, they can also lead to interpersonal conflicts when adolescents' growing independence clashes with family values (Anjum et al., 2019; Khalid et al., 2018; Talbani & Hasanali, 2000; Triandis, 1995; Zahra & Saleem, 2021).

The dimensions of the IDS can reflect culturally relevant relational experiences in the lives of Pakistani adolescents. Dominating Others can be a sign of an excessive family decision making, pressure to comply, or struggle with negotiating autonomy. Low Self-

Confidence can occur when adolescents are not able to live up to the expectations of their family, school, or peers. The mistrust can be influenced by reputation, peer judgement, social comparison, privacy or honour. Difficulty in expressing disagreement, while respecting elders and authority figures, may be a sign of Lack of Assertiveness. The lack of Boundaries could be a sign of the conflict between family dependence and independence. Instability in Relationships can be observed when adolescents find it difficult to balance family values, peer demands, emotional needs and self-expression (Ahmad & Amin, 2019; Anjum et al., 2019; Saleem et al., 2014; Zahra & Saleem, 2021).

The original IDS was created in Urdu to measure interpersonal problems in the Pakistani cultural context and was validated with university students. The value of it is that it was not just imported from Western interpersonal measures, but was rooted in local relational experiences and structured around domains that were meaningful in the Pakistani social and family context. The original scale thus serves as a culturally relevant basis for evaluating interpersonal problems, and the six factors that make up the scale provide a clear structure for the evaluation of different but related domains of interpersonal functioning. The translation into English was done with great care to maintain the conceptual framework of the original Urdu instrument (Saleem et al., 2014).

The translation of a psychological scale is not a simple matter of substituting words for words. The translated instrument should be semantically clear, conceptually equivalent, linguistically natural, culturally relevant, and psychometrically functional. In this study, translation was done in the same cultural context of Pakistan with the aim of maintaining the meaning of the original Urdu scale in the translated English version and making it understandable for the adolescent respondents. The process also included simple and developmentally appropriate English wording, since the target respondents were adolescents aged 18-19 years. These procedures follow the guidelines for translation and adaptation of psychological tests as recognised (Beaton et al., 2000; International Test Commission, 2018).

Therefore, the present study aims to explore the English translation of the IDS among Pakistani adolescents. The present validation was performed on adolescents aged 18-19 years while the original Urdu IDS was developed in a university-student context. The scale was translated and used with permission from the original authors, and the English version was evaluated using expert review, cognitive interviewing, pilot testing, and psychometric analysis. The main objective was to investigate the reliability, temporal stability and six factor structure of the English IDS and to ensure continuity with the original Urdu scale. The present study offers a preliminary psychometric foundation for the English IDS in the Pakistani adolescent population, which is still to be validated in wider use with younger adolescents and/or adult populations (Beaton et al., 2000; International Test Commission, 2018; Saleem et al., 2014).

Literature Review

The transition to adolescence is well known as a developmental stage when interpersonal functioning is increasingly important for psychological adjustment. In this phase, young people are establishing identity, autonomy, belonging and emotional closeness, while still being part of family, peer and school systems. This is a psychologically challenging balance as autonomy without connection can foster isolation, while connection without autonomy can result in dependence or perceived control. As a result, interpersonal relationships are a significant factor in emotional adjustment in adolescence (Erikson, 1968; Steinberg, 2014).

From this developmental base, family and peer relationships are the most proximal relational contexts in which adolescents learn how to trust, communicate, regulate emotions, and express themselves. Good family relationships can build confidence and

social skills, while over-controlling, rejecting, emotionally intrusive, or emotionally inconsistent relationships can weaken adolescents' skills in asserting needs and developing stable relationships. Peer relationships then carry over these patterns into friendships, school interactions and broader social networks, and the salience of acceptance/rejection, social comparison, and belonging increases. The quality of interpersonal relationships among adolescents has consistently been associated with psychological adjustment such as anxiety, depression, and suicidal ideation (Khalid et al., 2018; Khan et al., 2025; La Greca & Harrison, 2005; Li et al., 2020; Zheng et al., 2023).

Interpersonal problems are also influenced by family and peer systems, as demonstrated by the influence of family and peer systems. A problem in one relational area can lead to a problem in another. For instance, if an adolescent feels he or she is being controlled at home, he or she may not feel as confident in peer interactions. Low self-esteem can make it more difficult to assert needs and assertiveness can be low, making the person more vulnerable to additional control. Likewise, if the criticism or rejection continues, mistrust can develop, and this mistrust can lead to an unstable relationship as the adolescent becomes guarded, defensive, or emotionally reactive. This interdependence among domains corroborates the need for a multidimensional measure instead of a one-dimensional assessment of one interpersonal behaviour (Saleem et al., 2014; Zahra & Saleem, 2021).

The Interpersonal Difficulties Scale fills this need by conceptualizing interpersonal difficulties in six related domains. Dominated by Others is the experience of being controlled, influenced or overshadowed by others. This can happen in the relationship with parents, siblings, peers, teachers or authority figures in adolescence. In Pakistan, guidance and obedience to elders, and respect for them, are culturally valued in adolescents, and this is an important domain. But if guidance is perceived as over-control, it can lead to a loss of adolescents' sense of control and may cause passivity, resentment or relational tension (Ahmad & Amin, 2019; Saleem et al., 2014; Triandis, 1995).

Being dominated also brings in the second IDS domain, Low Self-Confidence. If teens feel they are being made to feel incompetent or that others are making decisions for them, or that their own opinions are not being valued, they may start to doubt themselves. This lack of self-confidence may then lead to a decrease in social initiative, growing fear of rejection, and difficulties in expressing oneself in family or peer environments. Thus, low self-confidence is an emotional challenge as well as an interpersonal challenge since it affects how adolescents approach, avoid, and engage in relationships (La Greca & Harrison, 2005; Li et al., 2020; Saleem et al., 2014).

