Pamukkale Medical Journal
doi:https://dx.doi.org/10.31362/patd.1672845

Turkish validity and reliability of the multidimensional hope in counseling and psychotherapy scale

Psikoterapide çok boyutlu umut ölçeğinin Türkçe geçerlilik ve güvenirlilik çalışması

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Received:10.04.2025 Accepted:29.08.2025

Abstract

Purpose: This study aimed to adapt the "Multidimensional Hope in Counseling and Psychotherapy Scale" (MHCPS), originally developed in Canada, for use among Turkish speakers.

Materials and methods: Data were collected in two phases from a total of 460 individuals (303 in the first phase and 157 in the second phase). As part of the scale adaptation process into Turkish, language validity procedures were conducted at the initial stage. Subsequently, reliability analysis was assessed by calculating Cronbach's alpha (α). The scale's structure was identified through Exploratory Factor Analysis (EFA) and confirmed using Guttman Split-Half, Spearman-Brown, semi-test, and confirmatory factor analyses (CFA). Criterion validity was evaluated using the Beck Hopelessness Scale (BHS).

Results: In the original 34-item 5-point Likert MHCPS, five items with Cronbach's alphas below 0.30 were removed. The remaining items exhibited alpha values ranging from 0.318 to 0.774, indicating acceptable reliability. The Kaiser-Meyer-Olkin measure (KMO=0.916) and Bartlett's test (χ^2=3691.735; p=0.001; N=406) confirmed sample adequacy for EFA. The EFA eliminated five additional overlapping items, resulting in a 24-item, four-factor structure with eigenvalues exceeding 1, accounting for 55% of the total variance, and factor loadings ranging from 0.428 to 0.777. Reliability was further supported by the Guttman Split-Half (0.861), Spearman-Brown (0.861), semi-test results (0.864, 0.823), and CFA indices (χ^2/df=1.94, RMSEA:0.056, CFI:0.921, IFI:0.922, and GFI:0.886). A significant negative correlation with the BHS (r=−0.334, p<0.01) confirmed criterion validity.

Conclusion: Validity and reliability analyses indicate that the MHCPS is suitable for use as a Turkish-language assessment tool.

Keywords: Relationship with therapist, hope for the future, spirituality, emotional healing.

Ercan M, Ercan FZ. Turkish validity and reliability of the multidimensional hope in counseling and psychotherapy scale. Pam Med J 2026;19:245-259.

Öz

Amaç: Bu çalışmanın amacı Kanada'da geliştirilmiş olan "Psikoterapide Çok Boyutlu Umut Ölçeği"ni (PÇUÖ) Türkçe diline uyarlamaktır.

Gereç ve yöntem: Araştırma verileri, ilk aşamada 303 ve ikinci aşamada 157 farklı birey olmak üzere toplam 460 terapi hizmeti alan kişiden elde edilmiştir. Ölçeğin Türkçeye uyarlaması kapsamında ilk etapta dil geçerliliği çalışmaları yapılmıştır. Ardından, güvenirlik analizi için Cronbach Alpha katsayısı hesaplanmıştır. Açımlayıcı Faktör Analizi (AFA) ile ölçek modeli belirlenmiş ve Guttman Split-Half, Spearman-Brown, yarı test analiz ve Doğrulayıcı Faktör Analizi (DFA) ile model doğrulanmıştır. Ölçüt geçerliliği için ise Beck Umutsuzluk Ölçeği (BUÖ) kullanılmıştır.

Bulgular: Dil geçerliliği tamamlanan 5'li Likert tipindeki PÇBUÖ'nin 34 maddelik orijinal formunda, Cronbach Alpha katsayısı 0,30'un altında olan 5 madde ölçekten çıkartılmıştır. Kalan maddelerin Cronbach Alpha değerleri 0,318 ve 0,774 arasında değişmektedir. AFA için örneklem sayısının uygunluğunu değerlendirmek amacıyla yapılan Kaiser-Meyer-Olkin (KMO=0,916) ve Barlett's Testi (χ^2:3691,735; p=0,001, N:406) sonuçları örneklem sayısının yeterli olduğunu göstermiştir. AFA sonucunda binişik olan 5 madde daha ölçekten çıkartılmış. Analiz sonucunda öz değeri 1'in üzerinde olan ve toplam varyansın %55'ini açıklayan faktör yükleri 0,428 ile 0,777 arasında değişen 4 faktörlü ve 24 maddelik bir yapı elde edilmiştir. Güvenirlik analizi bağlamında yapılan Guttman Split-Half (0,861), Spearman-Brown (0,861), yarı test analiz (0,864 ve 0,823) ve DFA (χ^2/df:1,94, RMSEA:0,056, CFI:0,921, IFI:0,922, GFI:0,886) değerlerinin istenen düzeyde olduğu görülmüştür. Ayrıca ölçüt geçerliliğini belirlemek için kullanılan BUÖ ile negatif yönde anlamlı bir ilişki bulunmuştur (r=-0,334, p<0,01).

Sonuç: Yapılan geçerlilik ve güvenirlilik analizleri sonucunda PÇBUÖ'nin Türkçe değerlendirme formu olarak kullanımının uygun olduğu kanaatine varılmıştır.

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Anahtar kelimeler: Terapistle ilişki, gelecekten umut, maneviyat, duygusal iyileşme.

Ercan M, Ercan FZ. Psikoterapide çok boyutlu umut ölçeğinin Türkçe geçerlilik ve güvenirlilik çalışması. Pam Tıp Derg 2026;19:245-259.

