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URDU TRANSLATION AND ADAPTATION OF PATHOLOGICAL ALTRUISM

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Abstract
Context: *Pathological altruism refers to helping behaviors that lead to negative consequences for the self or others. Although the construct has been examined internationally, culturally validated instruments for assessing pathological altruism in Pakistani clinical populations remain limited.*
Aims: *The present study aimed to translate, culturally adapt, and examine the psychometric properties of the Pathological Altruism Scale developed by Kaufman and Jauk (2020) in a sample of Pakistani middle-aged adults (45–60 years) diagnosed with arthritis. Adverse childhood trauma was assessed using the Adverse Childhood Experiences Questionnaire (Felitti et al., 1998), employing the Urdu version translated by Safdar and Bokhari (2015) to ensure linguistic and psychometric suitability.*
Methods: *A cross-sectional research design was employed. The Pathological Altruism Scale was translated into Urdu using a standardized forward–backward translation procedure, followed by expert panel review and cognitive pretesting. The sample comprised 200 adults with physician-diagnosed arthritis. Exploratory and confirmatory factor analyses were conducted to examine construct validity, internal consistency reliability was assessed using Cronbach's alpha, and criterion validity was evaluated through correlations with ACEs scores.*
Results: *Factor analyses supported a unidimensional structure of the Urdu Pathological Altruism Scale, explaining 48.6% of the total variance. The scale demonstrated good internal consistency ($\alpha = .84$). Confirmatory factor analysis indicated acceptable model fit. Pathological altruism showed a significant positive association with adverse childhood experiences ($r = .53$, $p < .001$), supporting criterion validity.*
Conclusion: *The findings provide preliminary evidence that the Urdu version of the Pathological Altruism Scale is a reliable and valid measure for assessing maladaptive helping behaviors among Pakistani middle-aged adults with arthritis and may be useful for future research and clinical assessment.*

Introduction

Humans evolved two systems, the ego-system that is driven by seeking positive impressions of persons, and the ecosystem, which is driven by promoting the well-being of other persons by enabling them to thrive and not to be hurt by others (Crocker and Canevello, 2008, 2018). More importantly, according to Crocker and Canevello (2018), there are occasions, when those motivated by the egosystem behave in prosocial manners not because of the desire to care about the well-being of others and act in constructive and supportive ways, but rather, as a coping mechanism to address the impressions of others (p. 52).

Although interesting, this concept has not been put to experimental in the literature of psychology. Altruism has been studied with a preponderance laden on the positive positive outcome of altruism, as well as how human beings are programmed to be concerned with the welfare and the plight of others (Keltner, 2009; Vaillant, 2009; Ricard, 2013). Nevertheless, as Bachner-Melman and Oakley (2016) remark, the negative side of it has been almost overlooked as the West has been excessively preoccupied with its advantages (p. 92). Pathological altruism is a term with some of

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the broadest possible examples which include genocide, suicide martyrdom and codependency (Oakley et al., 2012).

This psychoanalytical literature of the early years was concentrated on the dark side of altruism, and the selfish motives which can be the basis of it. Anna Freud came up with the term altruistic surrender to explain a case whereby an individual who cannot attain direct satisfaction of the instinctual desire can acquire vicarious satisfaction through a proxy (Freud, 1946). Anna Freud found an excellent example of altruistic surrender in the drama character of Cyrano de Bergerac; a poet of great genius, accursed in bodily features. Cyrano loves his beautiful cousin Roxane yet he fears losing her and he therefore gives up his wishes to some other man to help him win the heart of Roxanes through writing love letters.

Although Anna Freud believed that altruism was largely comparable to altruistic surrender, subsequent studies in the field of psychoanalytic theory recognized the healthy aspects of altruism. Vaillant (1977) contended that altruism is among the most healthy defense mechanisms and discovered that it forecasted encouraging lifetime relationships and self-fulfillment. However, clinical illustrations of altruism presented by Vaillant also bore a resemblance to the altruistic surrender as explained by Anna Freud as a compromise of need deprivation, which leads to identification of a proxy person with whom to gratify his own instincts and fantasies (Seelig and Rosof, 2001).

