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Sağlıklı Bencillik ve Patolojik Özgecilik Ölçeği: Türkçe'ye Uyarlaması, Geçerlik ve Güvenirlik Çalışması

The Healthy Selfishness and Pathological Altruism Scale: Adaptation into Turkish and Validity and Reliability Study

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ÖZ: Bencillik ve özgecilik, paradoksal nitelikte iki kavramdır. Bu kavramların bireylere ve kültürlere göre incelenmesi söz konusu paradoksal yapının daha iyi anlaşılmasını sağlayabilir. Bu çalışmada Sağlıklı Bencillik ve Patolojik Özgecilik Ölçeği'nin (Kaufman ve Jauk, 2020) Türkçe'ye uyarlanması, geçerlik ve güvenirlik çalışması yapılması amaçlanmıştır. Ana çalışmaya geçilmeden önce ölçek hakkında ön bilgi almak amacıyla 122 (84 kadın ve 38 erkek) yetişkinden oluşan bir çalışma grubu ile geçerlik ve güvenirlik çalışması yapılmıştır. Araştırmanın ana çalışma grubunu 570 (392 kadın, 178 erkek) yetişkin oluşturmuştur. Ölçeğin iki faktörlü yapısı doğrulayıcı faktör analizi ile doğrulanmıştır. Sağlıklı bencillik, öz-sevgi, öz-yeterlik ve özgecilik ile pozitif ilişkiliyken, patolojik özgecilik öz-sevgi, öz-yeterlik ve özgecilik ile negatif bir ilişkiye sahipti. Cronbach's alpha güvenirlik katsayısı sağlıklı bencillik için .95 ve patolojik özgecilik için.91'dir. Sonuç olarak, tüm bulgular Sağlıklı Bencillik Patolojik Özgecilik Ölçeği'nin geçerli ve güvenilir bir ölçme aracı olduğunu göstermiştir.

Anahtar sözcükler: Sağlıklı bencillik, patolojik özgecilik, ölçek, uyarlama, Türkçe

ABSTRACT: Selfishness and altruism are two concepts of paradoxical nature. Examination of these concepts according to individuals and cultures may provide a better understanding of the paradoxical structure in question. In this study, it was aimed to adapt the Healthy Selfishness and Pathological Altruism Scale (Kaufman & Jauk, 2020) into Turkish and to conduct a validity and reliability study. Before proceeding to the main study, a validity and reliability study was conducted with a study group of 122 (84 women & 38 men) adults to get preliminary

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information about the scale. The main study group of the research consisted of 570 (392 female, 178 male) adults. The two-factor structure of the scale was confirmed by confirmatory factor analysis. Healthy selfishness was positively related to self-love, self-efficacy, and altruism, whereas pathological altruism had a negative relationship with self-love, self-efficacy, and altruism. The Cronbach's alpha reliability coefficient was .95 for healthy selfishness and .91 for pathological altruism. As a result, all findings showed that the Healthy Selfishness Pathological Altruism Scale is a valid and reliable measurement tool.

Keywords: Healthy selfishness, pathological altruism, scale, adaptation, Turkish.

1. INTRODUCTION

The concept of selfishness is commonly defined as an excessive focus on oneself, ignoring the well-being of other people (Raine, & Uh, 2019). Generally, attempts have been made to explain the concept of selfishness by using the theories of evolutionary biology (for example, the selfish gene) (Fehr, & Gachter, 2002), economics (for example, rational self-interest) (Andreoni, & Miller, 2002), and philosophy (Comte, 1875 as cited in Batson, 2014). Apart from these three basic disciplines, this concept has also been examined from the perspectives of identity (Frimer et al., 2014), self-control (Rachlin, 2002), psychopathology (Sonne, & Gash, 2018), and ethics (Lu et al., 2018). All of these views and explanations mostly emphasize that the main factor that motivates selfish behaviors is that people put their own interests first.