Introduction

Hope constitutes a fundamental human experience and emotion, serving as a pertinent concept for navigating individuals through dynamic life circumstances, such as change, uncertainty, or suffering. Although not classified as a basic emotion, hope encompasses several aspects that render it both complex and significant. By inspiring change and growth, hope empowers individuals to persist and endure, particularly during challenging periods [1]. It represents a pivotal point in one's psyche, enabling individuals to manage adversity and maintain belief in their stability and capacity for improvement [2]. Conversely, hopelessness has been linked to various psychological issues, including depression and anxiety, [1-3] underscoring the essential role of hope in mental health. Research consistently underscores the association of hope with well-being and healing, indicating that it is not merely a passive emotional state but also an active force that influences psychological outcomes. Scholars such as Snyder et al. [3], a prominent figure in hope research, have defined hope as a positive psychological state that arises when individuals consciously pursue their goals, grounded in their belief in their ability to succeed. Snyder's conceptualization of hope includes two primary components: "agency," referring to the motivational aspect of hope, and "pathways," which pertain to the cognitive strategies individuals employ to achieve their goals. This dual-faceted model emphasizes that hope embodies not only the desire for positive outcomes but also the cognitive processes that facilitate goal attainment.

Snyder's model has been criticized for its apparent disregard for the emotional and relational aspects of hope. Understanding these criticisms is crucial, as they highlight the need for more comprehensive tools, such as The Multidimensional Hope Scale for Psychological Scale MHCPS, which this study seeks to adapt. In response, researchers such as Scioli et al. [4] have advocated for a more comprehensive understanding of hope, conceptualizing it as a complex interplay of emotional, social, and biological factors that contribute to future-oriented thinking. Their model posits that early childhood experiences are crucial in shaping an individual's capacity for hope, with survival, attachment, autonomy, and spiritual beliefs identified as fundamental components in the development of hopeful perspectives. The definition of hope varies according to the cultural, religious, and social contexts in which an individual resides. In the Turkish context, hope is most often understood as a positive expectation. The Turkish Language Association states that hope varies according to the cultural, social, and religious contexts of the society in which a person lives. In Turkish society, hope reflects a positive emotion associated with the belief that the current situation will change for the better. In Turkish society, hope is a positive belief that individuals will overcome negative emotions with external support [5]. In this context, hope in Turkish culture is a strategy that encompasses positive feelings and beliefs aimed at preserving emotional well-being by mitigating adverse living conditions, rather than through active participation in creating a better future. According to religious beliefs, hope requires trust in God and the expectation of positive outcomes through divine assistance in adverse events, such as loss or trauma, which occur beyond a person's control [6, 7]. Spiritually, hope represents an individual's belief in peace granted by a transcendent power. In this context, hope is influenced not only by individual characteristics but also by relationships, including the therapeutic alliance in psychotherapy, as well as by social contexts.

Hope in psychotherapy

One of the healing factors in psychotherapy is hope. It is thought that the therapeutic process is one of the determining factors in reducing an individual's symptoms, increasing the quality of life and well-being, hope for therapy, and trust in the therapist. The level of hope of individuals in the psychotherapy process regarding this issue is also essential for researchers and psychotherapists. Many studies have demonstrated that hope plays a therapeutic role in psychotherapy (Schrank et al. 2010, [8]).

In contrast to the deterministic understanding that hopefulness is a personality trait, it has been argued that the state of being hopeful is a contextual phenomenon that can vary depending on the situation. For this reason, Snyder et al. [3] developed the Trait Hope Scale, and Scioli et al. [4] developed the State Hope Scale, which measures immediate hope. In addition, a positive correlation was found between these two scales. This situation confirms both propositions to a certain extent [4].

Hope is considered one of the most important factors in psychotherapy. Kubie and Frank [9] argue that in psychotherapy, regardless of the theoretical tradition adopted by the therapist, there are elements common to all therapies that heal the client. According to the Common Factors approach in psychotherapy, instilling hope is an effective and healing factor in many therapeutic approaches. In this context, it can be said that the belief and hope that the client can recover are the factors that determine the success of the psychotherapy process [10]. Many studies have also supported the idea that hope is a unifying element in psychotherapy [11].

Hope scales

Many scales have been developed to measure hope in Türkiye and worldwide. Many hope scales are valid in the Turkish language. Some of these are the Beck Hopelessness Scale [12, 13], which is a pioneer in studies on "hope," and the Hopelessness, Helplessness, Misfortune Scale [14]. Which was developed by Lester and also measures hope through hopelessness. The Continuous Hope Scale, developed by Snyder et al. [3], aims to understand whether hope is a personality trait, which has developed many scales on hope [15]. The Integrative Hope Scale, developed by Schrank et al. [8], addresses hope multidimensionally. The Children's Hope Scale was developed by Snyder et al. [16]. There is also the Hope Scale developed by Karaca and Kandemir [17] in Türkiye. This scale was developed to measure the level of hope of people who adopt Turkish-Islamic cultural codes or live in an environment dominated by these codes, based on the continuous hope scale developed by Snyder et al. [3].

Although Scioli et al. [4] benefited from the Multidimensional Hope Scale during the MHCPS development, this study is unique because data were collected from clients who underwent psychotherapy both during the development and adaptation processes to Turkish. Therefore, the MHCPS was developed to measure individuals' hopes, spiritual resources, emotional well-being, relationship with the therapist, and expectations regarding psychotherapy practice. There is no equivalent in Türkiye. It is a scale that can be used as an evaluation criterion for the quality of the therapeutic process in pre-test and post-test applications. This can be regarded as a novel contribution to the measurement of a specific phenomenon within a particular field.