Low confidence also leads to the third IDS domain, Mistrust. Adolescents who feel inadequate, criticised, controlled or socially judged may become cautious in relationships and may feel rejected, criticised or exploited by others. In Pakistan, where social standing and family honour can affect the assessment of behavior, mistrust can be exacerbated by the fear of gossip, social exposure, or peer judgment. While mistrust can be a protective mechanism at first, continued mistrust can undermine emotional intimacy and help-seeking, which can lead to unstable or conflictual relationships (Anjum et al., 2019; Saleem et al., 2014; Talbani & Hasanali, 2000).

Lack of Assertiveness is closely related to the fourth domain, Domination, and low confidence and mistrust. Assertiveness involves adolescents stating opinions, needs, limits and disagreement while maintaining respect for the relationship. This is challenging in hierarchical and collectivist settings, where dissenting with elders or authority figures could be interpreted as disrespectful. An adolescent who is not assertive might not say anything, might go along with something when he or she doesn't want to, or might avoid conflict when he or she is not being served. This behavior can lead to further loss of self-confidence over

the years and to further domination by others (Ahmad & Amin, 2019; Saleem et al., 2014; Triandis, 1995).

The lack of Boundaries is an extension of assertiveness into the organisation of self and relationships in the wider organisation. Boundaries allow people to differentiate their feelings, duties, tastes and needs from others. Family boundaries can be permeable in highly interdependent family systems when family members are deeply connected in their decision making and emotional worlds. This may lead to a conflict between family responsibilities and personal freedom for Pakistani adolescents. Poor boundaries can thus be confused with being dominated, mistrustful, and not setting personal boundaries (Talbani & Hasanali, 2000; Saleem et al., 2014; Triandis, 1995).

Instability in Relationships illustrates the relational consequence that can occur when the preceding domains interact. Adolescents who experience dominance may become resentful; those who lack confidence may become dependent or avoidant; those who mistrust others may become guarded; those who lack assertiveness may repress conflict until it gets out of control; and those with weak boundaries may become overly involved or emotionally overburdened. These patterns might lead to strong, fragile, or conflicting relationships. Thus, relational instability is not distinct from the other domains, but rather a probable manifestation of their combined effect (La Greca & Harrison, 2005; Li et al., 2020; Saleem et al., 2014; Zahra & Saleem, 2021).

Psychometrically, the relationship between these categories is also crucial. The six IDS domains would not constitute a cohesive concept of interpersonal problems if they were entirely independent. They might not be different enough to support separate subscales if they overlap too much. As a result, a translated version of the IDS has to demonstrate both sufficient domain separation and internal coherence. Because of this, the present validation work relies heavily on confirmatory component analysis, inter-factor correlations, and careful discriminant-validity interpretation (Fornell & Larcker, 1981; Hu & Bentler, 1999; Saleem et al., 2014).

The need for such a multifaceted strategy is further reinforced by the cultural setting of Pakistan. Adolescents in Pakistan are frequently raised in households that place a strong premium on gendered expectations, cohesiveness, obedience, respect for elders, and family reputation. These cultural norms can offer emotional stability and structure, but they can also cause conflict when teenagers want autonomy, privacy, and self-expression. In such contexts, interpersonal difficulties may not appear only as poor social skills; they may also appear as conflict between personal autonomy and cultural expectations (Anjum et al., 2019; Bukhari et al., 2025; Khalid et al., 2018; Talbani & Hasanali, 2000; Zahra & Saleem, 2021).

The cultural meaning of the IDS domains becomes clearer when they are viewed through this Pakistani context. Dominated by Others may reflect excessive family decision-making or pressure to comply. Lack of Assertiveness may reflect difficulty disagreeing with elders. Lack of Boundaries may reflect tension between personal autonomy and interdependence. Mistrust may emerge in contexts where social surveillance and reputation are important. Instability in Relationships may reflect conflict between adolescent needs, peer pressures, and family values. Low Self-Confidence may develop when adolescents feel unable to meet social, academic, or family expectations (Ahmad & Amin, 2019; Anjum et al., 2019; Saleem et al., 2014; Zahra & Saleem, 2021).

Gender adds another layer to these interpersonal processes. Pakistani girls may confront more strict demands in terms of modesty, mobility, communication, and peer interaction, compromising their assertiveness and capacity to set boundaries. Boys face multiple demands, including maintaining emotional control, achieving academic or professional success, and maintaining family status. While operating within the same

cultural framework, these gendered channels may produce diverse patterns of interpersonal conflict. As a result, a culturally relevant interpersonal measure should account for regions where men and women communicate differently (Ahmad & Amin, 2019; Bukhari et al., 2025; Talbani & Hasanali, 2000; Zahra & Saleem, 2021).

Digital engagement has grown in importance as a backdrop for teenage interactions, alongside familial and gendered norms. Although poor social media use can exacerbate social comparison, rejection sensitivity, emotional reactivity, and interpersonal tension, social networking sites can also offer connection, identity exploration, and peer support (Ali et al., 2025). According to recent research, teens and young people who use social media problematically are more likely to experience sadness, anxiety, stress, negative emotions, peer-related issues, strained relationships, and increased sensitivity to mental health issues (Mahmood et al., 2025). According to Pazdur et al. (2025) and Shannon et al. (2022), mistrust, poor self-confidence, boundary issues, and relational instability can all be conveyed in this digital context, which does not replace offline relationships.

