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Psychometric Parameters of the Turkish version of the Reactions to Psychotherapy Questionnaire

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Abstract

This study aims to investigate the validity and reliability of the "Reactions to Psychotherapy Questionnaire" (RPQ) by Furnham and Lay (2016) in Turkish culture. A total of 328 adults (248 females and 80 males) participated in the study. The structural validity of the scale was tested with confirmatory factor analysis. The correlations between "The Attitudes Toward Seeking Professional Psychological Help Scale" (ATSPPH-SF) and "The Thoughts About Psychotherapy Scale" (TAPS) were examined to test the convergent validity. The reliability of the scale was calculated with the internal consistency method and the test-retest method. Similar to the original scale outcomes, the results of the confirmatory factor analysis demonstrated that there is "a form of two-factor structure", namely, the positive and negative reactions. It has been found that while the positive reactions subscale of RPQ was positively correlated with the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPH-SF) and negatively correlated with the subscales of Thoughts About Psychotherapy Scale (TAPS), negative reactions subscale was negatively correlated with the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPH-SF) and positively correlated with Thoughts About Psychotherapy Scale (TAPS) subscales. The internal consistency coefficient for the positive reactions subscale was found to be .88, while test-retest reliability coefficient was .75, positive reactions subscale internal consistency coefficient was .81 and test-retest reliability coefficient was .77. It is found that "Reactions to Psychotherapy Questionnaire" (RPQ) is a valid and reliable assessment in Türkiye.

Key Words

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Two important components of psychotherapy in the session room are the "psychotherapist" and the "patient". The characteristics of these two components significantly affect the healthy functioning of the psychotherapy process. It is known that the professional, personal, socio-emotional, and interpersonal characteristics of psychotherapists affect the functionality of psychotherapy (Heinonen & Nissen-Lie, 2020). In addition to the psychodynamic characteristics of the client in the psychotherapy process, it is seen that the expectations (Çetinkaya & Yavuz Güler, 2020; Norberg vd., 2011), beliefs (Volpe, 2014) and preferences (Russell vd., 2022) of the clients determine their use of psychological help, and the effectiveness of the help they receive. The Reactions to Psychotherapy Questionnaire are one of the possible variables that can affect the psychotherapy process for the client. Reactions to psychotherapy can be thought of as behaviors directed at the psychotherapy process or the psychotherapist.

Psychotherapy researchers have mentioned the effect of clients' reactions to psychotherapy, psychotherapy interventions, and the therapist's actions on the psychotherapy process. The reactions of clients in psychotherapy provide important data about the course of the person's therapy. The uniqueness of the individual differences and reactions of the clients is striking (Hill vd., 1988). At this point, it is important to pay attention to the individual differences of the clients. Clients may reactions differently to the therapist's interventions in terms of their goals and intentions, as their goals and objectives are unique to them (Rice & Greenberg, 1984). At this point, positive results can be obtained by making different interventions for clients who have different reactions due to their individual differences. The process of individuals decision to seek help from a professional regarding psychological problems is a process that depends on many internal and interpersonal factors (Atkinson, 2007). In addition, psychotherapy is described by many as an embarrassing, difficult, and risky process (Kushner & Sher, 1989). It is necessary to understand the reactions of clients well in order to understand that making the decision to start psychotherapy is a stressful process and that the individual cannot start help due to some factors despite the need for help. Psychotherapy researchers have investigated concepts such as attitudes, thoughts, beliefs, intentions, and expectations related to psychotherapy in order to understand the psychotherapy process. While defining the concepts in these studies, they generally made a two-pronged distinction between positive and negative (Elliott, 1985; Hill vd., 1988). Similarly, in this study, reactions to psychotherapy are handled as positive and negative reactions, but additionally, reactions are also looked at from a coping perspective. Thus, the reactions to psychotherapy questionnaire were handled as problem-focused coping and emotion-focused coping and classified as positive reactions and negative reactions.