For instance, Captari et al. [18] employed the MHCPS to examine the relational and spiritual dimensions of hope in psychotherapy, underscoring its relevance to clinical outcomes. These initial applications highlight the scale's potential to capture the nuanced aspects of hope that are often overlooked by traditional measures. However, it has not yet been adapted to non-English-speaking populations, indicating a significant gap in the cross-cultural assessment of hope. Against this backdrop, the current study aimed to address this gap within the Turkish context by developing a validated, multidimensional measure of hope suitable for clinical and counselling settings. Existing instruments typically emphasize individual cognitive constructs and may fail to adequately capture the culturally embedded, relational, and emotional nuances of hope in such settings. Given the importance of hope in the healing process and the increasing emphasis on culturally appropriate psychological assessment tools, there is a clear need to adapt this scale to Turkish culture. This study aimed to adapt the MHCPS to Turkish and evaluate its psychometric properties in a sample of individuals who received psychological services. This study contributes to clinical practice and future research in Türkiye by providing a comprehensive and culturally sensitive measure of hope.

Materials and methods

This study employed a methodological research design to assess the validity of the Turkish version of the MHCPS.

The original scale was developed in English and published in the "Journal of Psychotherapy Integration" in 2020 under the title "Multidimensional Hope in Counseling and Psychotherapy Scale (MHCPS)" [19]. Authorization for the Turkish adaptation was obtained from the corresponding author via email. Ethical approval was granted by the Selçuk University Faculty of Health Sciences Non-Interventional Clinical Research Ethics Committee (decision number 2022/916 on 28.09.2022).

Study sample

The study sample comprised individuals who received therapy in Istanbul, Türkiye. This study was conducted in two phases with distinct sample groups. In the first phase, data were collected from 303 participants, and an additional 157 participants were included in the second phase, for a total of 460 participants. In the first phase, 55.4% of the participants were female, and 44.6% were male. Of these, 57% were single and 43% were married, with an average age of 29.3. Regarding educational attainment, 49.5% held undergraduate degrees, 30.6% were graduates, 15.5% were high school graduates, and 4.2% had completed secondary or primary education. The duration of therapy among the participants ranged from six months to seven years. In the second phase, 59.9% of the participants were female and 40.1% were male, with a mean age of 32.7 years old. Educationally, 52.9% held undergraduate degrees, 21.6% had graduate degrees, and 25.5% were high-school graduates. Within this cohort, 54.1% were single and 45.9% were married. The participants reported therapy durations ranging from 1 to 10 years. The literature suggests that the sample size should be at least five times the number of items [20]. The adequacy of the sample size and KMO value was evaluated, confirming that the sample size for the 34-item scale was adequate.

Data collection tools

The researchers employed a demographic information form, the Multidimensional Hope in Counseling and Psychotherapy, and the Beck Hopelessness Scale as data collection instruments.

Multidimensional hope in counseling and psychotherapy scale: A study was conducted to assess the validity and reliability of the MHCPS developed by Larsen et al. [19] for research use. The instrument is a Likert-type scale comprising 34 items with responses ranging from 1 ("strongly disagree") to 5 ("strongly agree"). The scale includes reverse-scored items (items 1, 6, 10, 16, 19, and 30). It is structured as a six-factor model of hope, encompassing the following dimensions: future (items 3, 9, 15, 21, 27, 32), spirituality (items 4, 10, 16, 22, 28, 33), cognitive (items 1, 13, 19, 25, 29, 30), Relationship with Therapist (items 5, 11, 17, 23, 29, 34), Relationship with Others (items 6, 12, 18, 24), and emotional (items 2, 8, 14, 20, 26, 31). The scale's scoring ranges from a minimum of 34 to a maximum of 170 points. For criterion validity, the Beck Hopelessness Scale, which was adapted into Turkish by Seber et al. [12], was used.

Beck hopelessness scale: The Beck Hopelessness Scale (BHS), originally developed by Beck [13], comprises 20 items with 'true' and 'false' propositions. It was subsequently adapted into Turkish by Seber et al. [12]. The reliability coefficient of this scale was 0.86. The arithmetic sum derived from the scale was referred to as the "Hopelessness Score." Of the 20 items, nine were positive statements (1,3,5,6,8,10,13,15,19), and 11 were negative statements (2,4,7,9,11,12,14,16,17,18,20). Each positive statement was assigned a score of 0, whereas each negative statement was assigned a score of 1, resulting in possible scores ranging from 0–20. Higher scores indicate higher hopelessness.

Data collection

An empirical research methodology was used to collect data. This method involves gathering data using questionnaires, rating scales, or interviews [21]. In this study, data were acquired from participants undergoing therapy using the MHCPS, BHS, and demographic information form. The data collection process was facilitated by therapists and assistants in private clinics and offices that provided therapy services in Istanbul.

Results

Language validity

The scale was translated from English to Turkish by two translators. The translated forms were then sent to ten experts familiar with the original scale to gather their feedback. The Turkish equivalents of the scale items were established based on expert opinions and suggestions. Subsequently, the Turkish version of the scale was sent to language experts for back-translation into English. The author reviewed the two back-translations, and any discrepancies were discussed with experts. This process allowed us to determine acceptable translations for the different articles. The final back-translated version was sent to the developer of the original scale for review. Upon reviewing the translation, the author proposed four questions, and the suggested attitude statements were revised in consultation with experts, resulting in modifications to Turkish expressions.

After finalizing the scale's translation format, the questions were read to two Turkish teachers for verification. The scale items were translated into Turkish by the authors. In Study 1, item analyses of the relevant scale were conducted, and construct validity was assessed through exploratory factor analyses as part of the effort to adapt the MHCPS developed by Larsen et al. [19] into Turkish. Additionally, the split-half test method was applied to the MHCPS, considering the Guttman Split-Half coefficient, Spearman-Brown coefficient, Cronbach's alpha values for the first and second halves, and correlation coefficient between the two halves of the scale. In this context, 303 individuals who received psychotherapy services at private clinics in Istanbul were included in this study. The demographic characteristics of the participants are described in detail in the sample section of this paper.

