HINDI VERSION OF PRESENT STATE EXAMINATION: PROBLEMS OF TRANSLATION AND APPLICATION IN INDIAN SETTING

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SUMMARY

The present State Examination (PSE) schedule is a widely used instrument to record mental status of adult neurotic and functional psychotic patients. It has 140 items based in a semi-structured interview. Each item is rated on an ordinal scale. Ratings are based on clinical judgement for which comprehensive glossary is provided. PSE has been used in several international collaborative studies which show that this standardised instrument can be used reliably. The experiences gained in using the Hindi version of the PSE have been highlighted. It has been observed that although there are some limitations, the PSE as a research instrument can be used reliably in the Indian setting. There is a need to gain experience in using the PSE in other Indian languages.

In India it was first translated in Hindi and used at Agra by Prof. K. C. Dube and his co-workers for I.P.S.S. study in late sixties (WHO, 1973). Subsequently from mid 1970’s it has also been used extensively at WHO collaborative centre for training and research in mental health at Chandigarh in a number of WHO collaborative studies, including (i) Determinants of the outcome of severe mental disorders, (ii) Strategies for extending mental health care, (iii) psychosomatic symptoms following female sterilization, and (iv) acute psychosis sub-study. In the last two years, PSE as an instrument has been in use in a number of collaborative studies sponsored by the Indian Council of Medical Research in India which are being conducted in a dozen different centres (ICMR, 1982).

At Chandigarh, PSE has been used extensively and considerable data has been collected on translation and back translation in Hindi. It has been possible to assess the usefulness and limitation of various users. About 8-10 persons have been trained in the use of PSE during last 5 years.

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QUALITY OF TRANSLATION AND ACCEPTABILITY

The Hindi version of PSE retains all the qualities of the original English version as nothing was deleted from the schedule. Hindi version of the questions was added below each of the main probes. Additional probes which help in defining the nature and extent of the symptom were also retained as such. It took nearly one year to complete the process of Hindi translation which included (a) preparation of draft Hindi items, (b) review by experienced mental health professionals to assess adequacy of translation and wording of questions (c) back translation and comparison with the original version (d) second review by senior consultant psychiatrists studying simplicity of the language used and cultural applicability of the translated items, and finally (e) review by a University teacher in Hindi to suitably modify the Hindi language for interview purpose and to check the correctness of the language. The guidelines used were those outlined in Chapter-6 of the IPSS, Volume-I (WHO-1973).

The Hindi PSE became operational in 1976 and since then it has been used on several hundred patients with diverse socio-economic and educational background. Primarily it has been used in four major projects, namely—‘Strategies for extending mental health care’, ‘Determinants of outcome of severe mental disorder’, ‘Psychosomatic sequelae of female sterilization’ and ‘Acute psychosis study.’ Comments on PSE given in the following paragraphs are drawn from the combined experience in translating the PSE items and applying them on different categories of patients and in different clinical settings.

The first 92 items of PSE (Sections 2 to 15 G) where ratings on symptoms are based on elicited responses to questions asked have been separated for comments as quality of translation does not influence the rating.

Keeping in view the difficulties encountered in using the Hindi translated version of PSE and the applicability of the PSE items in the Indian cultural setting, the PSE items can be divided into three categories as shown in Table-I.

| TABLE-I. Classification of PSE Items based on difficulties encountered in using the Hindi translated version of PSE items and difficulties experienced in applicability of PSE Items on Indian patients (excluding the PSE Items, whose rating is based on interviewer's judgement—items 93 to 107) |
|---------------------------------|-----------------|-----------------|
| Rating                          | Neurotic        | Psychotic       | Total |
| A=Satisfactory                  | 4, 5, 11, 14,   | 49, 54, 55, 56, | 92    |
| Hindi                           | 15, 17, 18,     | 57, 58, 59, 60, |       |
| translation                     | 20, 23, 24,     | 82, 63, 64, 65, | 60    |
| achieved                        | 25, 27, 29,     | 66, 68, 69, 70, |       |
|                                | 29, 32, 33,     | 71, 72, 73, 74, |       |
|                                | 35, 37, 38,     | 76, 77, 78, 79, |       |
|                                | 40, 41, 43,     | 80, 82, 83, 84, |       |
|                                | 44, 45, 47, 48, | 85, 86, 88, 89, |       |
|                                | =26             | =34             |       |
| B=Inadequate                   | 6, 7, 8, 9, 10, | 50, 51, 52, 55, | 92    |
| Hindi translation, items       | 12, 16, 19,     | 75, 81, 87, 92, |       |
| requiring slight or gross       | 21, 22, 30,     | =15             | 23    |
| modification                    | 31, 36, 42,     | =8              |       |
| (Appendix-I)                   | 46              |                 |       |
| X=General difficulties          | 1, 2, 3, 13,    | 61, 67          | 40    |
| experienced in applicability of | 26, 34, 39      | =7              | 39    |
| PSE items but not due to        |                 | =2              | 9     |
| translation                     |                 |                 |       |
| Total                           | 48              | 44              | 92    |