Positive Reactions

The positive reactions of clients are stated as feeling more comfortable, expressing that they understand themselves better, trying new ways of coping with problems, taking their responsibilities on themselves, and expressing that they have learned new things (Hill vd., 1988). Coping strategies include positive responses, problem-focused behavioral coping, active problem-solving behaviors, and redefining and restructuring the situation. When a client who acts with a problem-focused coping style encounters a problem in the therapy process, bringing this problem to therapy, trying to make sense of the problem, and making attempts to solve it means that the person acts

with this style and gives positive reactions. The positive part of emotion-focused behavioral coping includes seeking social support and expressing emotions. In this way, clients can express their feelings and reflections on the problems they encounter during the therapy process. With these behaviors, they have positive reactions to therapy.

Negative Reactions

They call clients' being afraid, anxious, confused, prone to misunderstanding, and clinging to the therapist as negative reactions, but state that these reactions can be seen frequently in the therapy process and that these negative reactions can be eliminated by intervening in the therapy process (Hill vd., 1988). In addition to negative reactions, behaviors such as being late for the sessions, postponing the session or wanting to reduce the frequency of the sessions can be considered negative reactions of the client about the process. According to the coping strategies, there are negative reactions, while the negative end of problem-focused behavioral coping is avoidance behaviors and passive coping responses. The negative end of problem-focused coping is delusional thinking and distancing reactions. A client who gives problem-focused negative reactions may have delusional thoughts about the problem and avoidance of the problem, as well as avoid therapy due to the fact that the problem will be discussed. The client's reaction in such a way affects the therapy process negatively. The negative aspects of emotion-focused coping are displacement, surprise, and avoidance of seeking information. Emotion-focused cognitive coping includes suppressing and denying extrem negative emotions (Akbağ, 2000; Steptoe, 1991). Clients who react negatively in an emotion-focused manner prefer to suppress their emotions and avoid expressing them, as opposed to expressing their emotions. With these behaviors, they have negative reactions to therapy. In this study, it was aimed to adapt the measurement tool named "Reactions to Psychotherapy Questionnaire", which aims to measure the positive and negative reactions of individuals to psychotherapy, into Turkish and examine its psychometric properties.

The Significance of Psychotherapy Reactions in Terms of Therapy

Reactions to psychotherapy have a very important place in the therapy process. The client's response types affect the therapist's interventions and work. People who find psychotherapy positive and see it as the right support for solving their problems will have positive reactions to it and approach getting it, while people who find it negative will have negative reactions to it and avoid it. The role of the psychotherapist at this point is very important. Regarding the psychotherapy process, the client should observe all kinds of reactions well. It can be thought that a therapist who ignores the reactions of the clients may indirectly harm the therapy process. It has been reported that clients' goals and objectives are unique to them, and therefore, they may react differently to psychotherapists interventions in terms of their own goals and intentions (Rice & Greenberg, 1984). It is thought that the determinations to be made as a result of good observation of the clients with different reactions will turn into a therapy intervention and enable the course of therapy to go in a positive direction. This shows the importance of reactions. It is known many factors are known to influence the therapy process in the psychotherapy process. The reactions given by the clients during the psychotherapy process carry important clues for the therapist. Observing and defining these reactions contributes positively to the therapy process. In this study, it was aimed to adapt the The Reactions to Psychotherapy Questionnaire developed by Furnham and Lay (2016), which is very important to detect and intervene in the process of seeking psychological help and to collect information about reactions to

psychotherapy, into Turkish and to examine its validity and reliability. There are not many studies on the psychotherapy process in our country. It is important to introduce this important measurement tool, which provides the opportunity to investigate psychotherapy research from the client perspective, into our culture. Psychotherapy research will be supported by adding our study and similar studies to the literature.