Comte (1875) states that humans have two opposite drives called selfishness and altruism; and thus can act not only for their own good but for the good of others as well. (Comte, 1875 as cited in Batson, 2014). At this point, we encounter the concept of altruism, which is the opposite of selfishness. Altruism is defined as all kinds of behavior exhibited only for the benefit and well-being of others, without any expectation of benefit (Sun, 2018). Selfishness and altruism are two concepts that have prevailed since the beginning of civilization, and many studies have been conducted on these concepts. Humans generally tend to characterize and evaluate selfishness as malicious and altruism as virtuous (Kaufman, &Jauk, 2020). However, with the development of capitalism after the Renaissance, the perspective changed (Bhattacharya, 2021) and these concepts began to be defined as more paradoxical and complex structures. According to Kaufman and Jauk (2020), altruism, which we describe as good, can cause harm to oneself and others, even if it stems from good intentions. On the other hand, if selfishness serves the health, development, and happiness of the person, it can affect both the person and others positively (Kaufman, & Jauk, 2020). This perspective has led to the emergence of the concepts of healthy selfishness and pathological altruism over time (Bhattacharya, 2021).

1.1. Healthy Selfishness

According to Fromm (1939), selfishness is taboo and regarded as a sin in modern culture, while loving others is seen as a virtue. However, this cultural taboo can impose a sense of guilt on individuals showing self-love, which can contribute to one's happiness, development, and freedom. However, if altruism means love, approval, and respect for oneself as well as for another person, this concept is in sharp contrast to self-love. This may mean that it reaches extreme levels (masochistic self-sacrifice) and results from a lack of self-love and self-respect (Froom, 1939). Froom (1939) mentioned in the same article that selfishness has a special influence in psychotherapy as well. He emphasized that neurotic individuals are not selfish; on the contrary, what is lacking is self-love, as they lack self-assertion and following their own goals.

Maslow (1996), influenced by Fromm's views, introduced the concept of "healthy selfishness". Healthy selfishness is defined as respecting one's own health, development, happiness, joy, and freedom. Selfish behaviors can sometimes be good and sometimes be bad (Maslow, 1996). Le et al. (2018) stated that people who do not care about the well-being of others and close relationship partners experience more relationship well-being. However, they stated that when these people do not neglect their personal well-being, their well-being concerning their relationships also improves. While healthy selfishness contributes to the well-being of individuals, it also contributes to the well-being of others and close relationship partners (Kaufman, & Jauk, 2020).

Crocker and Canevello (2018) stated that people develop two systems, namely the ego system and the eco system. An important characteristic of goals in the ecosystem is that they are good for themselves and others. But any justification that requires people to give up their own well-being for the sake of others will likely be unsupported by the ecosystem as it cannot be sustained for long. It is also not good for themselves and others.

1.2. Pathological Altruism

The concept of altruism, which is the opposite of the concept of selfishness, is defined as thinking about the welfare of other people. The benefits of altruism are undeniably great for both other people and the society (Sun, 2018). Some of these benefits are that it increases the level of psychological well-being and self-esteem (Canevello, & Crocker, 2011), reduces the level of anxiety and depression (Crocker et al., 2010; Strazdins, & Broom, 2007), and makes individuals feel more peaceful and less lonely (Crocker, & Canevello, 2008). However, altruism does not always lead to positive results and can sometimes take an abnormal, unhealthy, or pathological form. At this point, there is a need for a better understanding of what normal and pathological altruism is. According to Seelig and Rosof (2000), mature, healthy, or normal altruism includes empathy and helps in emotion regulation. In addition, normal altruism can be distinguished from the ability to derive pleasure from contributing to the well-being of others in a sustained and relatively conflict-free manner from the need to sacrifice oneself for the benefit of others. On the other hand, when altruism becomes pathological, it can bring harmful results to people (Oakley, 2013). In light of this, Oakley, Knafo, and McGrath (2012) have defined pathological altruism as being the victim of one's own altruistic actions or irrationally harming oneself, others, or the group by sincerely participating in what one aims to be altruistic, but often trying to help unexpectedly. The habitual, inappropriate, and/or compulsive pursuit of another person's well-being is referred to as pathological altruism (Seelig, & Rosof, 2000). This refers to patterns of altruism that do not help the development of healthy relationships and that are irresistible and even uncontrollable. To be more specific, pathological altruism includes behaviors that go beyond self-sacrifice or are excessive. These are a series of self-destructive actions based on distorted thinking. Although pathological altruists try to put others first, they do so with varying degrees of harm and suffering. Pathological altruists victimize themselves as well as those who get in their way (Turvey, 2011). While the main motivation in healthy altruism is openness to new experiences and the desire for personal growth, the basic motivation of individuals with pathological altruism is to please others, to be approved, and to avoid criticism and rejection. According to Turvey (2011), pathological altruism includes classical defense forms that arise from the need to avoid or resolve intrapsychic conflicts related to self-interest, aggression, or jealousy. It also includes malignant (controlling or punishing others through acts of self-sacrifice) and protective (self-image or identity depends on being a hero or protector) forms of altruism. Bachner-Melman and Oakley (2016) further argue that “narcissism and altruism can actually represent two sides of the same coin” (p. 99). People with pathological altruism have a deep inner sense of shame about their secret desire to present themselves and their needs in a grandiose way. Due to their lack of sense of self, their attention is constantly directed to others and they read or anticipate the needs of others, giving them priority over their own real needs (Bachner-Melman, & Oakley, 2016). On the other hand, according to Seelig and Rosof (2001), " Pseudoaltruism" is another defense solution that alleviates the guilt and pain of individuals' feelings of aggression and jealousy (Seelig, & Rosof, 2001).

