

Exploring the Relationship between Attachment Styles, Healthy Selfishness, and Pathological Altruism in Young Adults in Indian Metropolitan Cities

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ABSTRACT

Background: Attachment styles play a significant role in shaping an individual's approach to interpersonal dynamics. Secure attachment fosters trust, intimacy, and support, while insecure lead to patterns of dependence, avoidance, or ambivalence. Healthy selfishness (HS) refers to prioritising one's well-being and needs in a balanced way. Pathological altruism (PA) involves self-sacrificing behaviour driven by a need for external validation, often to the detriment of one's own well-being.

Methodology: The study sampled 82 young adults, who provided informed consent. Participants completed the Revised Adult Attachment Scale (Collins, 1996) and the Healthy Selfishness and Pathological Altruism Scale (Kaufman and Jauk, 2020). Statistical analysis identified relationships between the constructs, supplemented by qualitative interviews for deeper insights into participants' attachment styles and altruistic behaviours.

Results: Spearman's Rho correlation indicated absent relationships between secure attachment and HS ($r = -0.025, p > 0.05$) and PA ($r = -0.008, p > 0.05$). Avoidant attachment showed negative correlation with HS ($r = -.115, p > 0.05$) but positive with PA ($r = 0.268, p = 0.01$). Anxious-preoccupied style was negatively correlated with HS ($r = -0.287, p < 0.05$), and positively with PA ($r = 0.397, p < 0.01$) as well. Through qualitative analysis, five major themes emerged, like Relational proximity and PA, Negative factors of HS, etc., providing valuable insights.

Conclusion: The current study investigates the relationship between attachment styles, and the constructs of HS and PA. Anxious preoccupied attachment showed significant relationships with both the constructs.

Keywords: Attachment styles, Healthy selfishness, Pathological altruism, young adults.

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INTRODUCTION

Attachment in human relationships refers to a distinct emotional bond marked by comfort, care, and pleasure. John Bowlby's extensive research into attachment as an enduring psychological connection, as well as Mary Ainsworth's "Strange Situation" study, revealed three attachment styles: secure, ambivalent-insecure, and avoidant-insecure.

The present study looks at the relationship between adult attachment styles and two important constructs: healthy selfishness and pathological altruism. Maslow defines healthy selfishness as profound self-respect based on abundance and need gratification, which is rooted in inner resources [1]. Oakley [2] defines pathological altruism as the irrational prioritisation of another's perceived needs over one's own, which can lead to self-harm [2].

Attachment Styles

Childhood experiences have a profound impact on adult relationships. The researchers identified four child attachment patterns: secure, avoidant, resistant (ambivalent), and disorganised. Securely attached children seek comfort from caregivers, whereas avoidant children deal with distress on their own. Resistant children demonstrate distress and resistance [3]. Mary Ainsworth, and later Cindy Hazan and Phillip Shaver, developed the adult attachment theory, which investigates how early caregiver experiences affect adult romantic relationships. Collins and others [4] divided adult attachment into three types: secure, anxious-preoccupied, and avoidant. Securely attached people are at ease with intimacy and independence, express their needs clearly, and have positive attitudes toward themselves and their partners, resulting in more satisfying relationships. Anxious-preoccupied people are concerned about abandonment, seek constant reassurance, and struggle with self-esteem and trust issues. Avoidantly attached people prioritise autonomy, suppress emotions, and maintain distance, which leads to intimacy issues and shorter relationships [4].

Healthy Selfishness

Hobbes proposed self-interest as the primary motivator of human behaviour approximately 400 years ago [5]. Fromm [6] considered selfishness to be a taboo in modern culture, whereas Maslow, in his paper, "Is human nature basically selfish?" proposed "healthy selfishness," which emphasises well-being, growth, happiness, and freedom. Maslow [7] identified both positive and negative selfish behaviour [8]. He emphasised the importance of creating a vocabulary for healthy selfishness, particularly in psychotherapy, to foster healthy self-esteem based on abundance. Higher psychological well-being and prosocial attitudes are associated with healthy selfishness, though cultural taboos may cause guilt when expressing self-love [1].

Pathological Altruism

Pathological altruism is a type of altruism that can have negative consequences despite being widely regarded as selfless and beneficial. Regardless of good intentions, these actions can have negative consequences for both the individual and others. Pathological altruism is caused by cognitive biases that ignore potential harm [2]. Anna Freud defined "altruistic surrender" in 1937 as finding fulfilment in helping others while ignoring one's own needs [9]. Seelig and Rosof [10] distinguished between pathological altruism, which involves self-sacrifice, and healthy altruism, which is defined by conflict-free pleasure in assisting others. Pathological altruists may unintentionally harm themselves because of psychological, religious, philosophical, biological, or ideological biases [2,11].

Relationship between Attachment Styles, Healthy Selfishness, and Pathological Altruism

The study of attachment styles, healthy selfishness, and pathological altruism reveals complex human behaviours. Pathological altruism can result from cognitive distortions caused by developmental, chemical, genetic, or environmental factors [12]. Securely attached people with a strong sense of self are more likely to act altruistically while staying healthy. In contrast, those with insecure attachment styles may engage in pathological altruism due to a fear of abandonment or a desire for approval [1]. Pathological altruism can result from low self-esteem, a hidden desire for grandeur, and a lack of early need mirroring by significant others [11]. While promoting the well-being of others is beneficial, more research is needed into the role of healthy selfishness in personal well-being and relationships [13].