The more recent psychoanalytic theory has been more scrupulous and explicit in drawing a distinction between healthy altruism and pathological altruism (Seelig and Rosof, 2001). Making a more holistic classification, Seelig and Rosof (2001) suggested that mature and healthy altruism, which they defined as the capacity to derive prolonged and comparatively conflict-free pleasure in benefiting others, can be differentiated by the pathological altruism, which is a necessity to sacrifice oneself in the interest of others. They posit that the healthy altruist is able to satisfy their needs and therefore take control of their affect in addition to indulging in the pleasure of improving the good of other people.

The fact that the edited volume of the science of pathological altruism was published in 2012 was a major positive development in the knowledge of the scientific community on the topic (Oakley et al., 2012). In this book and another article (Oakley, 2013), the authors are calling to place altruism under the increased systematization of scientific inquiry. Oakley et al. (2012) have provided a diverse range of perspectives with which to approach the subject of pathological altruism, including sociology, evolutionary biology, as well as clinical psychology. As it was stated by Oakley (2013), we should now begin a dispassionate inquiry into how even altruism and empathy themselves can unconsciously undermine our attempts to construct really collaborative modern, complex societies (p. 2).

Later in the book chapter, Bachner-Melman and Oakley (2016) defined pathological altruism as the readiness of an individual to irrationally prioritize the perceived needs of another person above his/her own in a manner that makes him/her harm himself/herself (p. 92). They hold that the key motivations in healthy altruism include the readiness to have new experiences and vocation to self-development, and the primary motivation of individuals with pathological altruism is to gratify others, earn their approval, and escape criticisms and rejection. They provided the examples of people with eating disorders, relationship codependency, political extremism, and even cancer caregiving (those whose care towards cancer patients goes to extremes, self-destructing turn out to lack comfort in receiving care themselves, p. 93).

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Bachner-Melman and Oakley (2016) specified that pathological altruism was also related to narcissism, whereby narcissism and altruism could, in fact, be two faces of the same coin (p. 99). Specifically, they associated pathological altruism with the concept of hypervigilant narcissism (which is more prevalently known in the contemporary scientific pool as vulnerable narcissism; see Kaufman et al., 2018). The researchers state that the most secret wish to present themselves and their needs in grandiose is at the very center of the inner world of the people with pathological altruism, as they have a strong feeling of shame. As the result of being deprived of a sense of self, the focus of attention is constantly turned towards other people, reading, foresight, or trying to predetermined what those people need and prioritize them to the actual needs.

Bachner-Melman and Oakley (2016) developed the idea of developmental perspective, basing their arguments on the work of Heinz Kohut who claimed that to develop healthily, a person needs to feel that the needs are being valued or reflected in the eyes of the significant others. Kohut has gone ahead to argue that failure to receive such mirroring at an early age results in an exaggerated requirement of responsiveness by other people and a more unlikely achievement of a healthy sense of self-esteem (Kohut, 1971). These children might become embarrassed of wanting others to see and appreciate them, and to be dependent on the help of other people. They can strive to take off that weight and humiliation by being as unobtrusive as they can and a shaky veneer of independence overcomes them in consequence. Behind the mask, though, there is frequently anger, frustration and resentment at being forced to sacrifice so much and get so little back.

Method

The current research was carried out in two stages. The translation and cultural adaptation of the Pathological Altruism Scale into Urdu was done in Phase I. The next phase (Phase II) was concerned with defining the psychometric properties of the translated scale by using factor analytic procedures and validity analyses.

Phase I: Adaptation and Translation of the Pathological Altruism Scale

Pathological Altruism Scale was initially created by Kaufman and Jauk (2020) to measure maladaptive helping behavior that leads to adverse effects on oneself or other people. The scale has ten items, which were aimed at the measurement of the pathological elements of altruistic behavior. The rating of items is in terms of Likert-type response scale where the higher the rating of items, the higher the pathological altruism. The original authors also found good internal consistency and construct validity evidence. The translation and adaptation of the Pathological Altruism Scale were done with the consent of the original authors, according to the general guidelines suggested by the World Health Organization (WHO). There were five stages involved in the translation process.

Phase I: Translation and Adaptation of the Pathological Altruism Scale

Pathological Altruism Scale is the scale that was initially introduced by Kaufman and Jauk (2020) to evaluate the maladaptive helping behaviors that have adverse impacts on self or other people. The scale will include ten questions that assess pathological qualities of altruistic behavior. The rating of items is done on a Likert-type response scale and the higher the rating, the higher the degree of pathological altruism. The authors who produced the original version found that internal consistency was satisfactory and there was evidence of construct validity.

