



Urdu Translation and Validation of Self Defeating Personality Disorder Scale

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ARTICLE INFO	ABSTRACT
Submission: March 27, 2026 Revised: April 11, 2026 Accepted: April 25, 2026 Available Online: May 07, 2026 Keywords: Urdu Translation of Self-defeating Personality Disorder Scale, Translated SDPDS, Translated Coolidge Scale Corresponding author: Elisha Khan Email: elishakhan475@gmail.com	The present study was conducted to translate the Self-Defeating Personality Disorder Scale in Urdu. This scale was extracted from Coolidge's Axis II Personality Disorders, developed by Frederick Coolidge (1992). The translation process followed the World Health Organization guidelines for tool translation. Including forward translation, expert review, back translation, and qualitative item analysis by the linguistic experts. Sample included 100 individuals from clinical settings and 520 individuals from community. Exploratory factor analysis was run for the validation of Urdu translated scale showing the very good value of KMO .87 and significant value of Bartlett's indicating the suitability to run the factor analysis. Scree plot indicated meaning factor 1 due to which fixed factor was kept as 1 and all the factor loadings are turned to be greater than 0.40. Cronbach's alpha reliability of the translated version of SDPDS was measured. The reliability coefficient ($r=0.85$) indicates its good reliability. This scale provides a useful tool for clinicians and researchers to assess self-defeating behaviors in Pakistani community as well as clinical population, which have various effects on their treatment outcomes and interpersonal relations.

Introduction

Our parents keep telling us all the time how much they are suffering and sacrificing. Yet, when we encourage them to improve their situation or offer them ways to make things better, they do not take any steps to change it. This is a personality trait associated with self-defeating personality disorder, also known as Masochistic Personality Disorder. Self-defeating personality disorder includes choosing disappointing situations, rejecting help, feeling depression/guilt after positive events, provoking rejection in others and then feeling hurt, failing to accomplish tasks crucial to his or her personal objectives despite demonstrated ability to do so, rejecting people who treat them well, and excessive self-sacrifice (Skodol et al., 1994). This similar self-defeating pattern can be observed to be learned by children from their parents, as observing and internalizing maladaptive self-defeating behavior patterns from family members, peers, or society can contribute to the development of emotionally driven masochism (Shalum, 2023). Moreover, by displaying exaggerated sacrifices masochistic individuals try to induce guilt in others (Kesser, 2022). Wilhelm Reich included masochistic character in his compilation of personality types, patterns as complaining, self-damaging, and self-deprecating attitudes. He included an unconscious wish to torture others with one's pain in masochistic pattern (Reich, 1933).

Self-Defeating Personality Disorder (SDPD), was added to DSM-III-R in the appendixes as a personality disorder for further study and not as an officially recognized disorder (American Psychiatric Association, 1987). The construct refers to a pattern of repeatedly involving in behaviors that lead to disappointment, self-defeating patterns, disregarding happiness, self-devaluation, submission, disregarding successful opportunities and staying in toxic relationships (APA, 1987). The diagnostic criteria developed for SDPD were the result of a review of the clinical literature and the criteria have been revised several times to differentiate maladaptive personality characteristics from behaviors that may develop due to actual abusive environments (Kass et al., 1989).

Like all psychopathology, self-defeating patterns are extreme versions of normal human tendencies, such as altruistic self-sacrifice as one of these normal tendencies. Two forms of self-defeating patterns have been described by McWilliam, relational (anacletic) masochism in which the patient would rather be mistreated than be alone, and introjective masochism in which the patient clings to suffering as a badge of personal superiority (McWilliam, 2011).

Significance of the Study

Much theoretical research suggests that self-defeating behaviors are increasing in university students, undermining their progress (Akin, 2012; Akin, Abacı, & Akin, 2011; Özçetin & Hıçdurmaz, 2016; Zhang, 2022). Such behaviors create disturbance in society, as such people see doctors as their enemy because they are trying to keep them away from the defeating behavior from which they get validation. As a result, treatment resistance and non-adherence to medicine increase. According to WHO, in especially third world countries like Pakistan where, treatment resistance is being increased, which results in increased medical complications there (World Health Organization, 2019, 2022). Therefore, the Urdu Translation of the Self-Defeating Personality Disorder Scale is the need of the hour, not only for researchers but also for clinicians to identify patients with self-defeating behaviors and provide timely treatment; otherwise, it will play a role in prolonged illness (McWilliam, 2011).