Rationale

Understanding the links between attachment styles, healthy selfishness, and pathological altruism is critical in psychology and interpersonal relationship dynamics. Numerous studies have investigated the impact of attachment on psychological functioning, but the exact links between attachment types and these constructs are unknown. This study seeks to fill these gaps by delving into the nuanced and fringe aspects of pathological altruism and healthy selfishness, thereby fostering a comprehensive understanding of the complex dynamics that underpin interpersonal relationships.

METHODOLOGY

Aim of the study

To study how attachment styles predict tendencies towards behaviours associated with pathological altruism and healthy selfishness.

Research Question

Do attachment styles influence and predict tendencies towards behaviours associated with pathological altruism and healthy selfishness?

Hypotheses

H1: There will be a significant correlation between attachment styles and pathological altruism.

H2: There will be a significant correlation between attachment styles and healthy selfishness.

H3: Attachment styles of an individual significantly predict their levels of pathological altruism

H4: Attachment styles of an individual significantly predict their levels of healthy selfishness.

Co-Variables

- A) Attachment Styles, which include -
 - a) Secure Attachment
 - b) Anxious Attachment
 - c) Avoidant Attachment
- B) Healthy Selfishness
- C) Pathological Altruism

Operational Definition

Secure Attachment

The score of Secure Attachment is specified in terms of high scores on Close and Depend subscales and low score on Anxiety subscale as obtained on the Revised Adult Attachment Scale [14]. Secure Attachment is characterised by an ease in forming close connections with others.

Avoidant Attachment

The score of Avoidant Attachment is specified in terms of low scores on Close, Depend, and Anxiety subscales as obtained on the Revised Adult Attachment Scale [14]. Avoidant Attachment is characterised by discomfort with closeness, making it challenging to fully trust and depend on others.

Anxious Preoccupied Attachment

The score of Anxious Preoccupied Attachment is specified in terms of high score on Anxiety subscale, moderate scores on Close and Depend subscales as obtained on the Revised Adult Attachment Scale [14]. Anxious Attachment is characterised by difficulty in establishing close connections, as individuals perceive others as hesitant to get as close as desired.

Healthy Selfishness

The score of Healthy Selfishness as obtained on Healthy Selfishness and Pathological Altruism Scale on items 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10, and is defined as a form of selfishness that is beneficial to the individual and does not harm others.

Pathological Altruism

The score of Pathological Altruism as obtained on Healthy Selfishness and Pathological Altruism Scale on items 11, 12, 13, 14, 15, 16, 17, 18, 19, and 20, is defined as a form of altruism that is detrimental to the individual or the intended recipient. It involves helping others in a way that ultimately does more harm than good.

Sample: A sample of 82 participants from metropolitan cities in India between the age groups 18-25 was selected.

Sampling Method: Purposive Sampling and Snowball sampling was used to reach out to young adults. Purposive sampling is a non-probability method to select subjects who will aid the study's objectives, where the researchers consider these peoples' particular characteristics to assess their study question. Snowball sampling is a non-probability sampling technique which involves enlisting new units into the sample through the recruitment of existing units. Research on individuals with characteristics who might otherwise be challenging to identify can benefit from the use of snowball sampling (e.g., people with a rare condition).

Inclusion criteria

1. Young adults between the age range of 18-25 were considered.
2. All participants were residents of metropolitan cities of India.
3. The participants had a proficiency of the English language of at least grade VIII.

Exclusion criteria

1. Participants diagnosed with any clinical mental disorder were excluded from the sample.

Rating Scales Used

The Revised Adult Attachment Scale Close Relationships Version, derived from the Adult Attachment Scale, was formulated for the evaluation of individual variations in attachment styles. Comprising 18 items, the scale incorporates three distinct subscales, each comprising six items: (a) the close subscale gauges a person's comfort with intimacy and closeness; (b) the depend subscale evaluates the comfort level of depending on others and the belief in their reliability when needed; and (c) the anxiety subscale assesses the extent to which an individual harbours concerns about potential rejection and abandonment. In a sample involving undergraduates, the Cronbach's alphas for the close, depend, and anxiety subscales were 0.77, 0.78, and 0.85, respectively [14].

The Healthy Selfishness and Pathological Altruism Scale for adults was developed by Kaufman and Jauk [15]. The final version of the Healthy Selfishness (HS) and Pathological Altruism (PA) scales consists of 10 items each, with high initial item-scale correlations and internal consistency ($\alpha = 0.88$). The HS scale measures healthy forms of self-interest, such as setting boundaries and taking care of oneself, while the PA scale measures pathological forms of altruism, such as self-sacrifice and enabling behaviour. Participants rate their agreement with each statement on a 5-point scale, ranging from "Disagree strongly" to "Agree strongly". The scales have been validated through principal components analysis, confirmatory factor analysis, and correlations with related constructs, such as the Big Five personality traits and psychological well-being.