Statistical analysis

The data obtained in this study were analysed using SPSS 25.0 and AMOS 24. Before the analyses, the dataset was examined for missing values, outliers, and violations of normality assumptions. It was determined that the data followed a normal distribution, and parametric tests were therefore preferred. In the first stage, the reliability of the MHCPS was calculated using the internal consistency method, and items with correlation coefficients below 0.30 were removed from the scale.

Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA) were applied to determine the structure of the scale. Before EFA, the dataset's suitability for factor analysis was evaluated using the Kaiser-Meyer-Olkin (KMO) sample adequacy test and Bartlett's Test. Principal components analysis was used to determine the factor structure, and the varimax rotation was applied to improve factor interpretability. In the factor analysis, items with low factor loadings and overlapping characteristics were excluded from the evaluation. A cutoff point of .45 was used in interpreting factor loadings.

Confirmatory Factor Analysis (CFA) was performed to validate the obtained factor structure. Since the data were normally distributed, the Maximum Likelihood calculation method was used. Model fit was evaluated using χ^2/df, RMSEA, CFI, GFI, and IFI. To examine the criterion validity of the scale, the relationship between MHCPS and BHS was analyzed using the Pearson Product-Moment Correlation Coefficient.

To determine the scale's reliability, Cronbach's alpha, item-total correlations, and split-half reliability (Guttman Split-Half and Spearman-Brown) were calculated. The significance level was set at $p<.05$ for all statistical analyses

Item analysis for Study-1

The reliability of the MHCPS was evaluated using an internal consistency analysis. The items were evaluated in terms of their reliability and appropriateness in the Turkish cultural context, which led to adjustments in the scale structure. There is no universally accepted standard for the threshold of the item-total correlation coefficient below which reliability is deemed to be inadequate. Some scholars suggest excluding items from the analysis if the item-total correlation coefficient is below 0.20 [22], below 0.30 [23, 24] or even below 0.50 [25]. In this context, Büyüköztürk [21] posits that an item-total correlation above 0.30 signifies good item discrimination; items with correlations between 0.20 and 0.30 may be retained if necessary, but items with a value of 0.20 or below should be excluded from the analysis.

Consequently, the analysis led to the decision to remove scale items with values lower than 0.30. Accordingly, items (1, 6, 10, 16, 19) were excluded. The total correlation values of the remaining items exceeded 0.30 (ranging from 0.318 to 0.774), and the scale's Cronbach's alpha was .856.

MHCPS exploratory factor analysis (Study-1)

To investigate the factor structure of the items, exploratory factor analysis (EFA) was conducted on 29 items using varimax rotation. The results of the Kaiser-Meyer-Olkin (KMO) measure and Bartlett's test (KMO=0.916; Bartlett's Test chi-squared: 3691.735; *p*=0.001, N=406) indicated that the sample size was adequate for EFA [26] (Field, 2009). In the initial EFA results, five items (18, 24, 25, 27, and 30) were removed because of overlap. Subsequently, EFA was performed again with the remaining 24 items, resulting in a four-factor structure with eigenvalues greater than 1, explaining 55% of the variance. Upon examination of the findings, it was ensured that the scale items had a factor loading of 0.45 or higher on a single factor, and that the difference in loadings across two or more factors was at least 0.10. The factor loadings of the items ranged from 0.428 to 0.777. Items with insufficient factor loadings were excluded from the scale, and the remaining items were renumbered. Table 1 presents the Cronbach's alpha coefficients for the MHCPS and its subdimensions. The reliability coefficient for the total scale was 0.917, while the reliability coefficients for the sub-factors ranged from 0.69 to 0.884.

Table 1. Sub-dimensions of the multidimensional hope in counseling and psychotherapy scale and information about Cronbach Alpha reliability analysis

Bottom Dimension	Questions covered	Cronbach Alpha
MHCPS Total	M1, M2, M3, M4, M5, M6, M7, M8, M9, M10, M11, M12, M13, M14, M15, M16, M17, M18, M19, M20 M21, M22, M23, M24	0.917
Relationship with the Therapist	M1, M4, M6, M8, M13, M17, M20, M24	0.884
Hope for the Future	M2, M5, M7, M9, M10, M11, M12, M15	0.858
Spirituality	M3, M16, M19, M23	0.791
Emotional Healing	M14, M18, M21, M22	0.69

MHCPS test split-half analysis (First Research Phase)

Table 2 presents the results of the reliability analysis conducted on the scale. The Guttman Split-Half coefficient for the MHCPS was 0.861, and the Spearman-Brown coefficient was 0.861. Cronbach's alpha for the first half of the scale was 0.864, and for the second half, it was 0.823. The correlation coefficient between the two halves of the scale was 0.756. These results suggest that the scale exhibits satisfactory reliability in the context of the half-test reliability analysis.

Table 2. Half-test reliability analysis of the multidimensional hope in counseling and psychotherapy scale

Multidimensional hope in counseling and psychotherapy	Value
Guttman Split-Half	0.861
Spearman-Brown	0.861
12-Point First Half Cronbach Alpha Value	0.864
12-Point Second Half Cronbach Alpha Value	0.823
Correlation Between the Two Halves	0.756
N	303
Number of Items	24

Second research phase

In Study-2, confirmatory factor analysis (CFA) and criterion validity of the MHCPS were assessed using a distinct sample (n^2=157). Details regarding the sample are presented under the Sample heading.