Self-Defeating Personality Disorder Scale (Coolidge & Merwin, 1992).

The Self-Defeating Personality Disorder Scale is Part of Coolidge's Axis II Inventory, developed by Frederick Coolidge in 1992. The SDPDS is operationalized on the DSM-3-R criteria of self-defeating personality disorder. It is for participants above 15 years of age, and is administered on various clinical and non-clinical samples. This scale consists of 15 items, and it is also used in studies of validation of psychometric properties of other tools, such as SCATI. Its internal consistency in the main study was 0.6, which was acceptable, and the author claimed that it was due to fewer items in this scale rather than other scales, where its reliability drops compared to other scales in the inventory. However, this scale includes 15 items of interpersonal self-defeating behaviors, and no item was reverse-coded.

Objectives of the study

- To translate Self-Defeating Personality Disorder scale in Urdu
- To examine the validation and internal consistency reliability of the Urdu-translated Self-Defeating Personality Disorder Scale.

Translation Procedure

The WHO guidelines (2019) for tool translation were followed. The expert board was comprised of six linguistic bilingual experts, and in addition, two Master's students of Clinical Psychology and two graduates of clinical psychology, having experience in tool translation, and the researcher herself was involved.

Initially, three bilingual experts translated the scale into Urdu, which was later cross-examined and consolidated by clinicians to produce a clear and culturally understood version of the Urdu translation. This version of the translation was further subjected to backward translation by three independent bilingual translators who were not involved in the process of forward translation. Backward translations were compared against the original scale to detect any meaning gaps and to ensure semantic and conceptual equivalence of translation. The final Urdu draft was administered to 5 participants. This was needed to estimate which problems can arise, such as how much time was taken by participants, and any items confusing to participants. Pretesting the translated version revealed no significant problem.

Main Study

The present aims to assess reliability of Urdu translated version of Self-defeating personality disorder scale. A quantitative research design was used to evaluate the reliability of the translated scale.

Inclusion Criteria

The sample consisting of the following data were included in the study.

- Men and women between the ages of 18 and 40 (Lynam & Widiger, 2001).
- Individuals who were already diagnosed with depression or anxiety-related disorders by a psychiatrist and reconfirmed by administering the DSM-5 TR checklist. (American Psychological Association, 2022).
- Ability to understand and provide informed consent (Appelbaum, 2007).
- Willingness to participate in the study (World Medical Association, 2024).

Exclusion Criteria

The participants who met the following criteria were excluded from the research.

- Individuals with other mental disorders (e.g., schizophrenia spectrum disorders or bipolar I disorder) identified through medical records or the DSM-5-TR checklist (Zimmerman et al., 2002).
- Participants with comorbid psychiatric, neurological, or medical conditions (Camanni et al., 2023).

Sample Characteristics

Purposive sampling was used for data collection. A total of $N = 555$ individuals were approached, of whom $n = 520$ (clinical = 100; non-clinical = 420) provided complete data and were included in the final analyses. All participants were aged between 18 and 40 years ($M = 25.2$, $SD = 7.0$), with a mean monthly income of PKR 55611.9 ($SD = 104,883.4$). The clinical sample was taken from public hospitals, and the non-clinical sample was taken from the general community and universities. The clinical sample consisted of men and women diagnosed with depression or anxiety-related disorders by a psychiatrist and were reconfirmed by the DSM-5-TR checklist. Individuals with other mental disorders (e.g., schizophrenia-spectrum disorders, bipolar I disorder) and those with other disorders that significantly affected cognitive functioning or ability to complete self-report measures were excluded. The non-clinical sample included those individuals who reported identifying with the brief description of self-defeating personality patterns, while those with any diagnosed psychological disorder were excluded from the study.