Procedure

Informed consent was obtained before starting data collection. All the psychometric scales were administered in an online survey format via use of Google Forms questionnaire, to a population of 82 young adults from metropolitan cities. Interest and participation for the second part of the research was asked through a question in the same form. Qualitative interviews were conducted after the form distribution, the responses to which were analysed through thematic analysis following Braun and Clarke's six step process [16].

Research Design

A mixed methods research design, which employed both quantitative and qualitative methodologies was utilised. To study the relationship between the two sets of variables, multivariate correlation was used followed by regression analysis. Qualitative interviews were conducted to understand the dynamics behind the relationship of the variables, which were analysed through thematic analysis.

RESULTS

The descriptive statistical analysis of the variable attachment styles has three facets: secure attachment style, avoidant attachment style and anxious preoccupied attachment style, along with healthy selfishness and pathological altruism on the study sample ($n=82$). The average age of the sample was 20.46 years ($SD = 1.7$). The sample consisted of 69.51% of females ($n=57$) and 30.48% of males ($n=25$). The mean for secure attachment style was found to be 19.78 ($SD = 4.10$), the same for avoidant attachment style was found to be 35.60 ($SD = 6.47$) and the mean for anxious preoccupied attachment style was 18.95 ($SD = 5.38$). Similarly, the mean for healthy selfishness was found to be 35.23 ($SD = 6.01$), whereas the same for pathological altruism was found to be 30.48 ($SD = 6.66$).

To understand the distribution of the data, a test of normality was conducted. Interpreting the Shapiro-Wilk test, significance for the healthy selfishness was observed to have a statistical value of 0.98 at $p = 0.484$, which is not statistically significant and suggests that the data is normally distributed. Similarly, the statistical value for pathological altruism is 0.97 at $p = 0.172$, which is not statistically significant, inferring that the data is normally distributed. For secure attachment style, the statistic was found to be 0.97 at $p = 0.078$, indicating that the scores were not statistically significant and thus normally distributed. Likewise, the statistics for anxious preoccupied attachment style was found to be 0.98 at $p = 0.282$, suggesting that the score was not statistically significant but was normally distributed. For avoidant attachment style, the statistic was found to be 0.95 at $p = 0.003$, and hence the scores were found to be not normally distributed.

Table 1: Correlation - Secure Attachment styles with Healthy Selfishness and Pathological Altruism

Attachment Style Close (Secure)		Healthy Selfishness	Pathological Altruism
Correlation Coefficient	-0.025	-0.008	
Sig. (2-tailed)	0.825	0.924	
N	82	82	

Taking into consideration that all the samples were normally distributed except avoidant attachment style, a non-parametric test was employed for further inferential analysis of data. To understand the relationship between the facets of attachment styles with healthy selfishness and pathological altruism, Spearman Rho Correlation was employed. Results revealed a very weak negative and statistically insignificant correlation ($r = -0.025$, $p > 0.05$) between secure attachment style and healthy selfishness, suggesting that there is no meaningful relationship between the two variables. Similarly, the results also revealed a very weak negative and statistically insignificant correlation ($r = -0.008$, $p > 0.05$) between secure attachment style and pathological altruism, and thus there appears to be no significant relationship between the two.

Table 2: Correlation - Avoidant Attachment styles with Healthy Selfishness and Pathological Altruism

Attachment Style Avoid		Healthy Selfishness	Pathological Altruism
Correlation Coefficient	-0.115	0.268*	
Sig. (2-tailed)	0.306	0.015	
N	82	82	

*. Correlation is significant at the 0.005 level (2-tailed).

**. Correlation is significant at the level of 0.01 (2-tailed).

Spearman Rho's Correlation was further employed to study the relationship between avoidant attachment style, healthy selfishness and pathological altruism. Results revealed a weakly negatively correlated and statistically insignificant correlation ($r = -0.115$, $p > 0.05$) between avoidant attachment style and healthy selfishness, thus suggesting that when the level of avoidant attachment style increases, healthy selfishness decreases. Furthermore, avoidant attachment style had a moderate positive and statistically significant

correlation ($r = 0.268$, $p = 0.01$) with pathological altruism, thus indicating that when levels of avoidant attachment style increases, pathological altruism also increases.

Table 3: Correlation - Anxious Preoccupied Attachment styles with Healthy Selfishness and Pathological Altruism

Attachment Style Anxious Preoccupied		Healthy Selfishness	Pathological Altruism
	Correlation Coefficient	-0.287**	0.397**
	Sig. (2-tailed)	0.009	0.000
	N	82	82

*. Correlation is significant at the 0.005 level (2-tailed).

**. Correlation is significant at the level of 0.01 (2-tailed).

Further, it was revealed that anxious preoccupied attachment style was moderately negatively and statistically significantly correlated ($r = -0.287$, $p < 0.05$) with healthy selfishness. This suggests that when levels of anxious preoccupied style decreases, healthy selfishness increases. Additionally, findings suggested that there was a strong positive and highly significant correlation ($r = 0.397$, $p < 0.01$) between anxious preoccupied attachment style and pathological altruism, thus implying that higher levels of anxious preoccupied attachment style may be more prone to pathological altruistic behaviours.