Method

Study Group

Participants in the validity and reliability studies of the Reactions to Psychotherapy (RP) consisted of adult individuals as in the original study of the measurement tool. The participant group consists of 328 individuals, 80 (24.4%) men and 248 (75.6%) women. The ages of the participants ranged from 20 to 64, with an average age of 28.34. Data collection tools were applied in print to the people who volunteered to participate in the research. Before the implementation, the participants were informed about the research. Those who want to participate have approved the informed consent form. It was also stated that participants could leave the study at any time.

Measurement Tools

Reactions to Psychotherapy Questionnaire. Reactions to Psychotherapy questionnaire developed by Furnham and Lay (2016) consists of 20 items, which are evaluated on a scale of 7 (Very often) to 1 (Very rare), including the reactions of clients receiving psychotherapy help during therapy. In this scale, there are statements such as "clients feel understood during therapy". Exploratory factor analysis was performed to test the validity of the measurement tool. To determine sample fit, Kaiser-Meyer-Olkin (KMO) measurement (0.86) was performed, confirming sample adequacy. Bartlett's correlation matrix criterion was also found to be significant. (p <0.001). Exploratory factor analysis (EFA) shows that the measurement tool has a two-factor structure. The first sub-dimension is positive reactions, which includes items containing positive reactions to psychotherapy, and the second sub-dimension is negative reactions, which includes items containing negative reactions to psychotherapy. As a result of exploratory factor analysis, all items of RP were found to have acceptable values. Item loads, negative reactions sub-dimension (between 0.55 and 0.81) and negative reactions sub-dimension (between 0.46 and 0.73) have acceptable values. As a result of the studies, the Reactions to Psychotherapy is a data collection tool consisting of "positive reactions" and "negative reactions" sub-dimensions, whose validity and reliability have been proven.

Attitude Scale Towards Seeking Professional Psychological Help-Short Form (ATSPPH-SF). It is a single-factor scale developed by Fischer and Turner (1970), revised and shortened by Fischer and Farina (1995), consisting of 10 items (Fischer & Farina, 2013). The scale is scored between 1 (strongly disagree) and 4 (strongly agree). This scale, which measures individuals' attitudes towards seeking psychological help, includes statements such as "if I am worried or sad for a long time, I would like to receive psychological help".The test-retest reliability of the scale was .80 and the cronbach alpha internal consistency coefficient was .84. A score between 0 and 30 can be obtained from ATSPPH-SF, scoring is done with a 4-point Likert type rating. The high scores obtained from the scale indicate the high level of positive attitudes of individuals towards seeking psychological help. The adaptation study of the scale into Turkish was done by Topkaya (2011). The Turkish form shows a single factor structure as in the original form

and consists of 9 items. The internal consistency coefficient of the Turkish version was specified as .76. (Topkaya, 2011).

Thoughts About Psychotherapy Survey (TAPS). TAPS is a measurement tool developed to measure and determine the fears of patients and clients who want to receive psychotherapy help about getting psychological help (Kushner & Sher, 1989). TAPS consists of 19 items and three sub-dimensions. These dimensions are the therapist's response, the image problem, and the strain problem. On this scale, "will the therapist be honest with me?" It includes items such as. The scale is scored between 1 (I don't worry at all) and 5 (I worry a lot). The Cronbach's alpha internal consistency coefficient values for the sub-dimensions of the original form of the TAPS were found to be .92, .87 and .88, respectively (Kushner & Sher, 1989). The Turkish adaptation study of TAPS was carried out by Topkaya (2011). The factor loadings of all items of TAPS were found to be significant by providing the accepted values, however, it was seen that the measurement model including all sub-dimensions also provided acceptable fit values. It was stated that the item-total test correlation values of TAPS ranged between .37 and .65, and the Cronbach's alpha internal consistency coefficient was found to be .91. Looking at the sub-dimensions of the scale, the Cronbach's alpha internal consistency coefficients for the therapist's response, image problem and difficulty problem sub-dimensions were found to be .85, .79 and .85, respectively (Topkaya, 2011). In this study, the Cronbach's alpha value was determined as .914.