All the research results mentioned above also show that we have relatively scarce knowledge about the cultural influences on the concepts of healthy selfishness and pathological altruism. People in collectivist cultures can be less selfish, because cultural norms necessitate giving priority to collective

goals over personal goals (Bresnahan et al., 2004; Calderon-Tena et al., 2011). However, the concept of altruism may also depend on who the "others" are within cultural differences. People in collectivist cultures may show more altruistic behaviors towards in group members and less altruistic ones towards outgroup members (Yamagishi et al., 2014). In this case, it is seen that there is a need for research on the effects of individuals on their well-being.

1.2. Aim of the Research

Although there are many examples of the paradoxical nature of the concepts of selfishness and altruism, very few empirical studies have systematically examined individual differences in healthy selfishness and pathological altruism. In order to carry out these studies, valid and reliable measurement tools that can measure the two constructs are needed (Kaufman, & Jauk, 2020). Based on this need, Kaufman and Jauk (2020) developed the "Healthy Selfishness Pathological Altruism Scale" for adults. The aim of the present research was to adapt the Healthy Selfish Pathological Altruism Scale to Turkish culture, to conduct validity and reliability studies in order to examine the individual differences in the concepts of selfishness and altruism for Turkish society, and to prepare the ground for new research on this subject.

2. METHOD

2.1. Participants

The participants of the study consisted of a total of 570 individuals, of which 392 were women (68.8%) and 178 were men (31.2%). The ages of the participants ranged from 19 to 53 ($\bar{X}$=29.65, SD=10.17). Detailed information about the participants is given in Table 2.

Table 1: *Participants Demographics*

	n	%
Gender		
Female	392	68.77
Male	178	31.23
Level of education		
High School	18	5.4
Graduate	387	65.8
Postgraduate	151	25.4
Relationship Status		
Single	216	36.7
Has a relationship	108	18.4
Married	144	24.5
Divorced	26	4.6
No relationship	76	12.9
Perceived sociability		
Not social at all	21	3.6
Moderate social	443	75.3
Very social	106	18

2.2. Data Collection Tools

2.2.1 Healthy Selfishness Pathological Altruism Scale

The scale was developed by Kaufman and Jauk (2020) to evaluate adults' healthy selfishness and pathological altruism behaviors. It consists of 20 items in total, is a 5-point Likert-type scale, and consists of two dimensions. The validity and reliability of the scale were examined in two separate studies by exploratory and confirmatory factor analysis. As a result of the exploratory factor analysis, a two-factor structure was obtained and the confirmatory factor analysis values of this two-factor structure were found to be as follows: χ^2 (167) = 850.38, $p < 0.001$; RMSEA = 0.07; CFI = 0.82; SRMR = 0.05, and these values were acceptable. In addition, healthy selfishness was associated with well-being, adaptive psychological functioning, and genuine prosocial orientation, and pathological altruism was associated with non-adaptive psychological outcomes, fragile narcissism, and selfish motives to help others. The internal consistency coefficient of the healthy selfishness sub-dimension was .88. It was also .88 for the pathological altruism sub-dimension.

2.2.2. Two-Dimensional Self-Esteem: Self-Love/Self-Efficacy Scale

This scale, developed by Tafarodi and Swan (2001), was adapted into Turkish and the validity and reliability study was conducted by Doğan (2011). As a result of the confirmatory factor analysis performed within the scope of the adaptation study conducted with 604 university students, the two-factor (self-love, self-efficacy) structure of the scale was confirmed. The same test determined the Cronbach's Alpha internal consistency coefficient to be .83 for the self-love sub-dimension and .74 for the self-efficacy sub-dimension. The test-retest reliability coefficient was .72 for both sub-dimensions. In this study Cronbach's alpha internal consistency coefficient of the scale was found to be .93.