Confirmatory factor analysis (Second Research)

As a result of exploratory factor analysis (EFA), a 24-item, four-factor model was developed. Confirmatory factor analysis (CFA) was conducted to evaluate the models. Given the normal distribution of the data, a covariance matrix was constructed using the maximum likelihood estimation method, and the measurement model was re-evaluated using IBM Amos 24 software. Figures 1 and 2 illustrate the first- and second-level CFA results for the MHCP. Upon examining both figures, it is evident that the factor loadings for all items, except for M18, exceed 0.40. A factor loading of 0.40 is considered acceptable [26]. Nevertheless, because the other values fell within the acceptable range, it was deemed appropriate to retain Item M18 on the scale. Table 3 lists the values shown in Figures 1 and 2. The results demonstrate that the values from both the first- and second-level confirmatory factor analyses (CFA) are within the acceptable and ideal ranges, as delineated by Marsh [27] and Schermelleh Engel et al. [28].

Criterion validity (Second Research)

Criterion validity was assessed by examining the relationship between the MHCPS and BHS. Table 4 shows the correlations between the two variables. The findings in Table 4 reveal a significant, moderate, and negative correlation ($r=-0.334$, $p<0.01$) between the MHCPS and BHS.

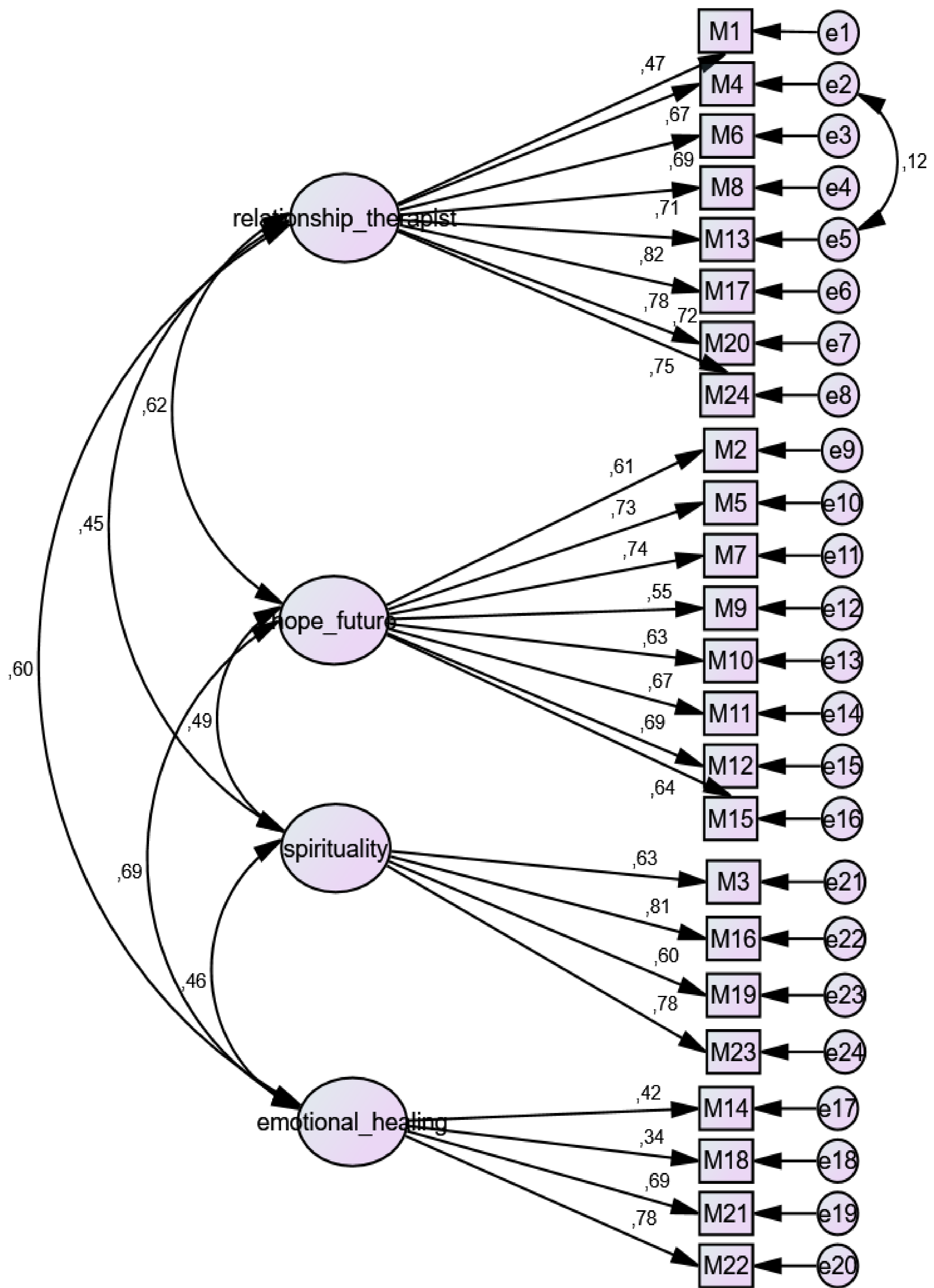

Figure 1. CFA results of the multidimensional hope in counseling and psychotherapy scale