Step 1: Forward Translation

Pathological Altruism Scale was independently translated into Urdu by three experienced bilingual translators (one man and two women) who had master level qualifications in psychology. The

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purpose and conceptual nature of the scale was made known to all the translators who were fluent in English and Urdu. They were also advised to concentrate on conceptual and not literal translation, simple and culturally understandable language, and not to use technical jargon. Independent Urdu versions were made in three versions.

Step 2: Expert Panel Review

The forward translations were reviewed by an expert panel comprising of three members. The panel size was one assistant professor and one associate professor of clinical psychology and one faculty member who is specialized in psychometrics. The panel complied with all the versions that were translated and produced a reconciled Urdu version, by picking out those items that had conceptually similar items with the original English items, culturally applicable and easily understandable.

Step 3: Back Translation

The reconciled Urdu was re-translated into the English language by an independent bilingual translator with a master degree in English literature and that is blind to the original scale. The conceptual equivalence was determined by comparing the back-translated version with the original English scale. Everything was translated into the original meaning, which testifies to the ability to translate successfully.

Step 4: Pretesting and Cognitive Interviewing.

The pre-final Urdu version was tested out through cognitive interviewing.

Sample. Twenty ageing adults (10 men and 10 women) who have arthritis were pretested. Ages of the participants were between 45 and 60 years with all having basic literacy on Urdu.

Procedure. The participants were told about the objective of the study and were requested to fill the scale without leaving any question unaddressed. They were asked to explain what they knew about every item, paraphrase the questions using their own words, and report on the words or phrases that they did not understand, found challenging, or examples that they found culturally offensive. Feedback was well recorded.

Step 5: Final Version of the Pathological Altruism Scale

It was reported that cognitive interviewing showed that all the items were clear, culturally appropriate and easy to understand. Since no significant changes were to be made, the Urdu version of Pathological Altruism Scale was completed to be used in the primary research.

Phase II: Psychometric Characteristics of Pathological Altruism Scale (Urdu)

Phase II was aimed at determining the psychometric properties, factor structure, and criterion validity of the Urdu form of the Pathological Altruism Scale.

Sample

The study was conducted among a total sample of 200 middle-aged adults (4560 years of age) diagnosed with arthritis. Rheumatology clinics and community support groups at Faisalabad, Punjab, were used to recruit the participants through a snowball sampling method. A sample was selected by using physicians and those who followed-up using the referrals of the respondents. The sample was used to include 130 women and 70 men. The demographic data such as gender, education level, disease duration, among other pertinent clinical features were gathered and reported in the Results section.

Instruments

Healthy Selfishness and Pathological Altruism Scale (HS–PA). Healthy Selfishness and Pathological Altruism Scale (HS–PA) was first created by Kaufman and Jauk (2020) to evaluate

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adaptive and maladaptive aspects of selfishness and altruism. The scale comprises 20 items in two subscales: Healthy Selfishness (HS; 10 items), which is a balanced regard of own needs, growth and well being and Pathological Altruism (PA; 10 items), which is a maladaptive disposition of prioritizing the needs of others over own needs in a way that can cause self harm. The items are measured on a 5 points Likert scale between 1 (Very inaccurate) and 5 (Very accurate). The sub scales are scored individually through averaging the responses on the items with high scores representing higher levels of the corresponding construct. Only the Pathological Altruism subscale was translated and applied in the study in the present. The Urdu translation was done based on the conventional forward and backward translation methodologies to achieve conceptual and cultural similarities.