Process

In order to adapt the RP, the developer of the data collection tool was contacted, and permission was obtained to adapt the Turkish form of the measurement tool. In order to create the Turkish form of the measurement tool, the original measurement tool was translated into Turkish. The following steps were followed in this process (Sousa & Rojjanasrirat, 2011).

Step 1: Translation of the original scale form into Turkish.

Step 2: Comparison of the Turkish translation of the scale with the original form.

Step 3: Re-translation of the first translated version of the scale into the original language

Step 4: Comparing the reversed version of the scale with its original form.

Step 5: Piloting the final version of the scale translated into Turkish and giving the scale its final shape.

While the Turkish form of the measurement tool was being created, the above steps were carried out by a translation team, respectively. The translation team consists of 9 people, 3 people who translate from English to Turkish, people who translate from Turkish to English, and 3 people who check all these translations and finalize the scale. The Turkish form, which was created as a result of the translation process, was applied to ten different academicians in order to make a preliminary application, and the final form of the scale was created by making necessary arrangements after the evaluations and criticisms received from the participants. In order to test the validity and reliability of the measurement tool, it was applied to 328 participants. To test the retest reliability of the

scale, it was applied to university students studying in the same class. The second application of the retest was applied to the same class again two weeks later.

Data Analysis

Reactions to psychotherapy In the Turkish sample, construct validity and conformity validity were tested in order to evaluate their psychometric properties. In this direction, confirmatory factor analysis was performed to test the construct validity of the measurement tool. In order to test convergent validity, the relationships between measurement tools with proven validity and reliability in the Turkish sample, such as the thoughts about psychotherapy scale and the attitude scale towards seeking psychological help, were examined. In order to test the reliability of the measurement tool, Cronbach's alpha, and test-retest reliability, and item analyses were examined. In order to determine the test-retest reliability, it was administered to 57 participants two weeks apart, and the results of the two applications were evaluated. Item-total correlation coefficients were also examined in the context of item analysis. CFA is an extension of exploratory factor analysis (EFA) that evaluates the underlying structure of the data (Lee, 2008). EFA attempts to provide an identification function and obtain information for hypothesising. CFA is used to test whether there is a sufficient level of relationship between these determined factors, which variables are related to which factors, whether the factors are independent of each other, and whether the factors are sufficient to explain the model (Özdemir, 2004).