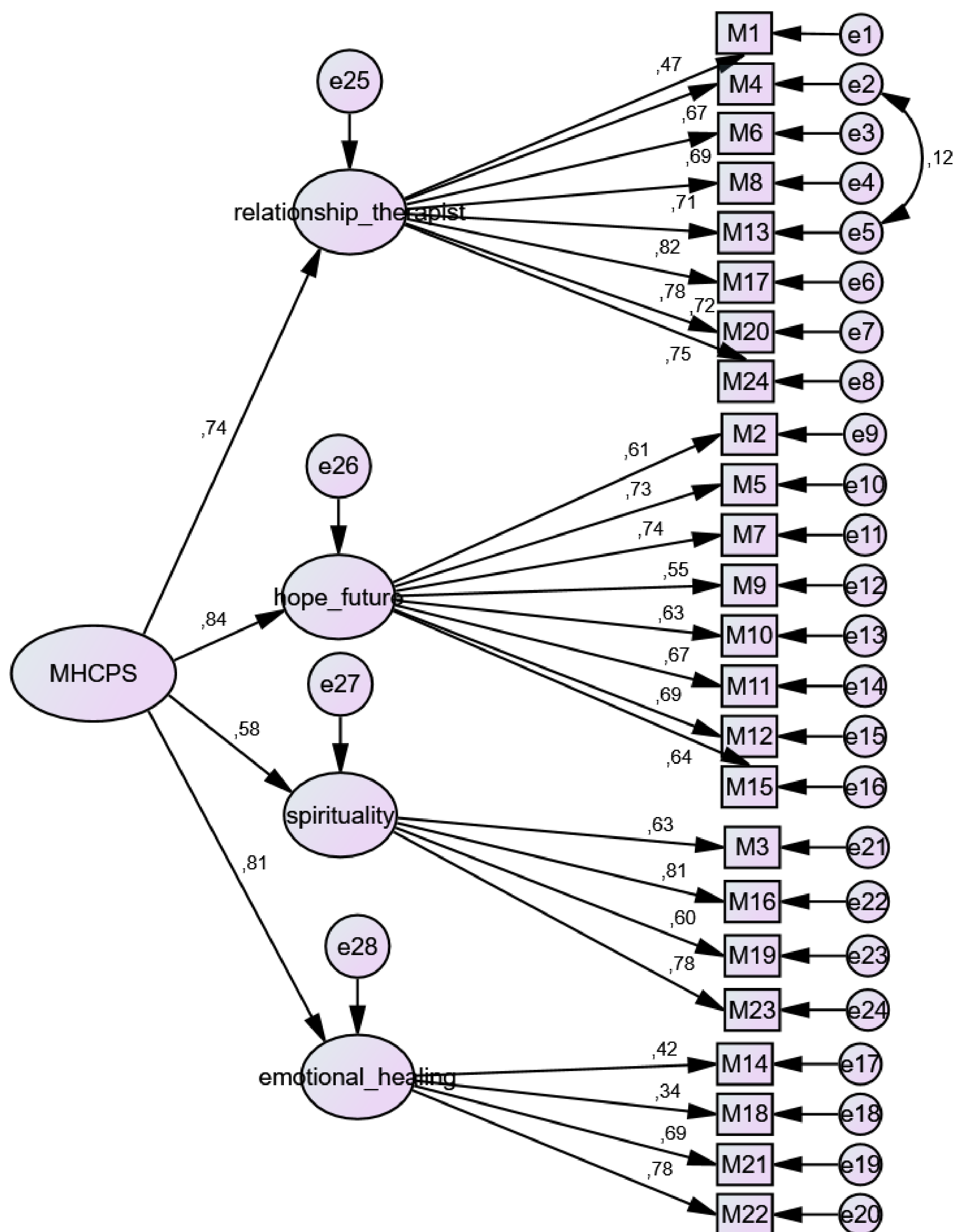

Figure 2. Second Level CFA Results of the multidimensional hope in counseling and psychotherapy scale

Table 3. Standardized first-level and second-level CFA results of the multidimensional hope in counseling and psychotherapy scale

	X^2	Df	*p*	X^2 / df	RMSEA	CFI	IFI	GFI
Level 1 DFA	130.28	245	0.001	1.94	0.056	0.921	0.922	0.886
Level 2 DFA	476.63	247	0.001	1.93	0.055	0.921	0.922	0.885

Table 4. The relationship between the multidimensional hope in counseling and psychotherapy and the Beck hopelessness in psychotherapy scale

	Mn	Sd	1	2
1. Beck hopelessness scale	45.46	10.98	1	
2. Multidimensional hope scale in counseling and psychotherapy	36.46	3.52	-0.334**	1

Discussion

Adaptation results

In the initial phase of the study, data were gathered from 303 participants, and Cronbach's alpha coefficients were computed to assess the internal consistency of the scale. During the analysis of the scale items, five items with item-total correlation values below 0.30 were excluded. An Exploratory Factor Analysis (EFA) was then conducted using the remaining items. The results of the Kaiser-Meyer-Olkin (KMO) and Bartlett's tests indicated that the data were appropriate for EFA. Following the initial EFA, which commenced with 29 items, five items were removed due to overlap, and the scale was re-evaluated with 24 items. Subsequent analyses yielded a four-factor model. In the context of reliability analysis, Guttman Split-Half, Spearman-Brown, and semi-test analyses were conducted, and the findings supported the scale's reliability. The model derived from the EFA was corroborated by a reliability analysis. Furthermore, first- and second-level confirmatory factor analyses (CFA) were conducted to substantiate the model further, and the results fell within acceptable ranges.

A significant negative correlation was identified between the Multidimensional Hope in Counseling and Psychotherapy Scale (MHCPS) and the Beck Hopelessness Scale (BHS) in the correlation analysis used to assess criterion validity. This finding suggests that although the constructs of hope and hopelessness were included in the correlation analysis conducted to assess criterion validity, a significant negative relationship was found between the Multidimensional Hope in Counseling and Psychotherapy Scale (MHCPS) and the Beck Hopelessness Scale (BHS). This finding indicates that although hope and hopelessness are distinct constructs, they are structurally related. Indeed, while Folkman [29] described hopelessness as a negative psychological state characterized by helplessness, depression, and a loss of desire to live, Beck defined it as a negative evaluation of one's life without an objective and realistic basis, a lack of motivation to achieve goals, and a constant expectation of negative outcomes [13]. These definitions show that hopelessness can be considered an opposing but related construct. The significant relationship between the MHCPS and BHS supports the validity of this model.