2.2.3 Altruism Scale

This scale, developed by Rushton et al. (1981), was adapted into Turkish, and its validity and reliability studies were conducted by Tekeş and Hasta (2015). In the exploratory factor analysis performed within the scope of the adaptation study conducted with 282 people, it was determined that the scale showed a two-factor structure comprising helping and giving. Later, this structure was confirmed by confirmatory factor analysis performed with a separate sample group of 356 people. In the criterion validity study, the scale showed a correlation of .36 with the Empathic Tendency Scale. In addition, the Cronbach's alpha internal consistency coefficient of the scale was .81 for the helping sub-dimension and .83 for the giving sub-dimension. In this study Cronbach's alpha internal consistency coefficient of the scale was found to be .96.

2.2.1. Procedure

After obtaining the necessary permissions from the developers of the measurement tool, first of all, the items of the scale were translated into Turkish by the researchers. The online form, which was created after obtaining research permission from the Izmir Democracy University Social and Human Sciences Scientific Research and Publication Ethics Committee, was sent to adults via social media and e-mail with a warning that it should be filled out by adults over the age of 18, and the data were collected. The translated version was sent for review to five faculty members who have at least a doctorate degree in Guidance and Psychological Counseling and who are fluent in both Turkish and English. The feedback to the translated version was evaluated and the version was re-edited by the researchers. The edited

version was then re-sent to the same faculty members. In line with the final evaluations by the faculty members who performed the examination, final arrangements were made regarding the scale items. The final version of the scale, which was translated into Turkish, was translated back into English by three experts and this form was compared with its original form. After the comparison, it was decided that the scale items were suitable for Turkish culture. Then language validity was carried out. Before examining the psychometric properties of the scale, a pilot study was conducted on a group. After this pilot study, the main adaptation study was carried out. For the original study, the items were turned into an online questionnaire. Within the scope of the original application, the construct validity of the validity studies were tested with the convergent validity. For reliability studies, the internal consistency coefficient of the scale was determined by the Cronbach alpha value. In addition, to provide evidence for the reliability of the scale, the scale was re-administered to another group of people with an interval of three weeks in order to examine the test-retest reliability.

2.3. Data Analysis

In order to analyze the validity and reliability of the Healthy Selfishness Pathological Altruism Scale, firstly the data obtained from the scales were transferred to SPSS 22.0. Descriptive statistics to reveal the characteristics of the participants, correlations between variables, and internal consistency scores of the scales were calculated using SPSS 23 (IBM Corp., 2015). In addition, normal distribution indicators (Kolmogorov–Smirnov and Shapiro–Wilk normality tests and skewness and kurtosis values) were examined in order to decide whether to apply parametric analysis. Confirmatory factor analysis (CFA) was used to calculate the construct validity of the scale and the program Lisrel 8.8 (Jöreskog, & Sörbom, 1993) was used for this analysis.

3. FINDINGS

3.1. Language Validity

In order to examine the language validity of the Healthy Selfishness Pathological Altruism Scale, the original form of the scale and the Turkish version of the scale were administered to a sample group of 56 students studying at the English language teaching department of a state university at 15-day intervals. The correlation coefficient between the two applications was found .78 ($p<.01$) for healty selfishness and .81 ($p <.01$) for pathological altruism. As a result, it was concluded that the original form of the scale and the adapted form measure similar structures.

3.2. Study 1: Pilot Study

The aim of the study 1 was to obtain preliminary information about the factor structure of Healthy Selfishness Pathological Altruism Scale. The scale was applied to a sample group of 122 (84 women & 38 men) adults Within the scope, the construct validity of the Turkish version of the original scale was tested by using CFA of the two-factor structure. The indexes showing the model–data fit regarding the tested two-factor structure of the scale are presented in Table 1.

