



When Pain Meets Support: Psychological Pain, Social Support, and Suicidal Ideation among Pakistani Adolescents

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Abstract

Adolescence is the period of rapid emotional development which is characterized by highly emotional reactivity and increased risk for suicidal thoughts and behaviors. The current study aims to investigate the relationship between psychological pain and suicidal ideation and to examine whether social support moderate this relationship among Pakistani adolescents (N- 237; ages 15-18 years). For this purpose The Psychological Pain Scale, a social support measure, and the Beck Scale for Suicidal Ideation were administered. Using Hayes' PROCESS Model 1 (moderation), results indicated that psychological pain significantly predicted suicidal ideation ($B = .11$, $p <.001$), that the association between psychological pain and suicidal ideation weakened as social support increased ($B = -.12$, $p < .001$). Findings support theoretical models of suicide emphasizing agitation and connectedness and suggest that boosting social support may buffer adolescents against the suicidal impact of psychological pain. Implications for prevention, culturally adapted measurement, and avenues for future research are discussed.

Keywords: Psychological Pain, Suicidal Ideation, Social Support, Moderation, Adolescents, Pakistan



Introduction

Suicide is major public health concern and is among one of the leading cause of deaths among adolescents worldwide. World Health Organization, 2021 highlights youth suicide as an urgent issue which requires culturally sensitive research intervention. Adolescents experience rapid biological, psychological, and social changes that can precipitate emotional chaos and increase the vulnerability of suicidal ideation and suicidal behavior. It is important to identify risk factors and protective mechanisms for an early intervention and prevention.

Psychological pain which is often labeled as 'psychache' or psychic pain is an intense subjective distress which arises from unmet psychological needs, losses, or internal conflict. It is intolerable affective state that can precipitate suicidal thoughts when an individual perceives pain inescapable. "Psychache" or "psychological pain" is defined as intense, unbearable emotional distress which results from unmet psychological needs or internal conflict (Shneidman, 1993). The construct captures individual suffering more directly than traditional measures of depression and hopelessness and has been shown to strongly predict suicidal thoughts and behaviors (Lewis et al., 2020). Conversely, perceived social support has been identified as key factor for protecting adolescents from suicidal ideation.

Shneidman's Psychache Theory postulates that the unbearable mental pain is central cause of suicidal ideation (Shneidman, 1993). Joiner's Interpersonal Theory of Suicide categorizes thwarted belongingness and perceived burdensomeness as a key causal factors in suicidal ideation, highlighting the role of social connectedness (Joiner, 2005). Furthermore the Cry of Pain Model suggests that perceptions of entrapment without escape opportunities lead to suicidal thinking, which can be mitigated by supportive social relationships (Williams & Pollock, 2000).

Perceived social support - is a belief that someone is available who can provide reliable Social support is considered as one of the strongest protective factor among adolescents mental health. Social support can provide emotional regulation, problem solving aid, and a sense of belonging which mitigate distress including suicidal ideation (Perret et al., 2020). Systematic reviews and narrative syntheses focused on youth conclude that psychological pain is a strong predictor of suicidal ideation among adolescents. Mento et al.'s review (2020) and subsequent reviews reports has shown consistent association between higher psychache and higher suicidal ideation in community including clinical and non-clinical samples.

Perceived social support buffers the effect of risk states on suicidal outcomes. The buffering hypothesis by Cohen & Wills, 1985 predicts that social resources weakens the relationship between stressors and psychopathology. In adolescents suicidal research, parental and peer support have been shown to reduce the impact of interpersonal life stress, depressive symptoms and psychache on suicidal ideation and self-injury.

Method

Participants: Participants were 237 adolescents (aged 15-18 years) who were selected from different Government and private schools and colleges of Rawalpindi, Islamabad and Lahore. Convenient sampling technique was use to collect data. Inclusion criteria was those between the ages of 15-18 years, and could read and understand Urdu language. Exclusion criteria was those who couldn't read and did not fall between 15-18 years.



