

International Conference on Education and Educational Psychology (ICEEPSY 2011)

The Positive Psychotherapy Inventory (PPTI): Reliability and Validity Study in Turkish Population

Sevgi Guney^{a*}

^a*Clinical Psychologist, Faculty of Educational Sciences, Ankara University, Ankara, 06590,*

Abstract

The interaction between individuals and their environment generates both happiness and psychopathology. To explore this interaction and the intersections between the two, there is a new scientific approach introducing a new theory of well-being, Positive Psychology. The approach from which Positive Psychotherapy evolves, is the scientific study of positive emotions, positive individual traits and strengths (Seligman, 2002). The goal is to help individuals learn that they can grow as a result of their experiences even if the experience is traumatic. Positive psychotherapy (Rashid, Seligman and Parks, 2006) on the other hand, is a psychotherapeutic method that builds positive emotions, strengths and meaning in an individual's life to undo psychopathology and promote happiness. On the road of helping individuals to discover their strengths such as optimism, hope, humor, and resilience, meaning takes added importance. As an assessment tool, the positive psychotherapy inventory gives the mental health professionals an opportunity to see the outcomes of the therapeutic process.

The aims of the present study is to investigate and examine the reliability and validity study of the Positive Psychotherapy Inventory in Turkish population. The inventory is administered to Turkish population including university students, and professionals. Internal consistency and test-retest reliability, factor analysis, and correlations with good convergent validity revealed the instrument had satisfactory psychometric values, indicating that it can be validly and reliably used in normal and clinical populations.

© 2011 Published by Elsevier Ltd. Open access under [CC BY-NC-ND license](https://creativecommons.org/licenses/by-nc-nd/4.0/).
Selection and/or peer-review under responsibility of Dr Zafer Bekirogullari.

Keywords: Positive Psychology, Positive Psychotherapy, Psychotherapy

1. Introduction

The interaction between individuals and their environment generates both happiness and psychopathology. To explore this interaction and the intersections between the two, there is a new scientific approach introducing a new theory of well-being, Positive Psychology. The approach from which Positive Psychotherapy evolves, is the scientific study of positive emotions, positive individual traits and strengths (Seligman, 2002). The goal is to help

* Sevgi Guney. Tel: + 90 312 3624404
E-mail address: sevgiguney@gmail.com

individuals learn that they can grow as a result of their experiences even if the experience is traumatic. Positive psychotherapy (Rashid, 2008, Rashid and Seligman (in press)) on the other hand, is a psychotherapeutic method that builds positive emotions, strengths and meaning in an individual's life to undo psychopathology and promote happiness. On the road of helping individuals to discover their strengths such as optimism, hope, humor, and resilience, meaning takes added importance. As an assessment tool, the positive psychotherapy inventory gives the mental health professionals an opportunity to see the outcomes of the therapeutic process.

Positive psychotherapy is created by Tayyab Rashid (2008). As with other psychotherapies, positive psychotherapy is a set of techniques being most effectively delivered with basic therapeutic essentials such as warmth, accurate empathy, basic trust, and genuineness and rapport. These essentials allow for tailoring the techniques to the individual needs of depressed clients (Rashid and Seligman, (in press)). Rashid (2005; 2007) produced positive psychotherapy (PPT) for depressed patients seeking treatment at counseling and psychological services at University of Pennsylvania. Rashid (2008) claimed that PPT is positive psychologist's therapeutic arm contends to broaden the scope of psychotherapy from alleviation of suffering to systematic promotion of happiness. The therapy searches how the clients' intact faculties, ambitions, positive life experiences and strengths can be marshaled to treat and buffer against psychopathological occurrences. The central hypothesis is that building positive emotions, strengths and meaning will not only undo symptoms but also is efficacious in the treatment of psychopathology. In this line positive psychotherapy is a "build – what's – strong" supplement the traditional "fix – what's – wrong" approach (Duckworth, et.al., 2005). In the therapeutic process, themes of pleasure, engagement and meaning are integrated throughout the course of therapy. To encourage clients to explore their strengths is one of the most useful approaches of the therapy.

The theoretical underpinnings of positive psychotherapy come from the work of Seligman (2002) who has proposed that happiness consists of the pleasant life, the engaged life, and the meaningful life. The pleasant life is achieved when being able to experience positive emotions on past, present and future lives. The engaged life is felt when being deeply involved and absorbed in what one is doing in multiple life roles, including love, work and play. The meaningful life is defined as using one's strengths in the service of something larger than oneself (Seligman, 2002).