Table 2. *First Values Regarding the Goodness of Fit Tests of the Healthy Selfishness Pathological* Altruism

χ^2	df	χ^2/df	CFI	IFI	NNFI	RMSEA
294.30	167	1.76	.96	,96	.96	.079

When the fit indices presented in Table 1 are examined, it is seen that a chi-square (χ^2 / df) value of < 2 indicates that the model has a perfect fit (Tabachnick & Fidell, 2013). Accordingly, the chi-square value ((χ^2 / df = 1.76, p <.05) related to the two-dimensional structure of the Turkish version of the Healthy Selfishness Pathological Altruism Scale indicates a perfect fit. The fact that the other fit indices CFI, IFI, NFI, and NNFI are equal to or greater than .90 shows good fit of the model examined; a value greater than .95 indicates a perfect fit (Hu & Bentler, 1999). In addition, an RMSEA value of less than or equal to .05 indicates a good fit, while a score between .05 and .10 indicates acceptable fit (Schermelleh-Engel, & Moosbrugger, 2003; Tabachnick, & Fidell, 2013). Accordingly, it can be said that the CFI (.96) obtained to confirm the two-dimensional nature of the Healthy Selfishness-Pathological Altruism scale is in perfect accordance with the IFI (.96) and NNFI (.96) indices; and an acceptable accordance with the RMSEA value (.079)

3.2.1. *Reliability of the Study 1*

In the scope of reliability of the pilot study Cronbach's alpha value was calculated. This coefficient was found to be .90 for healthy selfishness and .89 for pathological altruism.

3.3. Study 2: Main Study

Before starting the analyses regarding the validity and reliability of the Healthy Selfish Pathological Altruism Scale, normality tests regarding the distribution of the data were applied and the results are presented in Table 3.

Table 3. *Healthy Selfishness Pathological Altruism Normality Test*

	Kolmogorov–Smirnov			**Shapiro–Wilk**			**Skewness**		**Kurtosis**	
Dimensions	**Statistics**	***sd***	**p**	**Statistics**	***sd***	**p**	**Coefficient**	**Se**	**Coefficient**	**Se**
Healthy Selfishness	.291	570	.000	.721	570	.000	-1.408	.102	.396	.204
Pathological Altruism	.201	570	.000	.806	570	.000	1.290	.102	.453	.204
Self-love	.143	570	.000	.930	570	.000	-.520	.102	-.046	.204
Self-efficacy	.159	570	.000	.905	570	.000	-.845	.102	.142	.204
Altruism	.156	570	.000	.904	570		-.258	.102	-1.263	.204

An examination of Table 3 reveals that while normality tests should have statistically insignificant values, these values had significant values in all sub-dimensions. However, since the normality tests performed have a very sensitive structure, it is recommended to examine the skewness and kurtosis values of the data and the values obtained from the Q-Q graphs and histograms together

(Field, 2009). According to Tabachnick and Fidell (2013), the skewness and kurtosis values are in the range of ± 1.5, indicating that the data are normally distributed. When the obtained values are examined, it is concluded that the data meet the normal distribution assumption.

3.3.1. *Construct Validity*

The scale developed by Kaufman and Jauk (2020) consists of 20 items and two sub-dimensions. Within the scope of the present research, the construct validity of the Turkish version of the original scale was tested by using CFA of the two-factor structure. The indexes showing the model–data fit regarding the tested two-factor structure of the scale are presented in Table 4.

Table 4. *Values Regarding the Goodness of Fit Tests of the Healthy Selfishness Pathological Altruism*

χ^2	df	χ^2 / df	CFI	IFI	NFI	NNFI	RMSEA
596.65	167	3.57	.98	.98	.97	.97	.067

When the fit indices presented in Table 4 are examined, it is seen that a chi-square (χ^2 / df) value of 2 to 4 indicates that the model has an acceptable fit (Haigh et al., 2011). Accordingly, the chi-square value ((χ^2 / df = 3.57, p <.05) related to the two-dimensional structure of the Turkish version of the Healthy Selfishness Pathological Altruism Scale indicates an acceptable fit. The fact that the other fit indices CFI, IFI, NFI, and NNFI are equal to or greater than .90 shows good fit of the model examined; a value greater than .95 indicates a perfect fit (Hu & Bentler, 1999). In addition, an RMSEA value of less than or equal to .05 indicates a good fit, while a score between .05 and .10 indicates acceptable fit (Schermelleh-Engel, & Moosbrugger, 2003; Tabachnick, & Fidell, 2013). Accordingly, it can be said that the CFI (.98) obtained to confirm the two-dimensional nature of the Healthy Selfishness-Pathological Altruism scale is in perfect accordance with the IFI (.98), NFI (.97) and NNFI (.97) indices; and an acceptable accordance with the RMSEA value (.067).

A diagram of the CFA conducted within the scope of the construct validity of the Healthy Selfishness Pathological Altruism Scale is given in Figure 1.