Measures

Psychological Pain Scale (Psychic Pain): The Psychic Pain Scale by Lewis et al. (2020) is a self-report instrument consisting of 12 items that measure the frequency and intensity of emotional pain. The original English version underwent back-translation after obtaining approval from author into Urdu language following Brislin's (1970) model. Five bilingual experts translated the scale into Urdu, and Five independent experts back-translated it into English. Discrepancies were reviewed and resolved by a panel of psychologists, ensuring linguistic and conceptual equivalence. Alpha of the scale was .898 in current study.

Perceived Social Support: The scale was developed by Zimet. G. D., Dahlem. N. W., Zimet., S. G. (1988). The scale is self-report measure has 12 items in it. The scale is further divided into three subscales namely Family subscale (Items are 3,4,8,1); Friends subscale (6,7,9 & 12) and Significant others subscale (1,2,5 & 10). It is 7 point rated scale which ranges from 1= Very strongly disagree to 7 = very strongly agree. Translated version of the scale was used in the study.

Beck Scale for Suicidal Ideation (BSSI): A widely used scale developed by Beck et al., in 1979. The scale is used to evaluate the intensity of individual's attitude behavior and plans to commit suicide. The scale is rated on 3 points scale and score ranges from 0-2. Total score is obtained by adding 19 items and score ranges from 0-38. First 5 items are related to attitudes towards dying and only those individuals who desires to make an attempt or commit suicide at item number 4 (active ideation) Item 5 (Passive ideation) are rated on items 6-19 and if not experiencing any active or passive thoughts will leave the rest of items blank.

Procedure

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 hypotheses. Average time to complete the questionnaire was about 20-25 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 Umang 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.

Results

Table 1: *Descriptive Statistics for Study Variables (N = 237)*

Variable	Range	Minimum	Maximum	M	SD	Variance	Skewness	Kurtosis
Suicidal Ideation	26.00	4.00	30.00	13.78	5.38	28.93	0.77	0.35
Social Support	72.00	12.00	84.00	54.97	15.96	254.73	-0.49	0.24
Psychological Pain	48.00	12.00	60.00	33.34	13.02	169.40	0.13	-1.02

Note. M = Mean; SD = Standard Deviation; SE = Standard Error.

Table 1 presents the descriptive statistics for suicidal ideation, social support, and psychological pain among adolescents (N = 237). Scores for suicidal ideation ranged from 4 to 30 (M = 13.78, SD = 5.38), indicating a moderate level of suicidal thoughts in the sample. Social support scores ranged from 12 to 84 (M = 54.97, SD = 15.96), suggesting that participants generally perceived a moderate to high level of social support. Psychological pain scores ranged from 12 to 60 (M = 33.34, SD = 13.02), reflecting moderate levels of perceived psychic pain among respondents.

The skewness and kurtosis values for all variables fall within the acceptable range of ± 2 (George & Mallory, 2010), indicating approximate normality in the data distribution. Specifically, suicidal ideation showed a slight positive skew (0.77), suggesting a mild clustering of scores toward lower levels of ideation, while social support was slightly negatively skewed (-0.49), indicating more participants reporting higher levels of perceived support. Psychological pain exhibited minimal skewness (0.13) and a slightly platykurtic distribution (-1.02), implying a relatively flat distribution of scores.

Overall, the descriptive analysis suggests that the data were approximately normally distributed and suitable for further inferential analyses such as correlation, regression, and moderation testing.

Table 2: *Moderation of Social Support between the Relationship of Psychological Pain and Suicidal Ideation*

Relationship	Estimate	B	S.E.	t	P	Remarks
PP x SS	SI	-.10	.01	-3.09	.002	Significant

Note. PP = Psychological Pain, SS = Social Support, SI = Suicidal Ideation

Results indicated significant interaction effect of psy pain x social support (B = -.10, p < .01). Moreover, Main effects are also significant as psy pain on suicidal ideation (B = .11, p < .001), and social support on suicidal ideation (B = -.12, p < .001). Results indicated that the



hypothesis is supported i.e. Moderation of social support between psychological pain and suicidal ideation.