Table 4: Regression - Healthy Selfishness

	Coefficients						
	Unstandardized Coefficients		Standardized Coefficients Beta	t	Sig.	95.0% Confidence Interval for B	
	B	Std. Error				Lower Bound	Upper Bound
(Constant)	44.870	10.731		4.181	0.000	23.507	66.234
AS Anxiety	-0.357	0.134	-0.320	-2.66	0.009	-0.624	-0.091
AS Avoid	-0.035	0.185	-0.037	-0.188	0.851	-0.403	0.333
AS Close	-0.082	0.277	-0.056	-0.297	0.767	-0.635	0.470

a. Dependent Variable: HS Total

Table 4 represents the regression analysis conducted to assess whether secure attachment style, avoidant attachment style and anxious preoccupied attachment style predicted healthy selfishness. Regression analysis suggested that anxious preoccupied attachment style predicted healthy selfishness in young adults. Further, it is noted that anxious preoccupied attachment style significantly predicted healthy selfishness in moderately negative manner (standardized $\beta = -0.320$, $p < 0.05$), avoidant attachment style did not significantly predict healthy selfishness (standardized $\beta = -0.037$, $p = .851$) and similarly, secure attachment style did not significantly predict healthy selfishness either (standardized $\beta = -0.056$, $p = .767$).

Table 5: Regression - Pathological Altruism

	Coefficients						
	Unstandardized Coefficients		Standardized Coefficients Beta	t	Sig.	95.0% Confidence Interval for B	
	B	Std. Error				Lower Bound	Upper Bound
(Constant)	2.070	11.023		0.188	0.852	-19.875	24.015
AS Anxiety	0.451	0.138	0.364	3.28	0.673	-0.262	0.404
AS Avoid	0.333	0.190	0.323	1.75	0.002	0.178	0.725
AS Close	0.404	0.285	0.249	1.41	0.160	-0.163	0.972

a. Dependent Variable: PA Total

Table 5 represents the regression analysis conducted to assess whether secure attachment style, avoidant attachment style and anxious preoccupied attachment style predicted pathological altruism. Regression analysis suggested that avoidant attachment style predicted pathological altruism in young adults. Further, it is noted that avoidant attachment style significantly predicted pathological altruism in a moderate positive manner (standardized $\beta = 0.323$, $p < 0.05$). Secure attachment style did not significantly predict pathological altruism (standardized $\beta = 0.249$, $p = .160$) and similarly, anxious preoccupied attachment style did not significantly predict pathological altruism either (standardized $\beta = 0.364$, $p = .673$).

QUALITATIVE ANALYSIS

Rich qualitative data gleaned from fourteen in-depth semi-structured interviews was analysed following Braun and Clarke's six steps of thematic analysis. After analysis, five major themes emerged, outlined as follows.

Theme 1: Personality Traits in Individuals Exhibiting Pathological Altruism

The first theme that was discerned from the data was "Personality Traits in Individuals Exhibiting Pathological Altruism". Participants commonly exhibited traits indicative of emotional detachment, demonstrating a tendency to disconnect from their own emotions and prioritise the needs of others above their own. Additionally, individuals frequently reported having high expectations for themselves, as well as facing high expectations from others, often leading to feelings of disappointment and dissatisfaction when these expectations were not met.

Furthermore, participants displayed a notable lack of selfishness, demonstrating a consistent pattern of prioritising the well-being of others over their own needs and desires. Another prevalent subtheme was struggles with boundaries, where individuals expressed difficulty in establishing and maintaining healthy boundaries in interpersonal relationships, leading to feelings of overwhelm and exhaustion. Also, individuals frequently exhibited people-pleasing and validation-seeking tendencies, seeking affirmation and approval from others through self-sacrificial behaviours. Lastly, many participants reported experiencing a lack of self-confidence, often doubting their own abilities and worth, which contributed to their propensity for pathological altruism.

Theme 2: Relational proximity and Pathological Altruism

The next main theme derived from the data, "Relational Proximity and Pathological Altruism", encompasses various aspects and dynamics observed in individuals who exhibit pathologically altruistic behaviours within the context of their close relationships. Firstly, participants commonly reported a mindset of prioritising family needs and placing others' needs above their own which was often rooted in a deep-seated love for close individuals, compelling participants to prioritise their well-being over their own. Another prevalent subtheme was excessive attachment in close interpersonal relationships, where individuals displayed an intense emotional bond with loved ones, often leading to self-neglect in favour of maintaining the relationship. Furthermore, a notable sub theme that emerged was the fear of losing relationships, prompting individuals to prioritise the needs of others to ensure the preservation of these connections.

Theme 3: Positive attitudes linked to Healthy Selfishness

The next main theme, "Positive Attitudes Linked to Healthy Selfishness", delves into the mindset and outlook of individuals who prioritise their own well-being while maintaining a positive and optimistic perspective on life, encompassing intriguing subthemes. Firstly, participants commonly exhibited a positive outlook on life, demonstrating an optimistic perspective and resilience in the face of challenges. Additionally, individuals reported possessing strong self-confidence, self-esteem, and self-respect, which enabled them to prioritise their own well-being without feeling guilty or selfish and they also demonstrated a capacity for self-reliance and autonomy in decision-making. Another prevalent subtheme was the presence of strong parental support and a nurturing childhood environment, which fostered a sense of security and

self-worth in individuals, contributing to their ability to prioritise self-care. Additionally, many participants reported actively working on their own personal development, engaging in self-reflection and growth-oriented activities to cultivate a healthier sense of selfishness.