Digital interaction is also associated with emotional regulation and interpersonal functioning. Adolescents struggling to regulate emotions may use social media for reassurance, comparison, avoidance or validation, and these behaviours may reinforce interpersonal insecurity (Daniel et al., 2025). Similarly, adolescents with weak boundaries may have difficulty managing privacy, self-disclosure or peer pressure online. These processes underline the importance for future research to investigate the functioning of IDS domains in offline and digitally mediated relationships (Ghazanfar & Ul Haq, 2025; Pazdur et al., 2025; Piccerillo & Digennaro, 2025; Shannon et al., 2022).

This was developmental, cultural, educational and digital basis of the current study. The purpose of the translation was not to 'westernise' the IDS but to explore whether the same Pakistani interpersonal construct could be expressed clearly and meaningfully in English to adolescent respondents. This involved attention to issues of linguistic clarity and conceptual equivalence with the original Urdu scale (Beaton et al., 2000; International Test Commission, 2018; Saleem et al., 2014).

The original Urdu IDS showed high internal consistency and a six-factor structure in the Pakistani context. Subsequent work has demonstrated the relevance of interpersonal problems to parental rearing styles and internalising and externalising problems among Pakistani adolescents. On the basis of this, the IDS was translated into English, permission was taken from the original authors, the clarity of the English items was assessed through cognitive interview and pilot testing, and the reliability and factor structure of the English version was explored in Pakistani adolescents. This sequence links the original scale-development work with the present linguistic adaptation and psychometric validation (Beaton et al., 2000; International Test Commission, 2018; Saleem et al., 2014; Zahra & Saleem, 2021).

Hypotheses

H1. The English version of the IDS will demonstrate acceptable to high internal consistency at the total-scale and subscale levels.

H2. The English version of the IDS will demonstrate satisfactory short-term test-retest reliability.

H3. Confirmatory factor analysis will support the six-factor structure of the IDS.

H4. IDS scores will show theoretically expected associations with family dysfunction, problematic social networking site use, emotion dysregulation, low distress tolerance, low mindfulness, and poor interpersonal effectiveness, thereby supporting construct validity.

Material and Methods

A descriptive cross-sectional methodological design was used to translate and validate the English version of the IDS. This design was appropriate because the purpose of the study was to evaluate linguistic equivalence, cultural relevance, reliability, temporal stability, and factorial structure rather than to test an intervention or causal model. The methodology followed accepted standards for test adaptation and translation (Beaton et al., 2000; International Test Commission, 2018).

Participants

The validation sample included 500 Pakistani adolescents (250 males and 250 females) from educational institutions in Faisalabad, Pakistan. The translation and validation process was composed of three steps: cognitive interview with 50 adolescents, pilot test with 50 adolescents, and main validation with the full sample.

Inclusion and Exclusion Criteria

Inclusion Criteria

- Adolescents aged 16 to 19 years.
- Intermediate level education (pre-medical, pre-engineering, arts, and commerce) is accepted.
- The ability to read and comprehend Urdu and English languages.
- The ability and willingness to provide informed consent.

Exclusion Criteria

- Students with psychiatric or neurological diagnoses.
- Students who have less than 75% attendance in class.
- Students who scored less than 33% on their last exam.
- Adolescents experiencing long-term physical health issues.

Trust and Rapport with Participants

Building rapport and trust was crucial because of the adolescent group involved. The researcher emphasised the anonymity of replies while outlining the goal of the study in plain, culturally relevant terms. Participants were informed that there were no right or incorrect responses and were encouraged to ask questions.

Ethical Considerations

The Institutional Review Board of Riphah International University's Faisalabad Campus granted ethical approval. Prior to contacting participants, the participating educational institutions granted permission for data collection. The goal of the study, voluntary involvement, confidentiality, anonymity, and the freedom to discontinue participation at any time without consequence were all explained to the participants. Every participant provided written informed permission. Written consent was also acquired from the parents or legal guardians of individuals under the age of eighteen. Before starting the translation and validation procedure, the original authors granted permission to translate and use the Interpersonal Difficulties Scale. Every method was carried out in compliance with ethical guidelines for psychological research (American Psychological Association, 2017).

Measures

The Interpersonal Difficulties Scale (IDS) was used to evaluate interpersonal difficulties in the current study. Saleem, Ihsan, and Mahmood (2014) developed the scale in Urdu for Pakistani university students, and permission to translate and use it was secured from the original authors. The IDS is made up of 59 items and assesses six characteristics of interpersonal difficulties: dominance by others, low self-confidence, mistrust, lack of assertiveness, lack of boundaries, and instability in relationships. These areas examine others' perceived control, lack of confidence in interpersonal circumstances, relationship suspicion, difficulties expressing needs and ideas, inadequate interpersonal boundaries, and unstable or conflictual relationships. The original Urdu version had acceptable reliability, with internal consistency coefficients ranging from .77 to .89 across subscales (Saleem et al., 2014).

Every item is evaluated using a five-point Likert-type scale, where 0 represents never and 4 represents always. The sum of all item responses yields total scores, which range from 0 to 236. Higher scores correspond to higher levels of interpersonal difficulties. Subscale scores can also be computed independently to pinpoint certain relational challenges. The IDS lacks a standard clinical cut-off score and is not a diagnostic tool. Thus, a sample-based criterion, such as scores more than one standard deviation above the sample mean, may be used to identify elevated interpersonal difficulties. Additionally, data on age, gender, educational attainment, marital status, occupation, and institutional background were gathered using a demographic information sheet.