Figure 1

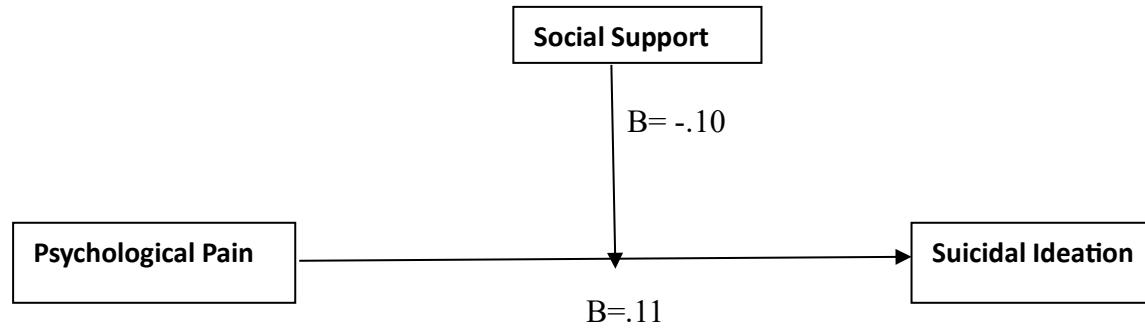


Figure 1 illustrates that the interaction effect is negative ($B = -.10$), indicating a weakening relationship between variables, while the direct effect is positive ($B = .11$), showing a modest positive association overall.

Discussion

The current study examined the moderating role of social support between psychological pain and suicidal ideation among adolescents. The findings show that psychological pain is positively associated with suicidal ideation whereas presence of social support weakens this relationship. The results are consistent with previous theories of suicide which emphasize the role of psychological pain as a central predictor of suicidal ideation and social support as protective factor.

The results are consistent with Shneidman's (1993) *psychache theory of suicide* as it shows that greater psychological pain is strongly associated with heightened level of suicidal ideation. Unbearable mental pain is comprising of feelings of shame, guilt, and loneliness and is the most proximal cause of suicidal desire. The significant positive association found in the study lines up with earlier evidences suggesting that psychache rather than depression or hopelessness alone - is the most powerful predictor of suicidal thoughts (Berlim et al., 2003; Flamenbaum & Holden, 2007; Meerwijk et al., 2017).

Likely studies among adolescents have also documented that emotional distress and psychological pain are major determinants of suicidal tendencies (Li et al., 2020; Yang et al., 2022). The adolescents who experienced greater levels of psychological pain reported greater level of suicidal ideation and vice versa which supports the evidence that psychache serves as a transdiagnostic marker of suicide risk across cultures and developmental stages (Holden et al., 2021).

Furthermore, the study also supports stress buffering model (Cohen & Wills, 1985) that social relationship protects individuals from adverse psychological consequences of stress and emotional suffering. The significant interaction between psychological pain and social support confirms that social support moderates the relationship between psychological pain and suicidal ideation. Specifically adolescents with high level of



psychological pain reported stronger suicidal ideation when they perceived low social support, while this association was attenuated among those with high social support.

Practical and Policy Implications

Mental health professional should incorporate assessment of psychological pain as screening tool for adolescent's suicidal risk. Schools can implement peer support system, teacher training and counseling units to strengthen perceived social support among adolescents. Different Psychoeducation programs should be arranged to guide the parents to provide nonjudgmental emotional support to improve adolescents' sense of belonging. Public health framework in Pakistan should integrate adolescent's suicide prevention program emphasizing resilience-building and community-based support structures.

Limitations

The data was taken on self-report measure hence may include element of social desirability particularly in collectivistic culture where mental health is stigmatized. The sample include school going adolescents only, madraassas going students and those involved in labor were not the part of study. Furthermore, longitudinal design or more exploratory type of research could have given in-depth knowledge about the casual factors.

Contributions and Future Research

The study contributes significantly to understand suicide risk in non-western culture by demonstrating that social support moderates the relationship between psych ache and suicidal ideation relationship. It also provides empirical evidence. Future research should adopt longitudinal design to explore causal pathways and qualitative dimensions of psychological pain.

Conclusion

The present study provides strong evidence that compelling evidence that psychological pain acts as strong predictor of suicidal ideation among adolescents whereas social support moderates this relationship. This is consistent with previous theories of suicide; findings highlight the dual importance of reducing internal sufferings and strengthening social connectedness in reducing suicidal ideation. It is very important to enhance supportive network in families, schools and communities to develop suicide prevention strategy that safeguard adolescent mental health in Pakistan

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