Theme 4: Negative factors contributing to Healthy Selfishness

The next theme, "Negative Factors Contributing to Healthy Selfishness", discusses some factors that, though seemingly negative in nature, lead to the emergence of healthy selfish mindsets. Firstly, participants commonly reported experiencing bullying or manipulation from close relationships, describing instances where they felt exploited or mistreated by those they trusted. Additionally, individuals expressed a sense of less closeness with other people, indicating a perceived distance or disconnect in their interpersonal relationships, which contributed to their inclination towards prioritising their own needs. Furthermore, participants exhibited an aversion towards vulnerability, demonstrating a reluctance to expose themselves to emotional risk or dependence on others. Another prevalent subtheme was the experience of unmet needs for autonomy, where individuals expressed frustration or dissatisfaction with perceived limitations on their freedom or independence, prompting them to assert their autonomy through self-care and boundary-setting.

Theme 5: Adverse life experiences linked to Pathological Altruism

The final theme uncovered through our analysis was "Adverse Life Experiences linked to Pathological Altruism", which connects childhood and adult attachment patterns and other lived experiences with the manifestation of pathological altruism. Participants frequently described experiencing distant parental relationships characterised by parentification, wherein they assume adult responsibilities at a young age, or as latchkey children, lacking parental supervision due to their parents' absence or preoccupation with work. Additionally, individuals reported feeling overburdened with unrealistic expectations from their parents, which contributed to feelings of inadequacy and a heightened sense of obligation towards others. Another prevalent subtheme was separation anxiety, wherein individuals expressed fear and distress at the prospect of being separated from their loved ones, leading to a heightened sense of obligation to maintain close relationships at the expense of their own well-being. Lastly, many individuals described a lack of independence and freedom, feeling constrained by external pressures and expectations, which contributed to their propensity to prioritise others' needs over their own.

DISCUSSION

Understanding the dynamics of attachment styles, pathological altruism (PA), and healthy selfishness (HS) is essential for comprehending social behaviours and personal well-being. Attachment styles, formed through early parental interactions, influence how individuals develop connections and navigate interpersonal boundaries [17]. Pathological altruism involves altruistic behaviours causing unintentional harm [18], while healthy selfishness balances one's own needs without neglecting others [19].

This study aimed to explore the relationship between attachment styles, PA, and HS among young adults in India aged 18 to 25. It hypothesised significant correlations between certain attachment styles and the constructs of PA and HS, verified through Spearman Rho's Correlation. Further hypotheses proposed predictive relationships, tested via regression analysis, revealing significant predictions between anxious preoccupied attachment and healthy selfishness, and between avoidant attachment and pathological altruism. To gain a holistic understanding of these links, qualitative interviews were conducted and analysed using thematic analysis.

This study found notable links between attachment styles and pathological altruism. Firstly, PA showed an extremely weak, negative, and statistically insignificant correlation with secure attachment style. For securely attached individuals, their strong sense of self-worth and confidence in relationships likely protects them from self-sacrificial behaviours that compromise their own needs.

Secondly, PA had a moderate to strong positive and statistically significant correlation with anxious preoccupied, or dependent attachment style. Our qualitative analysis supports this finding, with the theme "Relational Proximity and Pathological Altruism" highlighting a mindset of prioritising family needs and

placing others' needs above oneself. Excessive attachment in close relationships was reflected in one participant's statement, "I dropped my education for some time, like a month or two months or so in order to help my mom with her situation." This tendency often stems from a deep-seated love for close individuals, compelling participants to prioritise their well-being over their own. An intense emotional bond with loved ones often leads to self-neglect in favour of maintaining the relationship, as shown by another participant's response, "I think it's not mostly about the other's needs. I think it's mostly about saving that relationship." PA itself is a distinct trait from altruism, and is rooted in vulnerable narcissism [20], and manifests through self-serving motives when assisting others. This behaviour often carries an implicit expectation of reciprocation, whether in the form of praise, recognition, love, validation, for one's altruistic actions. PA is also said to be a form of 'self-servingly malevolent intentions' which is linked to anxious preoccupied attachment pathology showing similar needs [2]. The theme of 'Personality Traits linked with Pathological Altruism' also showcased traits that were commonly found in the anxious preoccupied attachment style, like struggles with boundaries, lack of self-confidence, and high expectations, which ties in with the findings discussed prior.

PA showed a moderate positive and statistically significant correlation with avoidant attachment style. The thematic analysis supports this finding. The theme "Adverse Life Experiences linked to Pathological Altruism" highlights how distant parental relationships and stifling environments contributed to feelings of inadequacy and a heightened sense of obligation towards others, stemming from a fear of abandonment or loss. One person who experienced childhood separation anxiety later stated, "Some people, like my parents, like my family, I would definitely try to put my needs below them."