In the process of adapting the Multidimensional Hope Scale for use in psychotherapy to the Turkish language, the original scale, which consisted of 34 questions and six factors, was adapted to the Turkish language with 24 questions and 4 factors. The maximum score that can be obtained from the scale is 120, the minimum score is 24, and the scale does not contain any reverse-scored items.

The six factors in the original scale, Cognitive and Other Relationships sub-dimensions, have been removed from Future Orientation, Spirituality, Cognitive, Therapeutic Relationships, Other Relationships, and Emotional dimensions. The scale includes sub-dimensions of Relationship with the Therapist, Hope for the Future, Spirituality, and Emotional Healing. The differentiation of the Turkish scale from the original scale can be explained by the cultural differences in expectations and hopes for psychotherapy.

In psychotherapies, the quality of the relationship with the therapist significantly affects hope for therapy and the motivation to continue therapy [30, 31]. At this scale, the significant finding of the relationship factor with the therapist supports the importance of the therapeutic alliance. Psychotherapy can often be applied to address dissatisfaction with the current situation, improve it, and foster hope for a better future by resolving personal problems [32]. The fact that this subfactor was significant in the scale supports the existence of such a perception of therapy in Türkiye. It is thought that there is a positive relationship between spirituality and hope [33]. This scale is the first hope scale in psychotherapy to establish a connection between hope and spirituality. The significance of this factor increases the generalizability of the positive effect of spirituality on hope in psychotherapy. One of the primary goals of psychotherapy is to facilitate emotional healing and emotional regulation and to empower individuals to lead more functional lives. In this scale adaptation study, the clients registered this fundamental expectation of psychotherapies.

As a result, the Multidimensional Hope Scale in Psychotherapy, which consists of 34 items and six sub-factors developed in English in Canada, was adapted to Turkish Culture as 24 questions and four sub-factors with validity and reliability analysis. Thus, a measurement tool to effectively determine the levels of Relationship with Therapists, Hope for the Future, Spirituality, and emotional healing in individuals receiving psychotherapy services has been added to the literature.

Therefore, hope extends beyond mere personal emotions; it constitutes an expectation linked to entities or forces that surpass individual agency. This hypothesis highlights the need for further clarification through psychotherapy and studies related to hope. The cognitive and relational dimensions of hope place responsibility and motivation on individuals as subjects. In Türkiye, the perception of hope in psychotherapy can be described as a more passive and trust-related phenomenon with professional and transcendent aspects, rather than a motivational, goal-oriented, and active state.

In Türkiye, psychotherapy is often perceived as a hierarchical relationship, similar to that of doctors and patients, where the therapist is seen as active and the client is passive. Hope is generally perceived as being more strongly associated with phenomena beyond the client's boundaries [30]. Over the last 15 years, the need for and demand for psychotherapy in Türkiye have been steadily increasing [31]. However, psychotherapy remains difficult to access, both economically and culturally. The fact that mental health services based on psychotherapy are not covered by insurance, psychotherapy fees are high, and the need for mental health care is perceived as a major flaw that could lead to stigmatization has made it difficult for these services to become widespread [31]. The limited availability of this service has made it challenging to develop a realistic conceptualization of psychotherapy. Nevertheless, the few studies conducted show that the expectations of psychotherapy in Türkiye are shaped by such cultural codes. Similar to the doctor-patient relationship, there is an expectation of quick and effective results, such as medication treatment [30]. Psychotherapy is not seen as a neutral, exploratory process; at the very least, it is expected to play a guiding, explanatory, instructive, and informative role in treatment. If talking is viewed as a form of healing, there may be an expectation of rapid improvement through quick and practical advice. If a psychotherapist simply listens, refrains from guiding, and maintains a neutral stance, it can lead to disappointment for the patient [32]. There are expectations of trust, empathy, and support from psychotherapy [30-33]. In addition, therapy is viewed as a service that people seek to feel better emotionally; clients may hope to find relief by sharing their emotional burden with a psychotherapist [34]. In everyday language, the phrase "like therapy' is often used to describe

places, people, or moments that make one feel emotionally good or relaxed. Psychotherapy is expected to yield concrete progress and observable changes [31-33]. In this context, the fact that even short-term psychotherapies may last 6-8 months, or that some individuals may need to continue psychotherapy for years, is not yet a widely accepted concept. These expectations suggest that there is still a lack of a sufficiently realistic understanding of the function of psychotherapies. This perception or expectation may also affect hope for psychotherapy.

Although further research is needed for a comprehensive evaluation of the four subdimensions of hope in psychotherapy on the Turkish scale, this study provides a preliminary assessment. People often seek psychotherapy to build a better future, heal, and foster recovery, mostly because they are dissatisfied with their current situation. Therefore, it appears logical that a relationship exists between hope and future expectations. Hope, on the other hand, may be seen as a transcendent phenomenon and, when associated with spirituality, as being related to powerful transcendent sources [5-7].

In the process of psychotherapy, the importance of relationships with others within the client's relationship system is considered insignificant; the belief that psychotherapy is a two-person process that occurs only between the therapist and client has gained prominence. Finally, it can be said that there is a belief in Türkiye that psychotherapy is more related to emotions than to cognitive phenomena. This indicates a lack of holistic understanding of psychotherapy in the country. The adaptation process reveals the cultural nuances of hope perception.