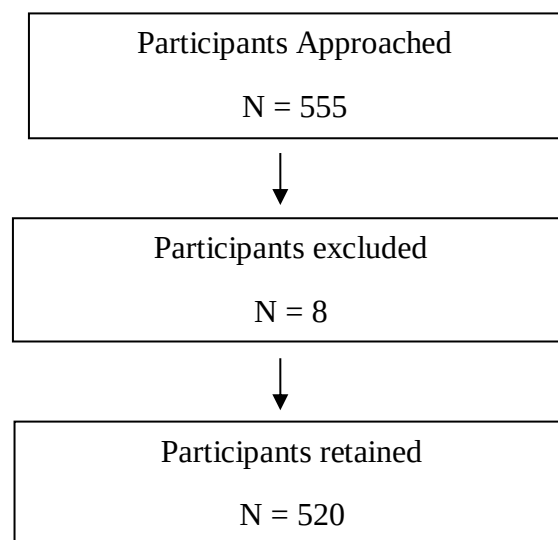


Figure 1 Shows sampling frame of the main study

Table 1 presents the demographic characteristics of the participants.

Table 1

Frequency and Percentage of Demographic Variables (N=520)

Characteristics	<i>F</i>	%
Gender		
Men	245	47.1
Women	274	52.7
Education		
Illiterate – under matric	17	3.3
Matric – Intermediate	120	23.1
Undergraduate – Graduate	359	68.2
Diploma	14	2.6
Doctorate	10	1.8
Occupation		
Student	301	57.9
Housekeeping	75	14.4
Employed	144	27.7
Birth Order		
First Born	227	43.7
Middle Born	234	45.0
Last Born	59	12.3
Marital Status		
Married	153	29.4
Unmarried	361	69.4
Divorced	4	.8
Widowed	2	.4
Family System		
Nuclear	228	43.8

Joint	292	56.2
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Note. f = Frequency, % = Percentage

Ethical Considerations

All ethical considerations were fulfilled, as institutional permissions were obtained from the Medical Superintendents (MS) of the respective hospitals, participants were informed about the study, and provided informed consent. Participants fill out the questionnaire including the SDPDS with a demographic sheet. It took only 10 minutes to complete the form, and some participants were assisted who needed help due to some medical issues, such as eyesight, and some of whom were not able to read.

Result

Result Section involves exploratory factor analysis, and reliability analysis.

Exploratory Factor Analysis

Exploratory Factor Analysis was run for the 15 items of Self-defeating Personality Disorder scale using Promax rotation using principal factoring axis

Table 1

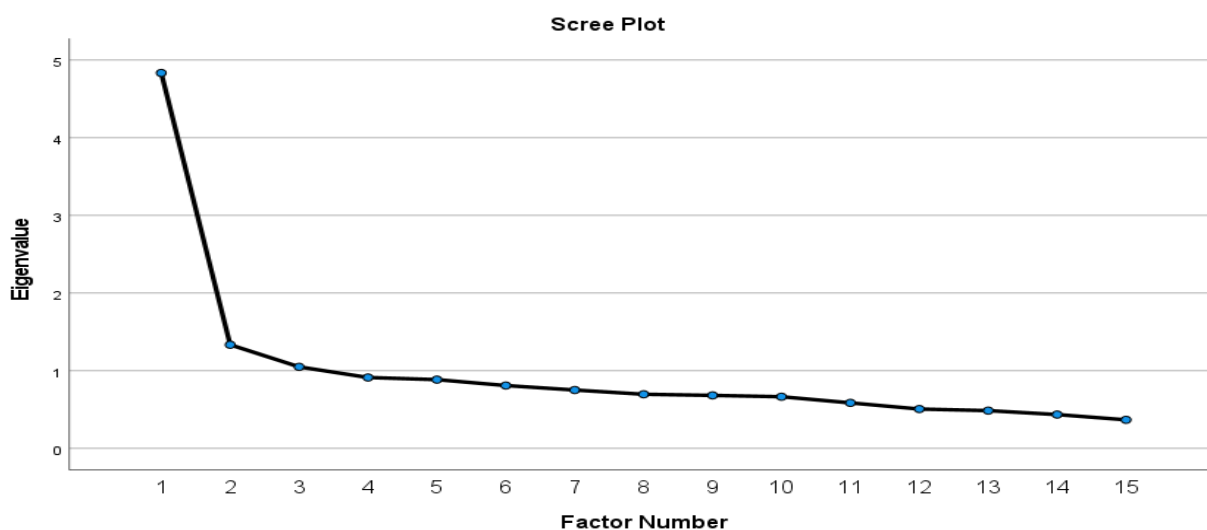
KMO and Bartlett's Test Results of the Urdu Translated SDPDS-15 of CATI