Results

Construct Validity

Confirmatory factor analysis (CFA) was conducted to test the construct validity of the The Reactions to Psychotherapy Questionnaire. CFA is a functional method used to test whether factors whose structure is previously known are compatible with newly obtained data. (Kline, 2023; Tabachnick & Fidell, 2013). This process was done with a software program called Lisrel. In this direction, CFA was preferred because of the structure of Reactions to Psychotherapy as revealed by Furnham and Lay (2016). In CFA, the results are interpreted by considering multiple parameters and this is the strength of CFA. In this study, the ratio of Chi-square Fit Test to degrees of freedom (x2/sd), The Goodness of Fit Index (GFI), The Comparative Fit Index (CFI), The Incremental Fit Index (IFI), The Tucker Lewis Index (TLI), The Standardized Root Mean Square Residual (SRMR) and The Root Mean Square Error of Approximation (RMSEA) values were used as goodness of fit indices. As a critical value in the interpretation of these values; x2/sd $\geq$ 5 in 20; Results above .90 for GFI, CFI, and TLI were considered acceptable (Bollen, 1990; Hooper vd., 2008; Hu & Bentler, 1999). In addition to the goodness of fit indices in CFA, the factor loadings of the items that make up the dimensions are required to be significant. According to the preliminary results of the CFA, which was carried out considering these criteria, the goodness-of-fit indexes of Reactions to Psychotherapy were [x2 (169, N = 328) = 432.216, x2/sd = 2.56; GFI = .88; CFI = .88; IFI = .88; TLI = .86; SRMR = .067; RMSEA = .069] and GFI, CFI and TLI indices were found to be below the critical value. However, it was determined that the modification indexes were high in items 1 and 3 of the positive reactions dimension and items 18 and 20 of the negative reactions dimension. In this context, confirmatory factor analysis was renewed by modifying these items. The results of the factor analysis are presented in Figure 1.
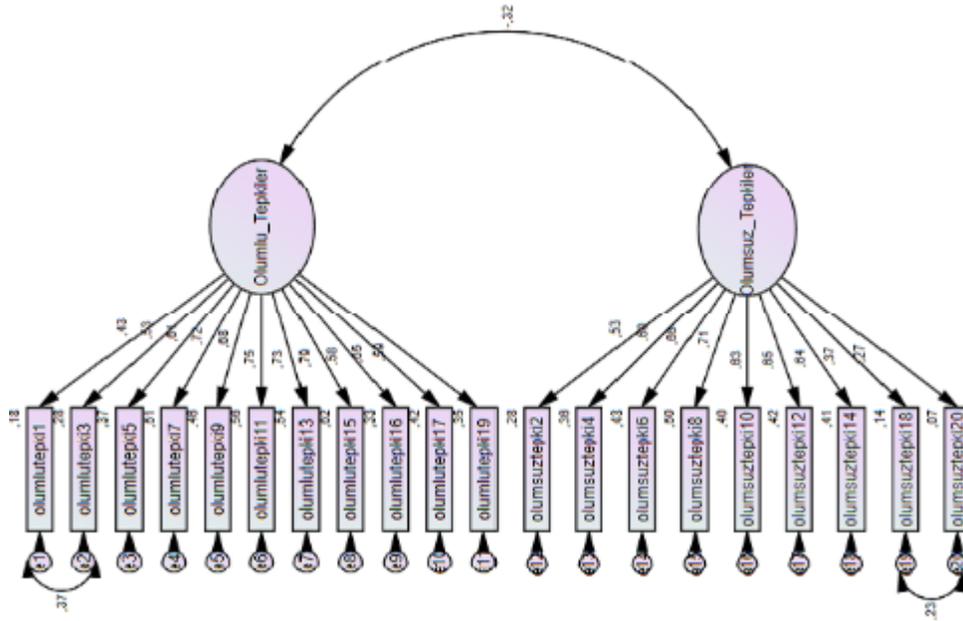
Figure 1. CFA analysis results

As can be seen in Figure 1, it is understood that the factor loads standardized in the dimension of positive reactions vary between .43 and .79 and all factor loads are significant. Similarly, it was determined that the standardized factor loads in the dimension of negative reactions ranged from .27 to .71 and all factor loads were significant. Goodness of fit indices of the measurement tool [χ^2 (167, N = 328) = 369.138, $\chi 2$/sd = 2.21; GFI = .90; CFI = .91; IFI = .91; TLI = .90; SRMR = .062; RMSEA= .061]. The findings regarding whether the results of confirmatory factor analysis meet the criteria are presented in Table 1.

Table 1

Confirmatory Factor Analysis Results on Reactions to Psychotherapy

Fit Index	Calculated Value	Acceptable Values	Conclusion
χ^2/sd	2.16	χ^2/sd $\leq$ 5.00	Acceptance
GFI	.90	GFI $\geq$ .90	Acceptance
CFI	.91	CFI $\geq$ .90	Acceptance
IFI	.91	CFI $\geq$ .90	Acceptance
TLI	.90	TLI $\geq$ .90	Acceptance
SRMR	.062	SRMR $\leq$ .08	Acceptance
RMSEA	.061	RMSEA $\leq$ .08	Acceptance

Criterion Correlation Validity

In order to test whether the Reactions to Psychotherapy meet the congruent validity requirement or not, the relationships between the Thoughts About Psychotherapy Scale (TAPS) and the Attitudes Towards Seeking Professional Psychological Help-Short Form (ATSPPH-SF) were examined. In this context, positive and negative

reactions, which are TAPS sub-dimensions, attitude towards seeking psychological help, which is the total score of ATSPPH-SF, and correlations of TAPS with therapist response, image problem, and strain problem sub-dimensions were also tested. Table 2 shows the results of concordance validity studies.