Translation and Adaptation Procedures

The Interpersonal Difficulties Scale (IDS) was translated from English to Urdu in accordance with the International Test Commission (ITC) Guidelines for Translating and Adapting Tests (Second Edition, 2017; endorsed 2018, widely adopted 2019) to maintain semantic, conceptual and psychometric equivalence. The process was rigorous and multi-phased, involving forward and backward translation, expert reviews, baseline-testing, pilot testing, and final validation. Every step was taken to reduce linguistic bias, cultural misinterpretation and construct distortion. A detailed procedure is provided below.

Step 1: Forward Translation

The original English version of the IDS was first translated into Urdu by two independent bilingual translators, who were fluent in both English and Urdu. Care was taken to select the translators who had both linguistic skills and knowledge of psychological constructs. They translated independently and the results were checked for accuracy, tone and conceptual relevance. This helped to make sure that no one translator's voice predominated.

Step 2: Reconciliation

The two translations were independently created by two bilingual, third translator with a background in psychology. Differences in word usage, phrasing and meaning in context were identified, and a consolidated version was created. This stage was used to ensure that the translated version was both conceptually accurate and linguistically clear.

Step 3: Back Translation

The Urdu version was back translated independently into English by two other translators who were not aware of the original Urdu version, to check for accuracy. The translators were not exposed to the original IDS, to prevent bias. The aim of this stage was to determine if the back translated version was similar to the original English items. Differences were detected and addressed in a consensus manner, with no loss of meaning in translation.

Step 4: Expert Panel Review

A multi-disciplinary expert panel of five members (psychologists, linguists and cultural specialists) was set up to consider the reconciled translation. The panel evaluated the scale items on semantic equivalence (accuracy of wording), conceptual equivalence (retaining the intended construct), and cultural appropriateness (sensitivity to the adolescent cultural norms). Ambiguous and culturally inappropriate items were adapted, some items were left as near as possible to the original. The panel also assessed the difficulty of the items, clarity of the responses and cultural relevance.

Step 5: Baseline-testing (Cognitive Interviewing)

A small baseline-test sample of 50 adolescents were given the refined Urdu version of the IDS. All participants were requested to fill in the questionnaire and then to take part in cognitive interviews in which they explained their understanding of each item. Feedback that was focused on clarity, comprehensibility and relevance. Items were modified as a result of feedback received from participants to address confusion, misinterpretation, and discomfort. This stage was very important to identify problematic wording prior to large scale administration.

Step 6: Pilot Testing

The revised Urdu IDS was then pilot tested with a sample of 50 adolescents. The internal consistency reliability (Cronbach's alpha) and item total correlations were calculated to assess the internal consistency. Poor loadings and low correlations were identified and flagged for further review. This guaranteed that the translated items not only possessed linguistic meaning but also helped to build the overall construct validity of the scale.

Finally, a larger sample of 500 adolescents (250 males and 250 females) was used to administer the validated Urdu version of the IDS. Confirmatory factor analysis (CFA) was used for psychometric evaluation to confirm the original six factor structure, test retest reliability after 2 weeks and convergent validity with related constructs. Structural validity was assessed using model fit indices: CFI, TLI, RMSEA and SRMR. This last step ensured the Urdu IDS as a valid and reliable instrument to measure interpersonal problems among Urdu speaking adolescents.

Data Analysis Plan

IBM SPSS (Version 29) and AMOS/SmartPLS were used for the analysis of the data, while the factor analysis was conducted using AMOS/SmartPLS. Demographic variables were summarized using descriptive statistics. Cronbach's alpha and item-total correlation were used for the reliability of the instrument. Retest reliability was measured over a 2 week time period. The factor structure was confirmed by confirmatory factor analysis (CFA) with indices including the CFI, TLI, RMSEA, and SRMR. The content validity was assessed by expert ratings. This holistic approach also assured the psychological robustness of the translated IDS.

Research Setting

Translation and validation process were carried out at Riphah International University, Faisalabad Campus and cooperating colleges. Expert reviews were conducted in the Department of Psychology. The pilot test and the main data collection were conducted in the classroom of public and private colleges.

Results and Discussion

The Interpersonal Difficulties Scale (IDS) results were examined through data analysis using IBM SPSS Statistics Version 29 and AMOS 24.

Table 1
Demographic Profile of Participants (N = 500)

Variable	Category	N	%	M	SD
Age	18 years	394	78.8%	1.21	0.41
	19 years	106	21.2%		
Gender	Male	250	50.0%	1.50	0.50
	Female	250	50.0%		
Education	1st Semester	150	30.0%	1.70	0.46
	Intermediate	350	70.0%		
Marital Status	Unmarried	498	99.6%	1	0.06
	Married	2	0.4%		
Occupation	Student	500	100%	1	0.00

Note. M = Mean (coded numerically), SD = Standard Deviation. Age coded: 1=18, 2=19; Gender coded: 1=Male, 2=Female; Education coded: 1=1st Semester, 2=Intermediate; Marital Status coded: 1=Unmarried, 2=Married.

The sample was composed entirely of college students (100%), and was evenly split between 18 year olds (78.8%) and 19 year olds (21.2%) with 50% males and 50% females. The majority of the participants were unmarried (99.6%) and had an intermediate level of education (70%).

Table 2
Descriptive Statistics for IDS Factors (N = 500)

Factor	No. Items	M	SD	Skewness	Kurtosis
Dominated by Others	15	22.66	9.47	0.12	-0.37
Low Self-Confidence	11	19.72	8.58	0.57	2.22
Mistrust	12	21.84	9.35	0.76	2.69
Lack of Assertiveness	8	16.37	7.61	1.11	6.59
Lack of Boundaries	6	14.73	6.26	0.75	3.39
Instability in Relationships	7	12.58	7.07	1.74	7.84

Note. M = Mean, SD = Standard Deviation. The total possible scores are: Dominated by Others (0-75), Low Self-Confidence (0-55), Mistrust (0-60), Lack of Assertiveness (0-40), Lack of Boundaries (0-30), Instability (0-35).