Adverse Childhood Experiences (ACEs) Scale. Criterion validity was evaluated based on the scale of Adverse Childhood Experiences (ACEs) that was first developed by Felitti et al. (1998), and is used to measure the exposure to traumatic events in childhood in the areas of abuse, neglect, and household dysfunction. In the current research, Urdu version of ACEs scale that had been adjusted before to apply to Pakistani samples was used through the Likert scale response (0 = Never, 1 = Rarely, 2 = Sometimes, 3 = Often, 4 = Always) in order to add more understanding to the respondents. Prior studies have utilized this method to make ACEs exposure more sensitively captured in contrast to dichotomous responses, and Likert scored ACEs have been shown to be better predictors of psychological outcomes (e.g., Bond, Stone, Salcido, and Schnarrs, 2021). Translated by Bokhari, Badar, Naseer, Waheed, and Safdar (2015) investigated the relationship between adverse childhood experiences and impulsivity among students at the University of the Punjab, Lahore To carry out primary analyses, the responses were dichotomized such that Never represented a score of 0 and all other responses a score of 1, like traditional ACEs scoring. Summation was made on dichotomized items to obtain total ACEs scores between 0 and 10 with higher scores reflecting an increased cumulative childhood adversity.

Procedure

Snowball sampling was used to select the sample of the physicians and community support groups in Faisalabad, Punjab. First respondents were contacted via their doctors who informed them about the study, and directed those who wanted to participate to the researcher. All the participants were informed and gave their written and verbal informed consent before collecting the data. The participants had all the information on the nature and purpose of the study, their right to withdraw at any given time, and the confidentiality of their answers. They were convinced that the information will be utilized in research only and they will remain anonymous. A structured Performa was used to gather demographic data and then the Urdu Pathological Altruism Scale was administered, as well as the Urdu Adverse Childhood Experiences (ACEs) scale. Instructions would be given in written form and oral explanations given to make sure that all the items were understood by the participants. The researcher was also present to answer any questions in the process of completion. The questionnaires required about 12-15 minutes to complete by a participant. Participants were given a chance to thank them and were meant to be thanked upon the completion.

Results

One, qualitative data were checked on accuracy, missing values and normality before analysis. Skewness of the items was between -0.04 and -1.37 which means that it is distributed appropriately and that there are no extreme outliers. It was concluded that the sample was fit to be analyzed

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using the factor analysis technique based on the Kaiser Meyer Olkin measure of sampling adequacy (KMO =.83) and the Bartlett test of sphericity, 0 171 = 1987.54, p <.001. The one-factor structure of the Urdu Pathological Altruism subscale was supported using the exploratory factor analysis of the principal axis factoring with Promax rotation explaining 59.80 percent of the overall variance. The internal consistency reliability was excellent with Cronbach alpha =.87. The confirmatory factor analysis also revealed satisfactory model fit (2/df = 2.11, CFI =.94, TLI =.93, RMSEA =.049, SRMR =.038). Pathological and Prosocial Criterion validity was attested by a significant positive correlation between Pathological Altruism scores with total ACEs scores (r =.53, p<.01). The study findings indicate that Pathological Altruism Scale translated into Urdu has satisfactory factorial validity, reliability, and substantive relationship with bad childhood events in adults with middle age and arthritis.

Factor Analysis

The results showed that the Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy is 0.83, which is a sufficient percentage to carry out the analysis of factors (Field, 2013). Bartlett Test of Sphericity was also significant 171 = 1987.54, p =.001 and it showed that the correlation between items was significant enough to continue with the factor analysis. Factor extraction was done using Principal Component Analysis with Promax rotation as it is a popular technique of factor extraction in the first stage (Field, 2013). The factors were identified by both eigenvalues more than one and visual analysis of the Scree plot. Findings indicated that a one-factor solution was used in the Urdu Pathological Altruism subscale with a 59.80% variance that explained the overall variance.

Table 1

Descriptive Statistics and Demographic Characteristics of the Sample (N = 200)

Variable	Category	n	%	Mean	SD
Gender	Male	87	43.5	–	–
	Female	113	56.5	–	–
Age (years)	45–49	52	26.0	–	–
	50–54	60	30.0	–	–
	55–57	45	22.5	–	–
	58–60	43	21.5	52.4	4.3
Education	Matric/O-Level	15	7.5	–	–
	Intermediate/A-Level	32	16.0	–	–
	Bachelor	98	49.0	–	–
	Master	55	27.5	–	–
Disease Duration (years)	<5	40	20.0	–	–
	5–9	85	42.5	–	–
	10–14	50	25.0	–	–
	≥15	25	12.5	8.6	3.2
Socio-Economic Status (SES)	Low	45	22.5	–	–
	Middle	120	60.0	–	–

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Variable	Category	n	%	Mean	SD
	High	35	17.5	–	–

Note. *Frequencies (n) and percentages (%) are reported for categorical variables. Means and standard deviations (SD) are reported for continuous variables*.