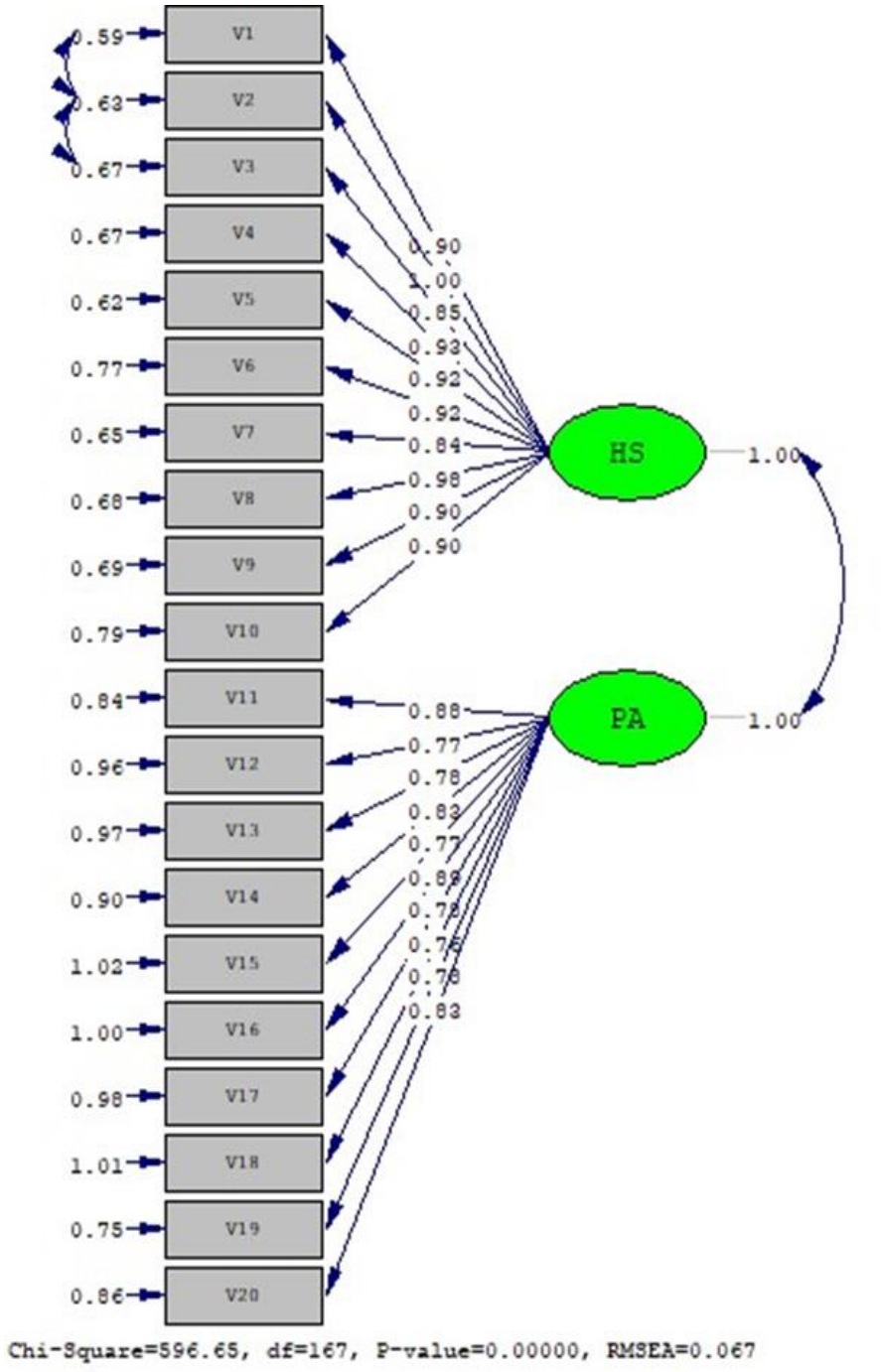

Figure 1. *Path Diagram of the Healthy Selfishness Pathological Altruism Scale*

3.3.2. *Convergent Validity*

The total scores of the Two-Dimensional Self-Esteem: Self-Love/Self-Efficacy Scale and the Altruism Scale were used to examine the convergent validity of the Healthy Selfish Pathological Altruism Scale for similar scales. The relations between the scales were examined by calculating the Pearson product moment coefficient. Correlation coefficients obtained accordingly are given in Table 5.