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0.878
Approx. Chi- Square		1985.15
Bartlett's Test of Sphericity	Df	105
	Sig.	.000

The very good value 0.87 of KMO revealed that the sample size is adequate for factor analysis. The significant value of Bartlett's test of sphericity showed that correlation matrix is significant revealing that variables are correlated to extract factors.

Figure 1

Scree plot is used to show eigen value across vertical factor and no. of factors across horizontal factors



The scree plot revealed a sharp drop from factor 1 to factor 2 with eigen values showed a huge difference from factor 1 to factor 2 as eigen value of factor 1 is 0.48 and factor 2 is near 1. The results showed factor 1 as more meaningful. So, the fixed factor was kept as 1 while keeping in view the scree plot.

Table 2

Factor loading of the Urdu-Translated scale of self-defeating personality disorder of CATI (N=520)

Item	Factor Loading
SPDS item 1a	.56
SPDS item 1b	.58
SPDS item2	.47
SPDS item3	.43
SPDS item4	.44
SPDS item5	.58
SPDS item6	.62
SPDS item7	.53
SPDS item 8a	.47
SPDS item 8b	.47
SPDS item 11	.60
SPDS item 12	.52
SPDS item 13	.60
SPDS item 14	.49
SPDS item 15	.55

All the factor loadings are above 0.40 revealing that all the items are need to be retained in factor 1.

Reliability Analysis

Results of Reliability Analysis of the Urdu-Translated Self-Defeating Personality Disorder Scale.

Table 3

Reliability Analysis of the Urdu-Translated SDPDS (N=520)

Measure	N	Mean	SD	α	Actual Range	Potential Range
Self-defeating Personality Disorder Scale	15	36.9	9.0	.85	15-60	15-60

Note. N= no. of items, α = Cronbach's alpha, Range = Minimum-Maximum possible score

The results reveal that the Urdu translation of Self-Defeating Personality Disorder Scale has good reliability (.85) meaning that all the items measure the construct consistently.

Table 4

Mean, Standard Deviation, Corrected Item-Total Correlation, and Cronbach's Alpha if Item Deleted N = (520)

Item	M	SD	r_{itc}	α_{iid}
Item 1a	2.6	1.1	.51	.84
Item 1b	2.6	1.1	.53	.84
Item 2	2.4	1.1	.43	.85
Item 3	2.0	1.0	.41	.85
Item 4	2.7	1.0	.41	.85
Item 5	2.7	1.1	.53	.85
Item 6	2.6	1.0	.56	.84
Item 7	2.2	1.1	.49	.84
Item 8a	2.8	1.0	.43	.84
Item 8b	2.1	1.0	.43	.84
Item 11	2.6	1.1	.55	.85
Item 12	2.5	1.0	.47	.84
Item 13	2.4	1.1	.55	.84
Item 14	2.1	1.1	.45	.84
Item 15	2.5	1.1	.50	.84

Note. r_{itc} = Corrected Item-Total Correlation, α_{iid} = Cronbach's Alpha if Item Deleted

Table 4 shows that all items contributed well to the overall scale. Deleting any single item deleted will not have much effect on the scale's overall reliability. Almost all items' total correlation is in the acceptable range.