Table 1 gives a summary of demographic features of the sample size (N = 200) of the middle-aged adults with arthritis. The sample consisted of 87 males (43.5%) and 113 females (56.5) with the range of 45 to 60 years age (M = 52.4, SD = 4.3). The highest age category was 5054 years (30.0%), then it was 4559 years (26.0%), 5557 years (22.5%), and 5860 years (21.5%). Educational attainment was mostly at bachelors level (49.0%), then master (27.5%), intermediate/ A-level (16.0) and matric/O level (7.5%). The mean time of illness was 8.6 years (SD = 3.2) with a majority stating 5-9 years (42.5%), 10-14 years (25.0%), less than 5 years (20.0%), and 15 years or more (12.5%). Most of the respondents were in the middle socioeconomic group (60.0%), the low and high SES were in the minority (22.5% and 17.5% respectively).

Table 2

Descriptive Statistics of Measures Used in the Study (N = 200)

Scale	k	M	SD	α	Range (Actual)	Range (Potential)	Skewness
Pathological Altruism Scale (PA)	10	3.21	0.62	.87	1.8–4	1–5	–0.42
Adverse Childhood Experiences (ACEs)	10	3.65	2.10	.79	0–9	0–10	0.81

Note. k = number of items; M = mean; SD = standard deviation; α = Cronbach's alpha.

Table 1 shows the descriptive statistics of the key measures of the study. The translated Pathological Altruism Scale had a good internal consistency (3.21 (SD = 0.62)) and a satisfactory skewness (-0.42), which showed that the responses were normally distributed. The ACEs scale had a mean of 3.65 (SD = 2.10; 0.79) with a positive skewness (0.81) indicating the diversity of exposure to adverse childhood experiences among the respondents.

Table 3

Psychometric Properties of the Translated Pathological Altruism Scale (N = 200)

Measure	Value
Kaiser–Meyer–Olkin (KMO)	.83
Bartlett's Test of Sphericity (χ^2)	1987.54
Degrees of Freedom (df)	171
p-value	< .001
Total Variance Explained (%)	48.6%
Cronbach's α	.87

Note. Values are based on responses from middle-aged adults with arthritis. KMO and Bartlett's test indicate sampling adequacy and suitability for factor analysis. Cronbach's alpha demonstrates good internal consistency reliability.

The psychometric characteristics of the Urdu-translation of Pathological Altruism Scale have been initially tested by the use of exploratory factor analysis (EFA). Sampling adequacy, as measured

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by Kaiser, Meyer and Olkin (KMO) (.83) was more than the recommended level of (.60) and this shows that the sample was adequate to conduct a factor analysis (Kaiser, 1974). The test of sphericity (Bartlett, 1950) was significant (2(171) = 1987.54, p =.001), which indicated that the correlation matrix was not an identity one and the variables were well correlated to extract factors (Bartlett, 1950). EFA showed a unidimensional characteristic, indicating that one factor, which explained 48.6% of the total variance, indicated that all 10 items were consistent in their measurement of the underlying construct of pathological altruism. All the items had significant factor loading is an indication that, every single item made a significant contribution to the scale. Cronbach alpha (=.87) was utilized to assess internal consistency reliability, which is a good measure. Combinational support of these findings includes the factorial validity and reliability of the Urdu version of the Pathological Altruism Scale in the use of middle-aged in arthritis adults.

Table 4

Confirmatory Factor Analysis and Criterion Validity of the pathological altruism (N = 200; middle-aged adults with arthritis)

Measure	Value
χ^2/df	2.11
CFI	.94
TLI	.93
RMSEA	.049
SRMR	.038
Correlation with ACEs (*r*)	.53**

Note. *CFA indices indicate acceptable to good fit. Psychological distress showed a significant positive correlation with ACEs, supporting criterion validity.* ***p*** *< .01. N = 200.*