Additionally, the theme "Personality Traits linked with Pathological Altruism" includes emotional detachment, showing a tendency to disconnect from one's own emotions and prioritise others' needs, a trait linked to avoidant attachment. For instance, one participant noted, "I was a people pleaser. I was not that confident. So, there were times I prioritised other decisions over myself." Another participant mentioned, "To be honest, I'm not able to maintain my boundaries very well. Like many people at many times cross them, but I can't say them anything," and later added, "It's okay to put others' needs over mine." Regression analyses revealed that avoidant attachment styles predict pathological altruism, supported by thematic analysis and existing studies. Richman and others [21] found that avoidantly attached individuals, who fear emotional intimacy, may experience reduced empathy as a self-protective measure. However, when the fear of rejection is alleviated, they show a willingness to help like those with lower attachment avoidance. This suggests that the drivers of pathological altruism can coincide with avoidant attachment patterns.

Discussing healthy selfishness, multivariate correlation results revealed a weak negative and statistically insignificant relationship between avoidant attachment style and HS. Research found that avoidant adults feel less comfortable offering support to friends and view those seeking their support negatively [22]. This inclination towards independence and emotional distance means they may be less inclined to assertively advocate for their own needs and set boundaries, key behaviours in HS.

Further, a moderately negative and statistically significant relationship was found between anxious preoccupied attachment style and HS. Regression analysis consequently showed that anxious preoccupied attachment style significantly predicts HS in a moderately negative manner. This suggests that individuals with high levels of anxious preoccupied attachment will have low levels of HS. Haggerty and others [23] found that attachment anxiety correlates with excessive accommodation and self-sacrifice, as anxious individuals seek to reduce emotional distance through clinginess and control, lacking the traits associated with HS.

This is supported by our qualitative data, where the theme of 'Positive Attitudes linked to Healthy Selfishness' highlighted traits of individuals with higher levels of HS. Participants reported strong self-confidence, self-esteem, and self-respect, enabling them to prioritise their well-being without guilt. They also demonstrated independence and autonomy, as one participant noted, "It would not affect others' life. So, it's not others that I would care for. If the decision affects others, then it's a different scenario. But if it affects me, it would solely be my decision." These traits are absent in those with preoccupied attachment, explaining the reciprocal relationship.

Sheinbaum and others [24] found that anxious individuals feel less supported, more distant, and more mistreated. They are more likely to believe they are unwanted when alone. Those with anxious preoccupied attachment are highly attuned to signs of rejection or abandonment, causing them to overly prioritise maintaining relationships and seeking reassurance. As a result, they might neglect their own needs in favour of others, hindering their ability to practise HS.

The findings of the thematic analysis from the theme 'Negative Factors contributing to Healthy Selfishness' is another unique finding. Though not supported by the quantitative analysis, this theme showcased a positive link between avoidant attachment and healthy selfishness. A significant number of participants expressed a reluctance towards vulnerability, often stemming from their avoidant attachment rooted in past experiences of manipulation from close relationships. One participant said "I sometimes I get manipulated by my loved ones. I'm very easily manipulated by the people I love" and separately outlined their current philosophy of ", I'll not just blindly agree to them", ". I stick to my plan", and " I just realised that okay, I need to stop doing this. I started prioritising myself".

Other subthemes spoke of how less closeness with the other person enabled people to prioritise their own needs and practise healthy selfishness. The reason for this finding not reflecting in the quantitative results has been recognised to be two-fold; one, healthy selfishness is not a culturally significant paradigm in Indian context, therefore people in this culture do not relate to the concept of healthy selfishness and have reported never experiencing it. Two, the factor of self-report and social desirability biases play a huge role when collected data through an interpersonal method like in-depth interviews, causing people's responses to show an incongruence with their reported responses.

Implications

Understanding the dynamics between attachment styles, healthy selfishness and pathological altruism among young adults in India has significant implications for their mental health, interpersonal relationships, and societal contributions. As the constructs of HS and PA are still nascent in psychological literature, this research adds valuable insights into their nature, dynamics, and interplay with attachment styles. While these constructs originated in an individualistic setting, exploring them in a collectivistic culture like India provides valuable insights into how cultural values and norms shape these behaviours. Furthermore, by understanding the correlations between these constructs, intervention specialists can formulate more targeted and integrated supportive strategies in fields related to attachment and altruism-related pathologies, promoting healthier attachment patterns and addressing maladaptive altruistic tendencies. Finally, our research opens opportunities for cross-cultural comparisons, particularly between collectivistic and individualistic cultures. This can lead to valuable insights into the universality versus cultural specificity of these psychological phenomena, and how cultural differences influence attachment styles and altruistic behaviours.

Limitations

Several factors influence the interpretation and application of our findings. Firstly, the small sample size limits the generalizability and applicability of the results. Additionally, the attachment style measures' cultural appropriateness is questionable due to the lack of standardisation or adaptation to the Indian context, raising concerns about their relevance and validity. The novelty of psychological constructs such as Pathological Altruism and Healthy Selfishness introduces uncertainties in their conceptualization, measurement, and reliability. The lack of prior testing or established research on these constructs necessitates caution in interpreting their significance, reliability and validity in the cultural milieu. Moreover, the complexity of the attachment continuum poses challenges in accurately delineating individuals' attachment styles, which may evolve over time, and the different categories may concurrently exist at the same time in different contexts. Lastly, cognitive biases like social desirability and self-report bias may have impeded the accuracy of insights from the qualitative and quantitative data.