An item was rated ‘A’ when the concept used was not only culturally relevant...
and applicable but it was relatively easy to translate as suitable expressions are available in simple Hindi language. The Hindi equivalents are not very different conceptually from those given in the original English version. It will not be possible to discuss individually all the 60 items rated ‘A’ in Table-I, however, it must be pointed out that back translations of these items closely resemble the original English version of the item. Response to the Hindi questions is spontaneous and the patient can relate the discomfort experienced with the symptom. Additional probes are used rarely. If at all further enquiry is made on these items, it is mainly to ascertain severity. The mental health professionals who extensively used the Hindi PSE all report satisfactory experience with these items.

The items rated ‘B’ are those which could not be translated adequately. The major source of difficulty in translating these items was that the manifest expression in Hindi and the vocabulary connoting the given concept was quite different as compared to that given in the English language. All the items included in this category required slight or gross modification to suit the local expressions of the given symptom. These items listed at Appendix-I, are discussed individually in this paper.

Category ‘X’ of Table-I includes nine items which seem either redundant or repetitive or have more than the usual 3 response codes of 0, 1, or 2. It is observed that it is possible to reduce the response categories to the usual 3, for example, in PSE item-1, the ratings 1 and 2 can be merged.

In some of the PSE items difficulties were faced while applying in the Indian setting. It was not because of the quality of translation but because of other reasons like choices of response categories or inadequate guidelines in the glossary or because the symptoms are seen rarely in the Indian patients. Nine such PSE items are listed in Table-II.

**Table-II. List of unsatisfactory PSE items (1 to 92) (not due to translation but other reasons)**

| P.S.E. item no. | Item description | Remarks |
|----------------|------------------|---------|
| 1. | Subject’s own evaluation of present physical health | Four choices, instead of three, difference between 2 & 3 not clear. |
| 2. | Presence of physical illness or handicap | Same as above |
| 3. | Psychosomatic symptoms | No guidelines in the schedule |
| 13. | Autonomic anxiety due to delusions | Perhaps not necessary |
| 26. | Anxiety or depression primary | Judgemental reply, asking patient to choose diagnosis. |
| 34. | Loss of weight due to poor appetite | Record of weight often not available in Indian patient. Loss of weight not good index of subjective feeling of poor appetite in early cases. |
| 39. | Premenstrual exacerbation | Rare |
| 61. | Verbal hallucinations based on depression or elation or voice calling subject. | Rare symptom. Not very discriminative. |
| 67. | Delirious visual hallucinations | Rare |

The third level of difficulty in applying some of the PSE items is that these are inadequately worded or defined. These are given in Table-III.

1. **Tiredness and exhaustion (PSE item 6)**: The item in the original PSE schedule in the English language uses two words ‘exhausted’ and ‘worn out’ which connote extreme form of tiredness. The translated equivalents in the Hindi language are ‘very
TABLE-III. List of items which are rated based on interviewer's judgement (item 93 to 107) inadequately worded or defined

| PSE item no. | Item description | Remarks |
|--------------|------------------|---------|
| 97           | Fugues, blackout, amnesia lasting more than one hour | These symptoms are quite common in developing countries. |
| 100          | Dissociative states during past month | Current coverage not satisfactory. |
| 101          | Conversion symptoms | |
| 102          | Clouding or stupor at examination | Item can go under observation list. |
| 103          | Organic impairment of memory | Details of recording not available. |

4. Hypochondriasis (PSE Item 9) : The original item given in the English language is poorly worded which is a little removed from intended symptom of 'preoccupation with death or disease.' Poor Hindi translation can be primarily attributed to this. The Hindi version of the item indicates 'excessive worry regarding physical health' which in certain instances does not elicit the intended symptom. Additional probes have to be used invariably to differentiate whether over concern with health and disease has some form of conviction or is it a form of worry like other worries related to day-to-day life.