Table 2

Criterion Correlation Validity Results of the Reactions to Psychotherapy

Variable	ATSPPH-SF	Therapist Response	Image Problem	Strain Problem
Positive Reactions	.399[**]	-.128[*]	-.191[**]	-.246[**]
Negative Reactions	-.196[**]	.200[**]	.252[**]	.244[**]

Not. ** p < .05, * p < .001; ATSPPH-SF Attitude Scale Towards Seeking Psychological Help-Short Form

Reliability

In order to determine the reliability of the Reactions to Psychotherapy, the Cronbach's alpha test-retest reliability coefficients were calculated, and item nalysis was performed. The results of the measurement tool regarding the Cronbach's alpha and test-retest reliability coefficients are presented in Table 3. In addition, the corrected item-total correlataions of the items of the PTSF are also included in Table 3. As can be seen from Table 3, Cronbach's alpha coefficients for both positive reactions (α = .88) and negative reactions (α = .81) dimensions of The Reactions to Psychotherapy Questionnaire are at an acceptable level. In addition, in terms of test-retest reliability coefficient, it was observed that both dimensions had sufficient reliability coefficients (.75 and .77, respectively).

According to the findings of the item analysis of The Reactions to Psychotherapy Questionnaire, the item strengths of the scale vary from the positive reactions dimension (.45 and .71) to the negative reactions dimension (.30 and .63). In the evaluation of item-total correlations, it is stated that items scoring 0.30 and above have high discrimination in terms of the dimension to be measured (Büyüköztürk, 2014). In this regard, it can be said that all items of the scale have sufficient value. According to regression analysis, the assumptions were also tested and found to be met. As a result of all these reliability analyses, it was determined that The Reactions to Psychotherapy Questionnaire was a reliable measurement tool.

Table 3

Reliability results of the Reactions to Psychotherapy

Subscale	Item	rjx	Med	ss	α	Test-Retest
Positive Reactions	1	.45	5.00	1.43		
	3	.56	5.29	1.29		
	5	.60	5.23	1.39		
	7	.67	5.60	1.11		
	9	.63	5.11	1.35		
	11	.67	5.70	1.26	.88	.75
	13	.66	5.77	1.16		
	15	.71	5.68	1.12		
	16	.52	5.70	1.29		
	17	.63	5.49	1.10		
	19	.55	4.79	1.47		
Negative Reactions	2	.48	3.85	1.55	.81	.77
	4	.54	3.97	1.74		
	6	.55	2.39	1.56		
	8	.63	2.88	1.57		
	10	.55	3.77	1.70		
	12	.57	3.09	1.66		
	14	.56	2.96	1.70		
	18	.38	3.31	1.61		
	20	.30	3.14	1.59		

Not. rjx: Item Discrimination Index, Med: Median, Sd: Sum of Squares, α: Cronbach's alpha

Discussion

The first confirmatory factor analysis results for Reactions to Psychotherapy (RP) showed that the fit values of the first and third items of the positive reactions dimension and the 18th item of the negative reactions dimension were low. It was observed that the modification indices were quite high between the first and third items and between the 18th and 20th items. In this context, CFA was repeated by modifying these items. As a result of the confirmatory factor analysis performed after the modification, the goodness of fit indexes of the scale were found to be at acceptable values.

Modified item 1 is "Clients tell their friends that they notice something new about themselves" and modified item 3 is "Clients say they have more contact with their emotions (which they previously ignored or uppressed)". Both items belong to the positive reactions sub-dimension of the scale. Looking at the specifics of the items, it is seen that both items are about clients' discoveries about things they did not know about themselves. It can be said that this modification is suitable for both the model and the theoretical infrastructure. Similar comments can be made in the second modification. The 18th item of the negative reactions sub-dimension of the scale includes the statement "The client cannot quit therapy because she thinks he/she is addicted to therapy" and the 20th item includes the statement "He/she states that she finds her therapist very attractive".