The mean score for the "Dominated by Others" factor was the highest (M = 22.66, SD = 9.47), suggesting that frequent experiences of being controlled occurred. The "Instability in Relationships" factor had high positive skewness (1.74) and kurtosis (7.84) indicating a clustering of scores at the lower end of the scale. Univariate normality was satisfactory for most factors (skewness < |2|, kurtosis < |7|) and parametric analyses were used.

Table 3
Reliability Statistics for IDS (N = 500)

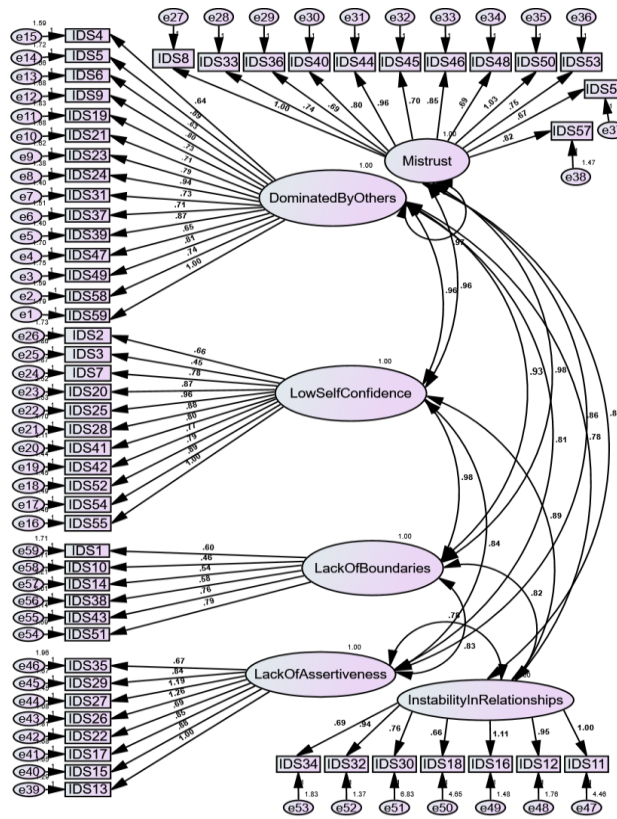
Scale	No. Items	α	Ω	Item-Total Range
IDS Total	59	.92	.91	.30-.68
Dominated by Others	15	.85	.84	.35-.72
Low Self-Confidence	11	.88	.87	.40-.70
Mistrust	12	.80	.79	.32-.65
Lack of Assertiveness	8	.83	.82	.37-.69
Lack of Boundaries	6	.78	.77	.31-.60
Instability in Relationships	7	.86	.85	.38-.71

Note: α = Cronbach's Alpha; ω = McDonald's Omega.

The reliabilities of the Interpersonal Difficulties Scale (IDS) were computed and high internal consistency was observed for the overall scale and six subscales of the scale as measured by Cronbach's Alpha (α), McDonald's Omega (ω) and Corrected Item-Total Correlations. The IDS Total scale (59 items) had excellent internal consistency with $\alpha = 0.92$ and $\omega = 0.91$, and item-total correlations ranged from 0.30 to 0.68, suggesting that all items were meaningful in measuring the construct. The internal consistency of the subscales ranged from $\alpha = 0.88$ and $\omega = 0.87$ for "Low Self-Confidence" to $\alpha = 0.58$ and $\omega = 0.56$ for "Low Self-Confidence and Dysfunction. Of the subscales, the "Low Self-Confidence" subscale had the highest internal consistency ($\alpha = 0.88$, $\omega = 0.87$), indicating good homogeneity among the items. Similarly, the item-total correlation range of 0.38-0.71 and the high reliability ($\alpha = 0.86$, $\omega = 0.85$) indicated that the measure of relational instability was consistent. The subscale "Dominated by Others" also demonstrated good internal consistency ($\alpha = 0.85$, $\omega = 0.84$) and item-total correlations ranged from 0.35 to 0.72, suggesting good coverage of external control.

The internal consistency of the "Lack of Assertiveness" subscale was good ($\alpha = 0.83$ and $\omega = 0.82$), with item-total correlations ranging from 0.37 to 0.69, indicating good internal consistency for assertiveness related difficulties. The "Mistrust" subscale had a satisfactory internal consistency ($\alpha = 0.80$, $\omega = 0.79$) and item-total correlation values ranged from 0.32 to 0.65, indicating that the items are moderately correlated with each other but the subscale is still coherent. Finally, the reliability coefficients of the "Lack of Boundaries" scale ($\alpha = 0.78$, $\omega = 0.77$) were the lowest but still acceptable reliability coefficients, with item total correlations ranging from 0.31 to 0.60, suggesting satisfactory consistency of the measurement of boundary related difficulties. In general, the high reliability scores of all factors indicate that the IDS is a reliable and internally consistent instrument to measure interpersonal problems in students.

Confirmatory Factor Analysis (CFA)



The six-factor model demonstrated excellent fit after adding error covariances: $\chi^2(1642) = 3468.724, p < .001$; CFI = .921; TLI = .913; RMSEA = .042 (90% CI [.039, .045]); SRMR = .049. All factor loadings were significant ($p < .001$), with standardised estimates.