5. Subjective feeling of nervous tension (PSE item 10) : Indian patients rarely complain of 'nervous tension' or bring 'keyed up' or express the feeling of being 'on edge'. Moreover, there is no equivalent word of 'nervous tension' in the Hindi language. Few English speaking sophisticated patients do complain of 'being nervous or tense' along with autonomic symptoms. Complaints closest to 'nervous tension' are 'to become anxious' or 'to get frightened'. Illiterate subjects often complain of autonomic symptoms rather than the feeling of being tense or nervous. Usually it is not easy to elicit this symptom in most of the Indian patients.

6. Anxious foreboding with autonomic accompaniments (PSE item 12). This item has two clauses—one relating to 'anxious foreboding' and the other to 'autonomic accompaniments'. The major difficulty is with the first clause. The English version of the question is primarily directed towards enquiring the experience of forboding. In the Hindi language, equivalent expressions are not available. The poorly translated version at best reflects 'something very bad is likely to happen', which is quite remote from 'terrible.'

7. Autonomic anxiety on meeting people (PSE item 16) : The difficulty in translating the main probe given in the PSE schedule is primarily due to the incomplete...
message, as several patients fail to understand that the enquiry is directed towards ‘anxiety on meeting people’. While using this item in Hindi the sentence has to be completed by enquiring how the patient feels in given situations like meeting people, or attending a party or facing a crowd.

8. Subjectively inefficient thinking (PSE Item 19): Suitable words in Hindi language relating to ‘thoughts’ or thinking process, are hard to find. The experience of having ‘muddled’ or ‘slow’ thoughts cannot be described easily. However ‘indecisiveness’ can be explained by most of the patients. The Hindi version of the main question is nearly semantic translation of the original one which fails to obtain the required symptom. There is always a need to use additional probes to get across the intended meaning to the patient. However, there is always a danger of eliciting indecisiveness which is more or less related to obsessional ideas and doubts.

9. Neglect due to brooding (PSE Item 21): The word “brood” or ‘brooding’ cannot be satisfactorily translated into Hindi language, hence it is not easy to convey the desired message except by indirectly asking the patient if he ‘remains lost in his thoughts or ideas so much so that his work is disrupted.’ Preoccupation with unpleasant thoughts, worries, fears can be elicited as symptom but this is not exactly ‘neglect due to brooding’. Often patients complain of subjective feeling of ‘forgetfulness’, while objectively there may not be any impairment in memory. Again this does not come close to ‘neglect due to brooding’ which indeed is a problem to elicit as a symptom.

10. Loss of interest (PSE Item 22): The word ‘interest’ is not easy to translate in simple Hindi as it has many connotations. The equivalent word used in the Hindi version is nearest to ‘interest’ but it is over-inclusive of ‘openness to new experience’, ‘hobbies and related interests’. On further proving, patients do indicate the feeling state when they ‘do not enjoy doing any kind of work’.

11. Lack of self-confidence with other people (PSE item 30): Lack of self-confidence is a common complaint made by depressed Indian patients. It is not difficult to elicit ‘loss of self-confidence’ in general or the feeling state as such, but when the specific context is ‘with other people’, neither the main probe nor the additional probe is sufficient to tap the desired response. Interviewer has to elaborate on this. At times it is not relevant especially asking illiterate and unsophisticated villagers who rarely encounter, situations of social competition which is more or less a feature of urban life.

12. Simple ideas of reference (PSE Item 31): The symptom as such is commonly encountered amongst Indian patients. The word ‘self-conscious’ used in the main probe does not have an equivalent word in simple Hindi, however, additional probes suffice the purpose. The Hindi version of the main question has a heavy component of the additional probe, which when translated would read—“Do you feel that people particularly look at you?—which can be elaborated to elicit if people ‘talk about you’ or ‘laugh at you’.”

13. Subjective anergia and retardation (PSE Item 36): The main probe is not suitable for the concept under enquiry as the patients do not understand the clause ‘slowed down in your movements’. The word ‘movement’ when translated in Hindi loses its intended connotation expressed in the English language. Most of the patients frequently respond to the second clause of the enquiry ‘too little energy recently’ by reporting ‘weakness’ which is a frequent complaint amongst Indian patients. The Hindi version had to be modified slightly which includes an example that you have ‘become slow in doing your work’.