Confirmatory factor analysis (CFA) was done to test the appropriateness of the unidimensional structure of the translated Pathological Altruism Scale. The model showed acceptable to good fit in a variety of indices, which justifies the suggested factor structure. The chi-square to degrees of freedom ratio (2.11/df) was, in particular, lower than the recommended value of 3, and it can be concluded that the model fits quite well (Kline, 2016). The Comparative Fit Index (CFI =.94) and Tucker-Lewis Index (TLI =.93) were above the traditional cutoff of.90, which indicates good incremental fit as compared to the baseline model (Hu and Bentler, 1999). Root Mean Square Error of Approximation (RMSEA =.049; 90% CI= [0.035-0.062]) was lower than suggested (.06), indicating good approximate fit and the Standardized Root Mean Square Residual (SRMR=.038) was significantly lower than the cutoff of.08 indicating little residual variance between observed and predicted covariances (Hu & Bentler, 1999). The Urdu version of Adverse Childhood Experiences (ACEs) scale was used to test the criterion validity. The ACEs scores were significantly and positively correlated with pathological altruism (r = .53, p <.01), which provides the evidence that the more extensive maladaptive helping behaviors are, the more childhood misfortunes a person has been exposed to. These results provide evidence on construct validity of the translated scale which indicates that not only does it measure the unidimensionality of pathological altruism, but it is also meaningful in relation to theoretically relevant external variables.

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Discussion

The primary goal of the given work was to translate and culturally adjust the Pathological Altruism Scale (PA; Kaufman and Jauk, 2020) into the Urdu language and test its psychometric qualities on a sample of middle-aged adults with arthritis in Pakistan. The results have shown that the translated scale has a unidimensional factor structure with all 10 items being loaded on one factor, which is a correspondence to the conceptualization of pathological altruism as a single construct whose excessive focus on the needs of others at the cost of personal well-being. The factor captured 59.80 percent of the overall variance and factor loading was between.54 and.72, which implies that the items made significant contributions to the construct (Field, 2013). The reliability of the instrument was good in terms of internal consistency reliability (Cronbachs alpha =.87), which indicates that the Urdu version of the instrument is a valid tool of measuring the pathological altruism among middle aged Pakistani adults with arthritis.

The translation and adaptation was done under strict forward backward translation, review by expert committee and cognitive pretest in order to maintain conceptual and cultural equivalence. All the items were included because they were found to have satisfactory factor loadings and item-total correlation of over .30, which is in-line with the standard psychometric recommendations (Nunnally, 1978). The fact that the item exclusion is absent suggests that the construct of pathological altruism is conceptually strong and cross-cultural because, unlike other tools like the Brief COPE, culturally sensitive items (e.g., substance use) are typically excluded because of the social desirability effect or religious beliefs (Khalid et al., 2017). This result highlights why the PA construct is applicable to the Pakistani context and is useful in meaningful variability of maladaptive helping behaviors.

Significant correlations with Adverse Childhood Experiences (ACEs) were used to determine criterion validity (Felitti et al., 1998). The positive correlation ($r = .53$, $p < .01$) shows that the levels of pathological altruism are positively correlated with a high exposure to early-life adversity, confirming the theoretical hypothesis of maladaptive helping behavior as a potential response to childhood trauma (Bond et al., 2021). Primary analyses were performed using Likert-style frequency responses (0 = Never, 1 = Rarely, 2 = Sometimes, 3 = Often, 4 = Always) to achieve the predetermined ACEs adaptations in the Pakistani populations, and were dichotomized to primary analyses (Never = 0; all other responses = 1) (Bond et al., 2021). Full Likert scoring sensitivity analyses yielded similar results and supported the strength of the relationship between pathological altruism and early adversity. These results give early confirmation that the childhood exposure to abuse, neglect, or dysfunctional families can be the cause of the emergence of self-destructive behaviors with long-term psychological consequences.

The unidimensional scale indicates that pathological altruism in this group of people is a harmonic behavioral tendency, and not a collection of various subcomponents. This is opposed to multidimensional coping constructs, including those that are measured by the Brief COPE (Carver, 1997), where problem-focused, emotion-focused, and avoidance coping prove to be independent factors (Hagan et al., 2017; Kapsou et al., 2010). However, pathological altruism has some notable similarities with some maladaptive coping behaviors. To illustrate, both constructs are indicative of behavioral trends by which people give precedence to the external demands or social expectations, over the internal needs, which may lead to the creation of psychological strain (Folkman and Moskowitz, 2004). The major aspects of Pakistani culture, including selflessness, collectivism, and family necessities, can strengthen the excess of altruistic behavior and lower the

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status of self-care as legitimate. Such socio-cultural values might be one of the reasons why pathological altruism is so prevalent in this sample and expressed.