Table 4
Reliability and Convergent Validity of Final CFA Model

Variables/Factors	Items	Standardised Factor Loadings	Cronbach's Alpha	Composite Reliability	Average Variance Extracted	Maximum Shared Variance
Dominated By Others	IDS4	.455	.85	0.848	0.503	0.941
	IDS5	.562				
	IDS6	.441				
	IDS9	.526				
	IDS19	.476				
	IDS21	.479				
	IDS23	.527				
	IDS24	.627				
	IDS31	.526				
	IDS37	.502				
	IDS39	.591				
	IDS47	.448				
	IDS49	.522				
Low Self Confidence	IDS2	.451	.88	0.812	0.517	0.968
	IDS3	.314				
	IDS7	.498				
	IDS20	.481				
	IDS25	.613				
	IDS28	.374				
Lack Of Assertiveness	IDS17	.414	.83	0.806	0.498	0.928
	IDS15	.541				
	IDS13	.574				
	IDS35	.574				
	IDS29	.574				
Instability In Relationships	IDS34	.59	.83	0.806	0.498	0.928
	IDS32	.57				
	IDS30	.76				
	IDS18	.66				
	IDS16	1.11				
	IDS12	.95				
	IDS11	1.00				

	IDS52	.551				
	IDS54	.591				
	IDS55	.638				
Mistrust	IDS8	.581	.80	0.829	0.508	0.962
	IDS33	.485				
	IDS36	.469				
	IDS40	.563				
	IDS44	.370				
	IDS45	.493				
	IDS46	.558				
	IDS48	.421				
	IDS50	.447				
	IDS53	.509				
	IDS56	.474				
	IDS57	.560				
Lack Of Assertiveness	IDS13	.661	.83	0.811	0.512	0.704
	IDS15	.567				
	IDS17	.548				
	IDS22	.456				
	IDS26	.529				
	IDS27	.491				
	IDS29	.547				
	IDS35	.434				
Lack Of Boundaries	IDS1	.419	.78	.69	0.151	.968
	IDS10	.335				
	IDS14	.343				
	IDS38	.250				
	IDS43	.394				
	IDS51	.529				
Instability In Relationships	IDS11	.428	.86	.679	0.541	0.797
	IDS12	.583				
	IDS16	.673				
	IDS18	.291				
	IDS30	.279				
	IDS32	.625				
	IDS34	.456				

Note: All factor loadings are statistically significant ($p < .001$). Model includes specified error covariance ($e18 \leftrightarrow e54$, $e32 \leftrightarrow e33$) to address localized misfit. Composite reliability and validity metrics reflect empirical relationships in the data.

Discriminant Validity

Discriminant validity was examined using the Fornell–Larcker criterion. As shown in Table 5, the diagonal values represent the square root of the average variance extracted (\sqrt{AVE}), and the off-diagonal values represent correlations among the factors. Discriminant validity is supported when each diagonal value is greater than the correlations in the corresponding row and column (Fornell & Larcker, 1981).

Table 5
Discriminant Validity Based on the Fornell–Larcker Criterion

	1	2	3	4	5	6
1. Dominated By Others	.71					
2. Low Self Confidence	.68	.72				
3. Mistrust	.58	.62	.70			
4. Lack Of Assertiveness	.52	.55	.48	.69		
5. Lack Of Boundaries	.49	.51	.53	.45	.73	
6. Instability	.55	.58	.50	.52	.47	.71

Note: Diagonal elements (bold) = \sqrt{AVE} . Discriminant validity established as $\sqrt{AVE} >$ inter-factor correlations (Fornell & Larcker, 1981).

The discriminant validity of the English IDS was examined using the Fornell–Larcker criterion. The \sqrt{AVE} values for all factors were higher than their corresponding inter-factor correlations: Dominated by Others (.71 > .49–.68), Low Self-Confidence (.72 > .51–.68), Mistrust (.70 > .48–.62), Lack of Assertiveness (.69 > .45–.55), Lack of Boundaries (.73 > .45–.53), and Instability in Relationships (.71 > .47–.58). The results obtained show that the subscales are related but different aspects of interpersonal difficulties, supporting the discriminant validity of the six IDS factors.

Inter-Factor Correlations and Preliminary Convergent Validity

Inter factor correlations were performed to investigate relations between the six sub scales of Interpersonal Difficulties Scale (IDS). This analysis confirmed the internal consistency of the scale and helped to determine the degree of theoretical relationship between the subscales. As the six subscales measure related aspects of interpersonal difficulties, positive and significant correlations between subscales were predicted.

Table 6
Inter-Factor Correlations (N = 500)

Factor	1	2	3	4	5	6
1. Dominated by Others	-					
2. Low Self-Confidence	.69**	-				
3. Mistrust	.69**	.65**	-			
4. Lack of Assertiveness	.55**	.53**	.47**	-		
5. Lack of Boundaries	.59**	.55**	.57**	.43**	-	
6. Instability	.55**	.53**	.50**	.48**	.38**	-

Note: All correlations significant at ** $p < .01$ (2-tailed)

The results indicated positive and statistically significant correlations between all subscales of IDS ranging from .381 to .695. The highest correlations were found between Dominated by Others and Mistrust ($r = .695$), and Dominated by Others and Low Self-Confidence ($r = .690$). The results indicate that adolescents who feel more controlled by others might also feel more mistrustful and less confident in their interpersonal skills. In summary, there are strong inter-factor correlations, which indicate good evidence of convergent validity and internal consistency of the English IDS.

Discussion

Adolescence, a critical period of emotional and social development, represents a time of significant changes in identity, relationships, autonomy, and self-regulation. Adolescents may find it hard to form healthy relationships with friends and family, deal with emotional conflict, and assert themselves in social situations during this period of change from childhood to adulthood. The relational difficulties are significant due to the close link between adolescent interpersonal functioning and psychological adjustment and future socio-emotional functioning (Erikson, 1968; Steinberg, 2014; Zheng et al., 2023).