14. Subjective ideomotor pressure (PSE Item 42): Difficulties on this item have been at two levels. First, it is hard to
find appropriate translation of 'exciting ideas' and 'full of energy'. Second, even if equivalent translations were available, it would have been difficult to obtain the desired response indicating ideomotor pressure. The Hindi version probes if the patient has 'new ideas coming to him' or he 'feels very strong or alert'. Additional probes are often required to elicit the symptom.

15. Obsessional ideas and rumination (PSE Item 46) : The main question of this item has a heavy component of 'indecisiveness'. The translated Hindi version of this question similarly can appropriately elicit indecisiveness but it does not lead on to 'obsessive ideas or rumination' for which additional probes are usually required.

16. Heightened perception, dulled perception and changed perception : (PSE Items 50, 51 & 52) : In the Hindi language there are no equivalent words to 'perception', hence the difficulty in conveying to the patient what is being asked. The Hindi translated statements look absurd in the absence of context in which these questions are framed to which the patient is supposed to respond. Hindi translation of these items was not difficult as the statements included adequate examples like 'appearance of things or people', 'things look vividly coloured or detailed' or 'things seem dark or grey or colourless', which could be suitably worded. The major problem has been that of communication to the patient.

17. Changed perception of time including Déja vu (PSE Item 53) : There are two leading probes preceding this item. One relates to 'change in appearance' and the other to changed perception of time. This causes confusion as the first item has to be rated elsewhere. 'Perception of time' can be adequately elicited using the Hindi translated version of the main probe, however the additional component of 'déjà vu' experience has to be enquired into separately. It does not comeforth readily by asking the main question. It is suggested that the component of 'déjà vu' should be separately enquired and rated.

18. Delusions of assistance (PSE Item 75) : Although it is relatively easy to enquire and elicit delusions of grandiose abilities and delusions of grandiose identity, definite, difficulties are felt in enquiring delusions of assistance. The words 'organising things' when translated into Hindi read as 'making arrangement to help you' which dilute the intended meaning. Moreover, the patients rarely understand the question.

19. Delusions of alien forces penetrating or controlling mind or body (PSE Item 81) : Many a time it is not possible to make distinction between delusion of control and delusion of alien forces. Although, in this item the emphasis is on 'penetration' into mind or body, it much depends on the explanation offered by the patient to illustrate the subtle difference.

20. Fantastic delusions, delusional memories, delusional confabulations (PSE Item 87) : The leading probe is inadequate to obtain the required response. Translated version enquires if the patient has had any 'special experience' or 'strange incident or event' which in no way better than the original English question. Invariably, the interviewer is unable to communicate to the patient the direction in which he should respond.

21. Delusions of catastrophe (PSE Item 92) : It is often difficult to convey to the patient, the sense of impending danger or doom'. The probe 'feeling that something terrible is going to happen' when back translated reads 'as if something very bad or something wrong is going to happen'. This problem can be overcome by quoting specific examples and by direct enquiry on the subject. For example 'the world is going to end and everything will be destroyed.'

DISCUSSION

PSE as an instrument was designed originally in the background of a mental
hospital and standardised on patients who were admitted in hospital and whose symptoms were stabilised over a period of time. The items in the PSE have undergone several revisions and its coverage has become wider so as to represent a school of thought 'which might reasonably be called Western European in its origins' (Wing, Cooper and Sartorius, 1974). PSE has been tried in many countries including developing countries of Asia and Africa. As a research instrument, it provides an opportunity of applying uniform rating criteria across centres in different cultures and different parts of the world. The strength of PSE is that it is a standardised instrument, which can provide objectivity in mental status examination which is basically descriptive in nature. It has thus become possible to compare the clinical data from different centres of the world.

While applying PSE in epidemiological studies of general population in India, several limitations of the instrument were experienced. For one thing it was found to be too long an instrument for a field survey. Secondly, when psychotic symptoms are not present, it is uninteresting and time consuming to go through the whole PSE in spite of the cut offs. When we were engaged in 'Outcome' study where first contact cases of psychosis were taken we ran into another problem. In nearly one fourth of the patients it was difficult to give PSE to a newly registered case as the patient was often too excited and non-cooperative. When after one to two weeks we tried to administer PSE, again many patients had made considerable improvement and PSE was unsatisfactory because patients' symptoms had already subsided. At this stage the patients seemed reluctant or embarrassed to talk about their earlier symptoms. Many times the relatives or medical staff had observed their symptomology but unfortunately in PSE there is no clear way of recording such extra sources of information. This difficulty was so serious in 'Acute Psychosis' study that we had to finally devise a new instrument modified from PSE, enabling us to keep a frequent record and also to obtain information from relatives.