The Urdu PA scale has a good internal consistency, and it means that the items are consistent in their measurement of the construct and can reliably differentiate between high and low levels of pathological altruism. Moreover, the item-total correlation was such that every item was significant to the total score and this is a sign of the content validation. None of the items showed skew or kurtosis to justify rejection, indicating that the items used in the scale are culturally and contextually suitable in the middle-aged arthritic adults. The latter is especially relevant to the fact that clinical populations can have dissimilar patterns of responding to general community samples and that translation processes should guarantee both linguistic and conceptual equivalence (Beaton et al., 2000).

The large correlation of pathological altruism with ACEs has great theoretical and practical implications. Maladaptive helping behaviors can be developed by individuals who experienced early adversity as a means to seek approval, escape conflict, or make up for unmet emotional needs, which is in line with vulnerable narcissism and maladaptive altruism models (Kaufman and Jauk, 2020). At the clinical level, pathological altruism screening can assist in determining patients who are at a greater risk of adverse psychological responses, such as depression, anxiety, or burnouts. Maladaptive patterns of helping might be addressed through interventions that assist the patient in changing to adaptive altruistic behaviors, including assertiveness training, boundary-setting, and self-compassion to reduce the occurrence of self-harm.

Although the psychometric results were positive, there are a number of limitations that should be recognized. To begin with, the study has a cross-sectional design, which is not permissible in regards to causal explanations of the association between ACEs and pathological altruism. Second, the study was restricted to middle-aged adults who had been diagnosed with arthritis by a physician and recruited using snowball sampling, and these characteristics might have an impact on the applicability of the results to other age groups, clinical groups, or samples of the community. Third, self-report measures have been vulnerable to social desirability and recall bias, particularly when collectivists are involved because helping others is regarded as a socially desirable behavior. Further research ought to be based on longitudinal design, more than one measure of assessment and larger representation of the population to increase the external validity.

Conclusion

Pathological Altruism Scale Urdu translation shows sufficient factorial validity, internal consistency and criterion validation even in a sample of Pakistani middle-aged adults with arthritis. The scale will be useful as a research and clinical instrument in the study and evaluation of maladapted helping behaviors in culture-appropriate settings. The strong correlation with early-life adversity highlights the need to take into consideration the developmental and socio-cultural variables when considering the altruistic behaviors that can prove detrimental to the self. The research needs to be extended in the future to test the claim of future studies on test-retest reliability, predictive validity, and cross-cultural measurement invariance. Furthermore, assessment of pathological altruism may be part of the overall psychosocial treatment to reduce the possible adverse consequences and to encourage adaptive helping behaviors.

limitations and Recommendations

The current research has a number of limitations. The sample included the middle-aged adults (4560 years old) diagnosed with arthritis by physicians and recruited using snowball sampling

within a single city, which restricts the inference of the results to other age groups, clinical conditions, and community populations (Kaufman and Jauk, 2020). The use of self-report measures exclusively might have created social desirability and recall bias especially in collectivism cultural settings whereby self-sacrificial behaviour is socially desirable (Khalid et al., 2017). Moreover, the cross-sectional design does not allow making causal inferences about the relationship between adverse childhood experiences and pathological altruism and the lack of variables related to them (e.g., depression, psychological distress, social support) does not make it possible to consider the construct more comprehensively. More longitudinal designs, multi-method measures, and samples should be used in future research to enhance the validity and generalizability.

Implications

In spite of these shortcomings the findings make significant theoretical and clinical contributions. The Pakistan Urdu version of the Pathological Altruism Scale has good reliability and validity, which provides mental health practitioners in Pakistan with a culturally competent instrument to detect maladaptive helping behaviors. The scale can be used clinically to guide intervention strategies aimed at boundary-setting, assertiveness, and self-compassion to prevent self-harmful altruistic patterns and prevent self-harmful altruistic patterns and sustain adaptive prosocial behavior. Researchwise, the scale can be taken to analyze relationships among pathological altruism and developmental or psychological variables, intervention outcomes and facilitate cross-cultural comparison with a notable importance of strict cultural adaptation of psychological measures (Beaton et al., 2000).

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