Discussion

The aim of this study was the translation of the self-defeating personality disorder scale of CATI (Coolidge, 1992). The scale was translated to reduce the potential bias in the results by helping the native Urdu speakers to understand it better as people finds it feasible to respond and understand their mother language (Fatima et al., 2021). A self-report Self-defeating personality disorder scale, based on the diagnostic criteria from the DSM-III (Coolidge, 1992). A personality type where someone consistently does things that are counterproductive to their own well-being, achievement and healthy relationships, despite knowing better ways to do them. This involves selecting situations and people that cause failure or mistreatment, refusing assistance from others, reacting negatively to success, and avoiding opportunities for enjoyable activities, engages in excessive

self-sacrifice (Cooper, 1992). This scale assesses the tendency of self-defeating behaviors in an individual, more scores reflect higher tendency and lower scores reflect lower tendency in both clinical and non-clinical population. For the validation of the translated version of the scale, the EFA was run which yielded the very good value of KMO which is 0.87 and the significant barlette's value which is 0.00 meaning that the sample size and correlation matrix is significant enough to extract factors (Kaiser, 1974; Bartlett's, 1951). The scree plot showed the meaningful factor 1 after which the fixed factor was kept as 1 which turned out to be factor loadings of all items above 0.4 indicating the retainment of all items (Kim et al., 2016). Findings of internal consistency of the score of Cronbach's alpha of 0.87 show good reliability of the translated Urdu version scale, which is higher than the Cronbach's alpha of 0.66 of the original one (Coolidge, 1992). The Corrected item total correlation is all above 0.5 which indicates that all items of translated SDPDS well correlate with each other which might contribute in the good internal consistency of the translated version (Alikari et al., 2021). The study of Yang et al. (2024) identified collectivistic orientations as being linked to more positive moral judgments of prosocial and selfless actions, implying that the values of serving others and their welfare may be culturally strengthened. However, in the context of self-defeating behavior, selflessness can become problematic if it consists of the constant denial of one's own needs, too much giving and too little taking, or the tolerance of unfavorable or unequal relationship patterns. The results may reflect an extreme or dysfunctional manifestation of self-sacrificing tendencies, particularly when maintaining relationships becomes more important than one's own psychological well-being in collectivistic culture. The study of Ahuvia (2002) revealed that in collectivistic cultures, people put more emphasis on the honor and social obligations over their personal happiness. This can make people choose to renounce opportunities that would otherwise improve their own happiness or personal well-being, when such choices would be in conflict with familial or social obligations. Such behavior can be culturally acceptable as fulfilling one's obligations, but when a person repeatedly gives up personally beneficial opportunities, and puts others' interests ahead of his or her own, it can be conceptually similar to self-defeating behavioral patterns, in which the person sacrifices personal benefits and opportunities. So, while keeping in view the patterns reinforced in collectivistic culture, the tool was translated by following WHO tool translation guidelines, it makes the tool translation reliable and more nuanced to better understand the self-defeating patterns in Pakistani population. Moreover, it will help clinicians to do early intervention to those clients which have higher tendencies of self-defeating behaviors otherwise it will play role in prolonged illness and as Nancy McWilliam (2012) wrote that the clients with self-defeating behaviors not be treated same as other patient as if a client is with depression but also higher tendency of self-defeating behaviors then there is first need to do work on these behaviors.

Conclusion

The Self-Defeating Personality Disorder Scale by CATI was translated into the Urdu language, which is the national language of Pakistan. Findings of current research suggest that SDPDS is a reliable measure and it can be used in any clinical and non-clinical setting.

Limitations and Suggestions

The convergent validity, and test-retest reliability of the translated tool have not been assessed. Future studies would develop these psychometric properties.

The sample was chosen clinical and community population, but its generalization on other special population like deaf or blind, should also be checked.

Implications

Cultural validation filled a real gap because Western tools miss collectivist expressions. That translated tool of SDPDS is for both researchers and psychologists. It will also help researchers in cross cultural comparisons. The translated scale is useful in more accurately assessing self-defeating behaviors in Urdu speakers.

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