The limitations of PSE become more apparent in certain areas such as psychosomatic symptoms, organic brain syndrome, drug dependence, personality disorders, hysteria and other culture bound disorders. Using the PSE, the symptoms in these areas cannot be rated and classified comprehensively. There is only passing reference to some of these disorders. Further, the PSE instrument is designed mainly for adult patients, therefore, it is not applicable to the population of children.

The most serious handicap in the PSE seems to be its inability to lead to a clinical diagnosis. In developing countries GATE GO programme cannot be applied for want of adequate statistical facilities at even advanced psychiatric centres. After examining a patient in detail one often feels stranded. In order that this research instrument has wider application in the clinical setting, there is a definite need to link this research instrument to clinical practice so that the present state examination converges towards clinical diagnosis.

Symptoms in patients tend to change. The PSE examination takes into account a period of 4 weeks prior to the examination which has its definite use but it has a handicap particularly in cases who had severe symptoms but recovered recently during one to two weeks preceding the interview. There is no system of indicating change in symptoms over time.

PSE has also been tried in special population groups. It has been used in studies on mental health of effects of family planning procedures particularly sterilisation. Two areas clearly stand out where it was felt that the PSE items are inadequate. In many cases, sexual symptoms were the main manifestations after the operation. Such symptoms were considered psychological in
origin but PSE could not record these symptoms. For example, PSE mentions only loss of libido, but subjective feeling of impotence, poor erection, preoccupation with loss of semen, etc. are not asked. Multiple somatic symptoms which are presumably psychogenic also find poor coverage in the PSE. Many of these symptoms are expressed in cultural specific terminology for which PSE is not a satisfactory instrument.

The most significant feature of PSE is the possibility of training interviewers. It is important that the interviewers learn not only the method of rating, use of code categories but also the technique of interviewing. Training is important otherwise there is always a danger of PSE being used as a 'questionnaire', or as an inventory for loose, unstructured clinical interview. Authors have gained experience in training raters (psychiatrists and other mental health professionals) and more than a dozen professionals have been trained so far with its use in India. The data relating to the reliability of raters and aspects related to training will be reported later.

To conclude, the PSE has emerged as an important clinical tool to evaluate patient's clinical status for research purposes. The standardisation of ratings, high inter-rater reliability and possibility of training the interviewers to use this instrument reliably has made it possible to use PSE as a research instrument in collaborative studies. Its use in different languages and settings has opened up important avenues for cross cultural research. There is a need to gain experience in using PSE in different Indian languages.

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### Appendix—I

List of PSE items (1 to 92) presenting difficulty in Hindi translation

| Sl. No. | Item No. | Description |
|---------|----------|-------------|
| 1.      | 6        | Tiredness or exhaustion |
| 2.      | 7        | Muscular tension |
| 3.      | 8        | Restlessness |
| 4.      | 9        | Hypochondriasis |
| 5.      | 10       | Subjective feeling of nervous tension |
| 6.      | 12       | Anxious foreboding with autonomic accompaniments |
| 7.      | 16       | Autonomic anxiety on meeting people |
| 8.      | 19       | Subjectively inefficient thinking |
| 9.      | 21       | Neglect due to brooding |
| 10.     | 22       | Loss of interest |
| 11.     | 30       | Lack of self-confidence with other people |
| 12.     | 31       | Simple ideas of reference |
| 13.     | 36       | Subjective anergia and retardation |
| 14.     | 42       | Subjective ideomotor pressure |
| 15.     | 46       | Obsessional ideas and rumination |
| 16.     | 50       | Heightened perception |
| 17.     | 51       | Dulled perception |
| 18.     | 52       | Changed perception |
| 19.     | 53       | Changed perception of time including Deja vu. |
| 20.     | 75       | Delusions of assistance |
| 21.     | 81       | Delusions of alien forces penetrating or controlling mind or body. |
| 22.     | 87       | Fantastical delusions, delusional memories, delusional confabulations |
| 23.     | 92       | Delusions of catastrophe |