The factor loads of the original scale range from .55 to .81 for the negative reactions sub-dimension, and between .46 and .73 for the negative reactions sub-dimension (Furnham & Lay, 2016). As a result of the confirmatory factor analysis conducted on the Turkish version of the scale, it was found that the standardized factor loadings in the positive reactions subscale ranged between .43 and .79. According to the acceptable values stated by (Büyüköztürk, 2014), it was understood that all factor loadings of the positive reactions sub-dimension of the Turkish version of the scale were significant. Similarly, it was determined that the standardized factor loads in the dimension of negative reactions ranged from .27 to .71 and all factor loads were significant. The 20th item remained below the acceptable limit of 0.30, with a factor loading of 0.27. However, the item was not removed from the scale because it was close to the acceptable value and to prevent the integrity of the scale from being compromised. At this point, no intervention was made to remove the item from the scale, considering that the difference between the acceptable value and the factor load was very small, and that the original structure of the scale would be disrupted by removing the item.

When the concordance validity of the Turkish form of the measurement tool is examined, it is seen that the positive reactions sub-dimension and the Attitudes Towards Seeking Professional Psychological Help scale show a significant positive relationship, in other words, as positive attitudes increase, positive reactions also increase. In addition, it was found that the positive reactions sub-dimension and the scale of thoughts about psychotherapy showed a significant negative correlation with therapist reaction, image problem and difficulty problems. On the other hand, the negative reactions sub-dimension was negatively correlated with the Attitudes Towards Seeking Professional Psychological Help Scale; It was found that the scale of thoughts about psychotherapy showed a positive and significant relationship with therapist reaction, image problem and difficulty problem. These findings regarding concordance validity indicate that if the reactions to psychotherapy are positive, it indicates that the fears of seeking psychological help decrease, and if the reactions are negative, the fears of seeking psychological help increase. In other words, if the fear of getting psychological help is high, individuals give negative reactions to psychotherapy, and if the fear of getting help is low, they give positive reactions to psychotherapy. Furnham and Lay (2016) found in the original study that individuals with low anxiety had high positive reactions to psychotherapy. In order to determine the reliability of the Turkish Version of the Reactions to Psychotherapy, the Cronbach's alpha test-retest reliability coefficients were calculated and item-analysis was performed. It is understood that the Cronbach's alpha coefficients of both positive reactions (α = .88) and negative reactions (α = .81) dimensions of the Reactions to Psychotherapy are at an acceptable level. Similarly, in terms of test-retest reliability coefficient, it can be stated that both dimensions have sufficient reliability coefficients (.75 and .77, respectively). According to the item analysis findings of the The Reactions to Psychotherapy Questionnaire, it can be said that the corrected item-test correlations vary between positive reactions (.45 and .71) and negative reactions (.30 and .63), and distinguish individuals well in terms of the dimension to be measured.

As a result of the study, the Turkish version of the Reactions to Psychotherapy, as in the original study, consists of two sub-dimensions, positive reactions and negative reactions, and a total of 20 items scored between 1 and 7. It is thought that the scarcity of quantitative studies on psychotherapy is largely due to the lack of measurement tools specific to this field. It is thought that this measurement tool will benefit studies to determine the reactions of

individuals to psychotherapy and the factors affecting these reactions in order to increase the rate at which individuals benefit from mental health assistance services and psychotherapy in particular. The biggest limitation of this study is that studies examining the psychotherapy process in Türkiye are very limited. In addition, since the psychotherapy process has many dynamics and a complex structure, it needs to be examined multidimensionally. However, in this study we were able to work on a small number of variables, we recommend that different dimensions be addressed in new studies.

Ethic

In this study, scientific, ethical and citation rules were followed; It has been committed that no falsification has been made on the collected data, and that all responsibility belongs to the authors for all ethical violations to be encountered.

Author Contributions

All authors contributed equally to the study.

Conflict of Interest

There is no conflict of interest

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