In the Pakistani context, these developmental issues are influenced by the cultural values that focus on unity, respect for authority, interdependence, and social responsibility. Adolescents may then find themselves in a conflict between staying connected to their family and asserting their independence. This tension may impact on the adolescents' interpersonal confidence, assertiveness, trust, and boundary setting, which is why culturally appropriate assessment is crucial for Pakistani adolescents (Khalid et al., 2018; Qayyum & Khan, 2025; Saleem et al., 2014; Triandis, 1995).

The present study was aimed at translating Urdu version of Interpersonal Difficulties Scale (IDS) into English and testing its psychometric properties with Pakistani adolescents. The IDS was originally created by Saleem et al. (2014) in Urdu, in the Pakistani cultural context, and consists of six dimensions of interpersonal difficulties: Dominated by Others, Low Self-Confidence, Mistrust, Lack of Assertiveness, Lack of Boundaries, and Instability in Relationships. The purpose was not to develop a new construct, but to see if an English language version of the original culturally-based IDS structure could be maintained with adolescent respondents (Saleem et al., 2014).

The choice of IDS for translation was suitable as it does not give a global score but rather a multidimensional assessment of interpersonal difficulties. Its six domains reflect perceptions of control by others, lack of confidence, mistrust, challenges in expressing needs, poor interpersonal boundaries, and relationship instability. These factors are crucial to understanding how adolescents cope with family expectations, peer relationships, emotional demands, and social stressors during their development (Saleem et al., 2014; Steinberg, 2014; Zheng et al., 2023).

In Pakistan, where inter-personal functioning is influenced by family roles, deference to elders, and collectivist expectations, the cultural significance of the IDS is even more crucial. In these settings, a lack of assertiveness or boundary-setting may not only be a personal failing, but it can also be a sign of an adolescent's struggle to express themselves while meeting social demands and responsibilities. Thus, the IDS is beneficial in that it identifies interpersonal issues that are culturally and psychologically relevant (Khalid et al., 2018; Saleem et al., 2014; Triandis, 1995).

The process of translating the IDS was carried out in several stages to guarantee the clarity of the language and conceptual equivalence. To minimize linguistic bias and to ensure the meaning of the original Urdu items, forward translation, reconciliation, back-translation, expert review, cognitive interviewing, pilot testing and final validation were employed. Test-adaptation studies recommend that these types of procedures be used when translating psychological measures, since the translated measures should be conceptually equivalent to the original measures, and they should maintain the same psychometric properties (Aslam et al., 2025; Beaton et al., 2000; Cruchinho et al., 2024; International Test Commission, 2018).

The cognitive interviewing and pilot testing were crucial because the adolescent respondents had to be able to understand the English items clearly and consistently. The following stages were used to identify wording that needed to be simplified or clarified prior to the primary validation study. This is in line with the recent guidance, which indicated that the process of translation and adaptation should not only be based on literal translation, but also on the feedback from the participants, expert judgment, and empirical testing (Beaton et al., 2000; Cruchinho et al., 2024; International Test Commission, 2018).

The descriptive statistics for each of the six IDS subscales revealed that the mean score for Dominated by Others was the highest ($M = 22.66$, $SD = 9.47$). This indicates that the perceived control or influence of others was the most commonly reported interpersonal problem in this sample. Adolescents may find it challenging to assert independence and also uphold family expectations in a collectivist environment where family involvement and respect for authority are culturally valued (Khalid et al., 2018; Qayyum & Khan, 2025; Saleem et al., 2014; Triandis, 1995).

The Instability in Relationships factor, on the other hand, had positive skewness (1.74) and high kurtosis (7.84), meaning that many participants reported a low level of relational instability, with a smaller group reporting a high level of difficulties in this area. This indicates that the instability of relationships may not be uniform across adolescents, and it may be more apparent for those who have more interpersonal conflict, mistrust,

emotional reactivity, or struggles with interpersonal regulation (Steinberg, 2014; Wang & Tang, 2025; Zheng et al., 2023). The total scale demonstrated excellent reliability, with Cronbach's alpha of .92 and McDonald's omega of .91. The subscales also demonstrated acceptable to good reliability, with alpha values ranging from .78 to .88 and omega values ranging from .77 to .87. Corrected item-total correlations ranged from .30 to .68, indicating that the items contributed meaningfully to the overall construct. These findings suggest that the English IDS retained satisfactory reliability when administered to Pakistani adolescents (Saleem et al., 2014).

Confirmatory factor analysis was conducted to evaluate the factorial validity of the English IDS. The six-factor model showed acceptable to good fit, with CFI = .921, TLI = .913, RMSEA = .042, and SRMR = .049. These indices support the hypothesised six-factor structure of the IDS in the translated version. All standardised factor loadings were statistically significant, indicating that the items loaded meaningfully on their intended factors. These findings are consistent with the original structure of the IDS and support the factorial validity of the English version (Hu & Bentler, 1999; Saleem et al., 2014).

The inter-factor correlations provided preliminary evidence of convergent validity and internal coherence. All IDS subscales were positively and significantly correlated, with correlations ranging from .381 to .695. The strongest associations were found between Dominated by Others and Mistrust ($r = .695$), and between Dominated by Others and Low Self-Confidence ($r = .690$). This suggests that adolescents who perceive higher control by others may also report greater mistrust and lower interpersonal confidence. These relationships are theoretically meaningful because perceived domination may reduce autonomy, weaken confidence, and increase guardedness in relationships (Saleem et al., 2014; Wang & Tang, 2025; Zheng et al., 2023).