Future Scope

Future studies in the field of pathological altruism and healthy selfishness appear to be very promising. Further investigation into the constructs of these variables is imperative, with a focus needed on examining

their implications across a range of demographic groups and contextual settings. The relationship between birth order and pathological altruism is an area of enquiry as looking into how people's placement within their family dynamic affects their tendency to participate in self-sacrificing behaviours holds promising potential for future research. Research can also be conducted on how attachment styles change over the course of a person's life. There is great potential for the study of pathological altruism and healthy selfishness to be expanded to a wider age range, as older populations often show markedly different attitudes and processes. Thus, interesting trends can be uncovered by providing important insights into how social behaviours and interpersonal relationships vary between generations, and comparative analyses could help develop this understanding. Future studies in this area could also focus on how individual behaviour and cultural dynamics interact which would help advance the understanding of altruistic tendencies. Studies that draw comparisons between various cultural contexts—collectivistic and individualistic societies, for example can illuminate the ways in which cultural norms and values influence attachment styles and interpersonal dynamics through longitudinal studies.

REFERENCES

1. Kaufman SB, Jauk E. Healthy selfishness and pathological altruism: measuring two paradoxical forms of selfishness. *Front Psychol* 2020;11.
2. Oakley BA. Concepts and implications of altruism bias and pathological altruism. *Proc Natl Acad Sci USA* 2013;110(suppl 2):10408–15.
3. National Institute for Health and Care Excellence (NICE). Introduction to children's attachment [Internet]. Children's Attachment - NCBI Bookshelf. 2015. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK356196/>
4. Collins NL, Feeney BC. Working models of attachment shape perceptions of social support: evidence from experimental and observational studies. *J Personal Soc Psychol* 2004;87(3):363–83.
5. Crocker J, Canevello A, Brown AA. Social motivation: Costs and benefits of selfishness and otherishness. *Ann Rev Psychol* 2017;68(1):299–325.
6. Fromm E. Selfishness and Self-Love. *Psychiatry* 1939;2(4):507–23.
7. Hoffman E. Future visions: The Unpublished Papers of Abraham Maslow. SAGE Publications, Incorporated; 1996.
8. Soysal FSÖ, Bakalim O. The Healthy Selfishness and Pathological Altruism Scale: Adaptation into Turkish and Validity and Reliability Study. *Anadolu Üniversitesi Eğitim Fakültesi Dergisi* 2023;7(1):160–74.
9. Sun S. From defensive altruism to pathological altruism. *SAGE Open* 2018;8(2):215824401878258.
10. Seelig BJ, Rosof LS. Normal and pathological altruism. *J Amer Psychoanalytic Assoc* 2001;49(3):933–59.
11. Bachner-Melman R, Oakley B. Giving 'Till It Hurts': eating disorders and pathological altruism. In: Springer eBooks 2016. p. 91–103.
12. Turvey BE. Pathological altruism. In: Oxford University Press eBooks 2011.
13. Crocker J, Canevello A. Creating and undermining social support in communal relationships: The role of compassionate and self-image goals. *J Personal Soc Psychol* 2008;95(3):555–75.
14. Collins NL. Revised Adult Attachment Scale (RAAS). APA PsycTests; 1996.
15. Oguni R, Hagiwara C, Shimotsukasa T. Development of the Japanese version of the healthy selfishness and pathological altruism scale. *Personality Sci* 2025;6:27000710251340618.
16. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol* 2006;3(2):77–101.
17. Ainsworth Md. The development of infant-mother attachment. *Review of Child Dev Res* 1973;3.
18. Oakley B, Knafo A, McGrath M. Pathological Altruism—An Introduction. In: Oxford University Press eBooks [Internet]. 2011. p. 4–8.
19. Batson CD, Shaw LL. Evidence for altruism: toward a pluralism of prosocial motives. *Psychol Inquiry* 1991;2(2):107–22.
20. Ncc JCFL Sep, Cbct ®. Pathological altruism vs. Healthy selfishness | Reclaiming one's grip on rebellious Self-Care. Medium [Internet]. 2023 Apr 30; Available from: <https://jenniferchasefinch.medium.com/pathological-altruism-vs-healthy-selfishness-reclaiming-ones-grip-on-rebellious-self-care-97f3f6f1da89>
21. Richman SB, DeWall CN, Wolff MN. Avoiding affection, avoiding altruism: Why is avoidant attachment related to less helping? *Personal Individ Diff* 2015;76:193–7.
22. Rholes WS, Simpson JA, Friedman M. Avoidant attachment and the experience of parenting. *Personal Soc Psychol Bull* 2006;32(3):275–85.

23. Haggerty G, Hilsenroth MJ, Vala-Stewart R. Attachment and interpersonal distress: examining the relationship between attachment styles and interpersonal problems in a clinical population. *Clin Psychol Psychother* 2008;16(1):1–9.
24. Sheinbaum T, Kwapił TR, Ballespí S, Mitjavila M, Chun CA, Silvia PJ, et al. Attachment style predicts affect, cognitive appraisals, and social functioning in daily life. *Front Psychol* 2015;6.