Table 5. *Relationships between healthy selfishness and pathological altruism and other variables*

	M	*SD*	1	2	3	4	5
1. Healthy Selfishness	38.53	10.36	-				
2.Pathological Altruism	22.92	9.31	-.89**	-			
3.Self-love	21.85	6.51	.64**	-.62**	-		
4. Self-efficacy	26.43	7.85	.65**	-.63**	.89**	-	
5.Altruism	76.51	18.94	.57**	-.45**	.38**	.42**	-

**p < .01

According to Table 5, the correlation coefficient between healthy selfishness and pathological altruism is r = -.89, p < .01; the correlation coefficient between healthy selfishness and self-love is r= .64, p < .01; the correlation coefficient between healthy selfishness and self-efficacy is r= .65, p < .01; the correlation coefficient between healthy selfishness and altruism is r = .57, p < .01; the correlation coefficient between pathological altruism and self-love is r= -.62, p <. 01; the correlation coefficient between pathological altruism and self-efficacy is r= -.63, p < .01; the correlation coefficient between pathological altruism and altruism is r = -.45, p < .01; the correlation coefficient between self-love and self-efficacy is .89, p < .01; the correlation coefficient between self-love and altruism is r= .38, p < .01; and the correlation coefficient between self-efficacy and altruism is r = .42, p < .01. In addition, regression analysis results provided additional evidence for the convergent validity of the scale. The first simple linear regression that was calculated to predict self-love based on healty selfhishness showed the following results: F (1,568)= 391,703 p < 0.000 and R^2 = 0.41. Based on the β values, the regression equation for predicting self-love from healty selfhishness was y (Self-love) = 6.388 + 0.401x (Healty selfhishness). The second simple linear regression that was calculated to predict self-love based on pathological altruism showed the following results: F (1,568)= 352,604, p < 0.000 and R^2 = 0.38. Based on the β values, the regression equation for predicting self-love from pathological altruism was y (Self-love) = 31.758 + - 0.432.x (Pathological altruism). The third simple linear regression that was calculated to predict self-efficacy based on healty selfhishness showed the following results: F (1,568)= 413,236 p < 0.000 and R^2 = 0.42. Based on the β values, the regression equation for predicting self-efficacy from healty selfhishness was y (Self-efficacy) = 7.499 + 0.491.x (Healty selfhishness). The fourth simple linear regression that was calculated to predict self-efficacy based on pathological altruism showed the following results: F (1,568)= 376,899, p < 0.000 and R^2 = 0.40. Based on the β values, the regression equation for predicting self-efficacy from pathological altruism was y (Self-efficacy) = 38.628 + - 0.532.x (Pathological altruism). The fifth simple linear regression that was calculated to predict altruism based on healty selfhishness showed the following results: F (1,568)= 272,816 p < 0.000 and R^2 = 0.32. Based on the β values, the regression equation for predicting altruism from healty selfhishness was y (Altruism) = 36.391 + 0.570x (Healty selfhishness). The last simple linear regression that was calculated to predict altruism based on pathological altruism showed the following results: F (1,568)= 147,916 p < 0.000 and R^2 = 0.21. Based on the β values, the regression equation for predicting altruism from pathological altruism was y (Altruism) = 97.698 + - 0.924.x (Pathological altruism).

3.3.3. *Reliability*

The reliability of the Healthy Selfish and Pathological Altruism Scale was examined by test-retest and Cronbach alpha internal consistency estimation method. For this purpose, the scale was reapplied to a group of 132 people every three weeks, and the test-retest reliability coefficient for the healthy selfishness sub-dimension was .73 ($p < .05$) and .74 ($p < .05$) for the pathological altruism sub-dimension. In addition, when the Cronbach's alpha internal consistency coefficient obtained from the scale was examined, this coefficient was found to be .95 for healthy selfishness and .91 for pathological altruism. Furthermore, CR (composite reliability) was calculated to obtain more evidence of reliability, and this value was .98 for healthy selfishness and .95 for pathological altruism. When the data were analyzed according to gender, it was found that women's healthy selfishness scores ($t= 3.105$; $p<.05$) were higher than those of men; on the other hand, the pathological altruism scores of men ($t=-2.577$; $p<.05$) were higher than those of women.