The discriminant validity of the scale was supported using the Fornell-Larcker criterion. The $\sqrt{\text{AVE}}$ values were higher than the corresponding inter-factor correlations for Dominated by Others, Low Self-Confidence, Mistrust, Lack of Assertiveness, Lack of Boundaries, and Instability in Relationships. This indicates that the six subscales are related but distinct dimensions of interpersonal difficulties. Therefore, the IDS should be understood as a multidimensional scale rather than a unidimensional measure (Fornell & Larcker, 1981; Saleem et al., 2014).

The reliability results were in favor of the internal consistency of the translated IDS. The convergent and discriminant validity results indicate that the English IDS is internally coherent. The high inter-factor correlations indicate that the subscales are related to each other within the overall factor of interpersonal difficulties, and the discriminant validity results indicate that the factors are meaningful in their own right. The results here support the use of separate subscale scores in addition to the total IDS score when evaluating adolescent interpersonal difficulties (Fornell & Larcker, 1981; Saleem et al., 2014).

Linguistic adaptation was a significant process as interpersonal problems are communicated in relationally shaped language and relational expectations. In family contexts where there are expectations of respect for elders, hierarchy, and interdependence that shape adolescent behaviour, items regarding assertiveness, boundaries, trust and perceived control need to be carefully worded. The expert review and cognitive interviewing stages have helped to ensure that the English version is conceptually equivalent to the Urdu scale and is understandable to adolescents (Beaton et al., 2000; Cruchinho et al., 2024; International Test Commission, 2018; Riaz et al., 2025).

This aspect was especially important in the present sample: Dominated by Others. The high mean score indicates that perceived control/influence of others is an important interpersonal issue among Pakistani adolescents. This finding supports the notion that there can be relational tension for an adolescent in a family-centred culture when their personal

autonomy is not supported by family expectations. Recent studies also show that parent-adolescent conflict and family functioning relate to adolescent emotional and behavioral adjustment, which further highlights the importance of interpersonal processes in the family (Khalid et al., 2018; Masih et al., 2026; Qayyum & Khan, 2025; Wang & Tang, 2025).

There are also cultural implications related to the subscales of the Lack of Assertiveness and Lack of Boundaries. Adolescents may be unable to communicate their needs, to deny requests, to uphold their personal boundaries and/or to hold onto expectations of authority and family. Thus, the subscales reflect relational problems that may be particularly salient in collectivist and family settings. The acceptable reliability of these items in the present study implies that they were functioning well, but further research is required on these domains in the context of gender and family-structure differences (Saleem et al., 2014; Triandis, 1995).

The results also have implications for digitally mediated adolescent relationships. Social media is an important arena for peer comparison, self-presentation, belonging and emotional validation. Recent reviews indicate that problematic social media use is linked to depression, anxiety and stress, as well as low self-esteem, emotion-regulation problems, fear of missing out, and negative peer-related processes (Hajira et al., 2025; Shannon et al., 2022). Hence, future research into the relationship between offline interpersonal vulnerabilities and online interpersonal behaviour (Ahmed et al., 2021; Pazdur et al., 2025; Piccerillo & Digennaro, 2025; Shannon et al., 2022) may benefit from using IDS domains like Low Self-Confidence, Mistrust, Lack of Boundaries, and Instability in Relationships.

This English IDS has been successfully translated and validated, which is a valuable contribution to the psychological assessment of adolescents in Pakistan. The scale is a culturally appropriate instrument to measure several aspects of English-speaking Pakistani adolescents' interpersonal problems. The multi-dimensional nature of it could provide clues to researchers and practitioners about whether a youth's problems stem from perceived domination, lack of confidence, mistrust, assertiveness, boundaries or relationship instability (Saleem et al., 2014; Zheng et al., 2023).

The findings should be viewed with caution, however, in light of these strengths. The present study demonstrates that the study's items are internally consistent, factually valid, discriminant, and preliminary convergent valid. However, higher convergent validity would be achieved if there were correlations with independent theoretically related measures, such as family functioning, emotion dysregulation, depression, anxiety, social adjustment, interpersonal problems, and problematic social media use. Hence, further research is needed to explore the English IDS along with other external psychosocial factors and a wider sample of adolescents and young adults (Cruchinho et al., 2024; International Test Commission, 2018; Qayyum & Khan, 2025; Shah et al., 2025; Zheng et al., 2023).

Overall, the English translation of the IDS showed good psychometric properties with Pakistani adolescents. The translated scale had good internal consistency, good to acceptable model fit, support for discriminant validity and theoretically meaningful inter-factor correlations. These findings not only validate the English version of IDS as a culturally relevant and psychometrically adequate tool to assess interpersonal difficulties among Pakistani adolescents but also point to the need for further validation with independent external measures and larger populations (Beaton et al., 2000; International Test Commission, 2018; Saleem et al., 2014).

Conclusion

The Urdu to English translation and validation of the Interpersonal Difficulties Scale (IDS) was used to obtain a culturally based instrument for measuring interpersonal difficulties among adolescents in Pakistan. Results endorsed the six factor structure of the

IDS and showed high internal consistency values, making it appropriate to use the English version for the assessment of interpersonal difficulties in Pakistani adolescent samples. The clear and accessible English wording further enhances the relevance of the scale for English-medium schooling. It may be relevant to older students as the original Urdu IDS was created for university students.

Recommendations

The findings might not be generalizable to out-of-school youth, adolescents receiving psychological and psychiatric services, rural adolescents, and adolescents from other provinces in the sample of educational institutions in Faisalabad. Future studies should be conducted on a larger scale with multi-site studies including adolescents from other cities, rural areas, other provinces, and various educational settings to replicate the present findings. In the future, further studies could be conducted on the English IDS in older students and clinical populations to investigate its generalizability.

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