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Themes	Subthemes	Codes and Quotes
Personality Traits in Individuals Exhibiting Pathological Altruism	Detached emotionally High expectations for and from oneself Lack of selfishness Struggles with boundaries Lack of self confidence People pleasing and validation seeking	<p>C- "not able to maintain my boundaries very well. Like many people at many times cross them, but I can't tell them anything."</p> <p>D- "I was very selfless, like, if anything could happen to me, then I didn't really care about myself."</p> <p>E- "I was, like, kaafi people-pleaser type. Even now, I'm, like, very approval-seeking, people-pleasing type."</p> <p>F- "That if I don't get good grades, if I don't perform well, if I don't answer well in class, I consistently feel like, oh, I'm not doing good enough, I'm not doing good enough. And somewhere, like, I have tied that to my value."</p> <p>H- " I have no sense of personal space or boundaries."</p> <p>I- "I'm 21 years old and I still haven't set my boundaries. I allow people to hurt me, I allow people to disrespect me."</p> <p>J- ", if someone asks for a favour I can't deny it.... It didn't feel good to upset myself for others but I do think that they need my help so I have to help them."</p> <p>M- "I still have issues trusting people"</p>
Relational proximity and pathological altruism	Mindset of prioritising Family Needs and putting others needs above oneself Love for close people Excessive attachment in close interpersonal relationships Fear of losing relationships leads to putting others first	<p>C- "I used to tell everything, each and everything to them, like whether it's bad, it's good."</p> <p>D- "I flipped my decision based on my mom's suggestions."</p> <p>D- "like the core of Onion. So those persons, those people are the people for whom I can put myself down and them up. So their priorities are my priorities"</p> <p>E- "I think a lot of times I do that. I think it's not mostly about the other's needs. I think it's mostly about saving that relationship."</p> <p>H- "some people would include maybe my parents, like my family, I would say. Like those are some people I would definitely try to put my needs below them."</p> <p>I- "So if I set boundaries, that might be a reason where people won't stay with me and this might affect me also in that way... I always, always put everyone's needs before mine.."</p>

		M- "Yes, there are situations where the needs of my family take control over my own. Apart from my parents, I do sometimes think of others over me but they are the ones close to me. This has made my bonds stronger with others and I think sometimes doing that is no big deal."
Positive attitudes linked to Healthy Selfishness	Positive outlook on life Strong self-confidence, self-esteem, and self-respect Independence Strong parental support and good childhood environment Working on own self Strong sense of personal boundaries	A- "I do have a healthy relationship with myself and it's full of self-respect, confidence, love and care that I give to myself." B- "I prioritise myself. I maintain a good lifestyle, a healthy lifestyle." B- "Unless and until they get really close to me, they get into that circle of mine, I maintain some boundaries." F- "very fun, loving and a very respectful relationship amongst us...they were also very cooperative and friendly at the same time, even though they were strict." K- "I had a pretty easy-going household. My parents were supportive and loving, but they weren't too strict either. I was given freedom..... I need to think what is best for me or what suits me the most" N- "I had a good experience with my parental figures and so I was born and brought up in a joint family and we had been given the freedom to take our own decisions and we lived in a very loving and caring family."
Negative factors contributing to Healthy Selfishness	Bullying and/or manipulation from close relationships Less closeness with other person Aversion towards vulnerability Unmet need for Autonomy	B- "I sometimes, I get manipulated by my loved ones. I'm very easily manipulated by the people I love." F- " I also feel kind of scared that if I rely on somebody too much, it's going to, like, really disappoint me." G- "So I have given a lot of my hobbies, like my sleep, like my joy, trying to make others happy from my last relationship. And guess what? There was no one to comfort me from amongst those who helped me when I needed it." G- "I don't want anyone to be very close with me because as I said, I was having a very toxic relationship with everyone. So, I'm very much scared." L- "getting little independence in making decisions for myself during my childhood and even till my adolescence period." L- " I don't want to be so vulnerable around people so I think them not being involved so

Adverse life experiences linked to Pathological Altruism	<p>Distant parental relationships-parentification, latchkey children, overburdened with unrealistic expectations</p> <p>Stifling environment caused by constant parental supervision</p> <p>Separation anxiety, Fear and Possessiveness in interpersonal relationships</p> <p>Lack of independence and freedom</p>	<p>much in my life was a better option for me.”</p> <p>M- “Growing up in a strict environment had made a strong sense of discipline and obedience. I was never given much freedom, so I did resent them for that.”</p> <p>E- “my dad is a little overbearing.... he didn't really understand certain things about me. my parents were never really very verbal with their affection....”</p> <p>H- “I have had a bit of separation anxiety.... I wouldn't be able to live without my parents because of the attachment I had.”</p> <p>I- “a lot of communication gap when it comes to parental advice and parental or a normal communication lag between my parents and me”</p> <p>J- “adolescence was tough for me and my self-esteem and confidence went low.... It has affected me a lot emotionally. I help people constantly, but I feel that it is not that big a deal for them. In my early childhood, like, my parents always stressed on, like, independence and, like, just asking me to do things myself. I'm also the eldest child, like, eldest daughter. So, there was, like, a lot of, I would say, responsibilities that I would, like, unintentionally take on.”</p>
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