On the Turkish scale, hope in psychotherapy has been found to be related to four factors: future orientation, spirituality, therapeutic relationship, and emotion. Data are available in psychotherapy theory and research to evaluate the theoretical effects of these factors on the therapeutic alliance. Thus, evidence-based arguments can be presented in this regard.

In Türkiye, the sub-factor of future expectations has been found to be a significant component of hope in psychotherapy. Psychotherapy is often used to alleviate dissatisfaction with the current situation, improve existing conditions, and foster hope for a better future by resolving personal problems [35]. The concept of "Hope for the Future" underscores that the conceptual framework of hope is related to the future. This concept is defined as the optimistic belief that one's current situation will improve, the ability to design ways to achieve goals, and the motivation to use these pathways [1]. Positive expectations for the future and the existence of meaningful goals and plans are elements that enhance motivation for recovery, encourage effort, and promote responsibility. Hope is not merely optimism but a constellation of action-oriented, optimistic feelings and thoughts directed toward a future goal. Psychotherapy is a client-centered process. In contrast, hope is a multidimensional phenomenon associated with various factors and is not linear. In psychotherapy, hope is defined as an optimistic professional intervention aimed at achieving a meaningful future goal, encompassing the emotions, thoughts, and actions of both the client and the therapist. One of the subdimensions of psychological well-being is a meaningful life, which is often associated with spirituality [36]. Spirituality is a significant subfactor in the Turkish version of the scale.

A positive relationship between spirituality and hope has been assumed [37]. Hope and spirituality are not directly observable phenomena, but they play significant roles in the recovery process [6, 7]. The fact that this factor was significant in both the original and Turkish versions of the scale indicates the prevalence of the positive effect of spirituality on hope in psychotherapy. The inclusion of the connection between hope and spirituality in this scale, which represents the first hope scale in psychotherapy, is an important contribution to the literature. Previous research has found that individuals with spiritual values tend to have higher levels of psychological well-being [38]. Existential anxiety and challenging life conditions can lead individuals to feel helpless and hopeless. In such situations, the meaning of life, value systems, and belief in transcendent values or powers can serve as factors that nurture hope [38, 39]. Hope is often directly related to psychological wellness, which arises from spirituality [39]. Although the prevailing

definition of hope in the literature emphasizes an emotional, cognitive, and behavioral state, it can be said that in Türkiye, hope is more closely associated with transcendent phenomena. This refers to the belief that when an individual feels helpless and their strength is depleted, the support of being more powerful than them will improve their current situation.

In psychotherapy, it is of primary importance that the client is hopeful and willing to change their behavior. The relationship with the therapist significantly influences the recovery process, hope derived from therapy, and motivation to continue therapy [40, 10]. Stated that therapeutic relationships accounted for 30% of the change. Trust in the therapist and positive expectations of outcomes determine the quality of the therapeutic alliance. There is evidence in the literature that a strong, trust-based therapeutic alliance contributes to a better quality of life and improved recovery, even in cases of severe mental illnesses [41]. However, hope and recovery from psychotherapy cannot be explained by linear or causal relationships alone. This process is a part of multidimensional and holistic interactions.

In the adapted MHCPS scale model, while spiritual beliefs and emotional dimension subfactors were included, the cognitive dimension was not incorporated into the model. Emotions directly affect both physical health and thought processes, serving as a buffer between cognition and the body [42]. However, the automatic, uncontrollable, and transcendent functions of emotions can lead to various symptoms [42, 43]. This scale adaptation study found that clients in Türkiye viewed emotions as meaningful and related to hope in the context of psychotherapy. One of the main goals of psychotherapy is to facilitate emotional healing, regulate emotions, and empower individuals to lead more functional lives [43, 44]. Although hope is not a primary emotion, it plays a decisive role in determining predominant emotions. Hope nourishes optimistic beliefs, whereas hopelessness is associated with negative emotions and pessimistic outlook. In psychotherapy, the interaction between emotions and hope plays a significant role in promoting therapeutic change and enhancing psychological well-being. Psychotherapy often aims to achieve emotional and relational healing. The function of hope in increasing psychological resilience and triggering positive emotions may enhance emotional healing and the effectiveness of psychotherapy [45]. Most psychotherapy approaches aim to develop emotional awareness and adaptive emotion regulation skills. Although these techniques differ, it is generally accepted that psychological well-being is directly related to both of these components [43]. Conversely, hope is an essential factor in enhancing emotional well-being and achieving future goals [46].

In conclusion, the Multidimensional Hope Scale in Psychological Counseling and Psychotherapy was developed in Canada and consists of 34 items and six subfactors. As a result of rigorous validity and reliability analyses, the scale was adapted into Turkish within the cultural context of Türkiye, comprising four subfactors and 24 items. This adaptation provides a valuable tool to the literature by facilitating the evaluation of future expectations, spirituality, the relationship with the therapist, and emotional healing subfactors, which influence hope levels, a determining factor in the recovery of individuals receiving psychotherapy.

The scale was developed using a conceptual framework that integrates hope and elements of psychotherapy. This scale provides a framework for therapy, enables the tracking of the process, and facilitates the evaluation of outcomes related to hope levels. The Turkish version of the MHCPS provides clinicians with a holistic perspective for assessing their clients' motivation for the future and emotional healing by offering clues for evaluating their clients and planning interventions.

Funding: None.

Authors' contributions: M.E. and F.Z.E. developed the main ideas and hypotheses of the study. M.E. wrote the Materials and Methods section and analyzed the data in the Results section. The Introduction, Discussion, and Conclusion sections were written by F.Z.E. and reviewed and approved by M.E. All authors contributed to discussions of the study and approved the final version of the manuscript.

Conflict of interest: The authors declare no conflicts of interest.

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