4. DISCUSSION AND RESULT

In the present study, the psychometric properties of the Turkish version of the "Healthy Selfishness and Pathological Altruism Scale" were examined. Within the scope of validity studies, first of all, the original and Turkish versions of the scale were applied to a sample group proficient in English with an interval of 15 days to determine the language validity, and the correlation coefficient between the two applications was obtained as $r = .78$, $p <0.01$. The results of the CFA conducted for construct validity showed that the 20 items and the two-factor structure had good fit values. In addition, the "Two-Dimensional Self-Esteem: Self-Love/Self-Efficacy Scale" and "Altruism Scale" were used for the convergent validity study. The findings show that there are positive and significant relationships between healthy selfishness and self-love ($r= .64$, $p < 0.01$) and healthy selfishness and self-efficacy ($r = .65$; $p<0.01$), and there are also positive and significant relationships between healthy selfishness and altruism ($r = .57$). On the other hand, there are negative and significant relationships between pathological altruism and the self-love ($r = -.62$; $p<0.01$) and self-efficacy ($r = -.63$; $p<0.01$) sub-dimensions, in addition to the relationship between pathological altruism and altruism. At the same time, the values obtained show that these structures are different from each other theoretically. In addition, this finding, which shows that healthy selfishness positively predicts adaptive psychological structures and negatively predicts pathological altruism, shows parallelism with the original study of the scale.

In order to test the reliability of the scale, it was reapplied to a group of 132 people with the test-retest method at three-week intervals, and the test-retest reliability coefficient for the healthy selfishness sub-dimension was .73 ($p < .05$), while it was .74 ($p < .05$) for the pathological altruism sub-dimension. In addition, the Cronbach's alpha internal consistency coefficient obtained from the scale was .95 for healthy selfishness and .91 for pathological altruism. In addition, the CR (composite reliability) valuewas.98 for healthy selfishness and .95 for pathological altruism. These findings show the reliability of the scale. Moreover, when the findings were analyzed by gender, it was determined that the healthy selfishness scores of women were significantly higher than those of men, and the pathological altruism scores of men were significantly higher than those of women. However, in the development study of the original scale by Kaufman and Jauk (2020), no significant difference was found between women and men in either sub-dimension. It is thought that cultural differences may have an effect on this finding of the study. In traditional and collectivist cultures, expectations from men can be high. Males are mostly defined by the roles of being responsible; bringing bread to the table; protecting and watching; having a strong, influential, flexible power; and being a father (Avşar, 2017). It is thought that altruism may occur

in a pathological dimension in individuals who feel the obligation and pressure to meet these expectations.

As a result, the "Healthy Selfish and Pathological Altruism Scale", which has been adapted to Turkish culture, appears to be a valid and reliable tool that can be used in theoretical studies and practical and clinical applications.

There are very few studies in the literature examining the paradoxical nature of healthy selfishness and pathological altruism. For this reason, it is thought that our knowledge about this paradoxical structure is not sufficient. It can be suggested to investigate the relationships between this structure and concepts such as well-being, life satisfaction, happiness, meaning of life, and character strengths in the field of positive psychology. In clinical studies, it is also recommended to examine its relations with psychological problems such as narcissism, depression, and anxiety. In addition, for social and personality psychology research, examining the relationship between healthy selfishness and pathological altruism, need for social approval, personality traits, attachment styles, early childhood experiences, interpersonal relationships, self-efficacy, self-esteem, belonging, and empathy is more relevant to the subject. It will allow us to obtain detailed information. In addition, it is recommended to investigate the relationship between the feelings of burnout and pathological altruism of individuals working in the service sector, such as physicians, mental health specialists, social workers, and teachers, and to include this subject in self-care studies. It is also recommended that this scale be used in interventions and experimental studies that psychological counselors will carry out on the subject. At the same time, supporting studies with qualitative research will provide us with in-depth information on the subject.

This research has some limitations. The main limitation is that the participants of the research consist of people living in the west of Turkey. In the future, it is recommended to investigate the psychometric properties of the scale indifferent regions and with different age groups.

In this study, the adaptation of the healthy selfishness and pathological altruism scale to Turkish culture is presented. The data obtained from the research show that the scale is a valid and reliable tool that canbe used in Turkish culture. The validity and reliability studies of the original scale determined that the scores obtained from the scale did not differ according to gender. In this study, it was determined that women's healthy selfishness scores were higher than men's, and men's pathological altruism scores were higher than women's. This is explained by expectations from male roles belonging to traditional and collectivist cultures. In addition, it has been determined that healthy selfishness has a positive relationship with adaptive psychological functionality, while pathological altruism has a negative relationship with adaptive psychological functionality.

Çıkar Çatışması Beyanı

Çalışmada çıkar çatışması bulunmamaktadır.

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