What is the Positive Psychotherapy Inventory (PPTI)? It was designed to help psychotherapists to understand the positive psychotherapy outcomes they performed with their clients. The inventory gives the mental health professionals an opportunity to assess what they have done in the therapeutic progress in relation to the pleasant life, the engaged life, the meaningful life and the full life (overall happiness). The positive psychotherapy inventory consists of items about the pleasant life, engaged life, meaningful life. The pleasant life scores (1, 4, 7, 10, 13, 16 and 19) can range 0-21 with higher scores indicating higher levels of pleasure. The average score for non-depressed adults is 13 and for depressed adults is 8. Engaged life scores (2, 5, 8, 11, 14, 17 and 20) can range from 0 -21 with higher scores indicating higher levels of engagement. The average score for non-depressed adults is 14 and for depressed adults is 10. Meaning life scores (3, 6, 9, 12, 15, 18, and 21) can range from 0 – 21 with higher scores indicating higher levels of meaning. The average score for non-depressed adults is 12 and for depressed adults is 9. The overall happiness scores consists of adding the totals from the pleasant life, engaged life, and meaningful life subscales. Scores can range from 0 – 63 with higher scores indicating higher levels of overall happiness. The average score for nondepressed adults is 39 and for depressed adults is 27.

The aim of the present study is to investigate and examine the reliability and validity study of the positive psychotherapy inventory in Turkish population.

2. Methods

Participants:

The number of participants in the present study was 908 including professional, university students, high school students, etc. from normal population. While 29(% 3.2) participants were a primary school degree, 33(% 3.6) subjects have master degree. The accumulations of sample consisted of mainly high school graduates (100, %11), university graduates (168, % 18.5), and university students (521, % 57.4). The professions of the sample includes teachers (n= 48), policeman (n= 39), laborer (n= 19), civil servant (n=48), self-employed (n= 99), military personnel

(n= 26), banker (n= 18), academician (n= 25), senior civil servant (n= 82), university students (n= 337), housewife (n= 93), unemployed (n= 26), retired (n= 8) participants. 229 (% 25.2) were married, 648 (% 71.4) were single. There were engaged (6, % 0.7), widow (4, % 0.4) subjects. 21 (% 2.3) persons did not mentioned on their marital status.

Measures:

The Positive Psychotherapy Inventory (PPTI): It was developed by Rashid (2008). The inventory consists of 21 items with the subscales designed to assess the pleasant life, the engaged life, the meaning life and overall happiness. The respondent is asked to choose how much he or she has been agreed by each proposing area dealing with the pleasant life, the engaged life, the meaning life on a 4-point scale ranging from 0 to 3. The items are summed to obtain a total score of overall happiness that can range from 0 to 63. The average score of nondepressed adults is 39 and for depressed adults is 27.

The Eysenck Personality Questionnaire Revised-Abbreviated Form (EPQR-A) (Francis et al., 1992; Turkish version; Karanci et al., 2007) consists of 24 items that assess neuroticism, extraversion, psychoticism and lying.

Strengthspotting Scale: It was developed by Linley (2010); Turkish version by Guney, S. (2011)). The scale consists of 20 items with the subscales designed to assess the ability, emotional, frequency, application and motivation domains of strengthspotting. It is asked to respond using a 1 (strongly agree) through 7 (strongly disagree) likert type format in the scale.

Procedure:

After translating works with back translation and with the bilingual application, the individual and group applications were used. After the last version of the scale's Turkish form, a Turkish-english Language specialist examine the scale and then the applications had been conducted. While the group applications were made in normal population, the inpatients and professional population applications were conducted by using individual face to face applications. Cronbach alpha coefficient and test retest correlation coefficient were computed. Split-half reliability analysis and explorative principal component factor analysis with varimax rotation and validity analysis were done.

3. Results

The sample has a normal distribution. Kaiser-Meyer-Olkin Measure of Sampling adequacy is .89 , $p < .001$. With 495 (% 54.5) females and 397 (%43.7) males with 16 missing cases included in the sample. The age range was between 72 – 15 years old with the mean age as 43.5 yrs old.

Validity

Explorative Principal Component Analysis: Varimax with Kaiser Normalization rotation method was used. The factor analysis indicated a six-factor solution, accounting for 51.17 % of the total variance. Factor 1 was accounting 12.1 % of variance. Factor 2 was accounting 9.17 % of variance, factor 3 was accounting 8.4 % of variance, factor 4 was accounting 7.3 % of variance, factor 5 was accounting 7.2 % of variance and factor 6 was accounting 7.0 % of total variance. The factor structure of the scale was displayed on table 1.

The Correlation with the Other Scales: The Pearson Correlation Coefficient between the sum score of The Eysenck Personality Questionnaire Revised-Abbreviated Form (EPQR-A) and the strengthspotting scale pointed out a significantly high correlations with the positive psychotherapy inventory (PPTI) sum scores (The EPQR-A; $r = .71$, $p < .01$ and for the Strengthspotting scale; $r = .83$, $p < .01$) for normal populations.

Reliability

The Cronbach Alpha Coefficient: The analysis pointed out a very high internal consistency, cronbach alpha is .80 with the number of items 21 for normal population sample (n= 908).

The Test-Retest Reliability: The test retest reliability of the scale was computed for one week interval. The test retest reliability of the scale was very high for normal population ($r = .81$; $p < .001$).

The Split-Half Reliability: The correlation between forms is high (.71). Spearman – Brown Coefficient is .88 with number of items (21).

Table 1. The Factor Structure of PPTI

	Factor 1	Factor 2	Factor 3	Factor4	Factor 5	Factor 6
1.Joy		.61				
2.Knowing Strengths					.54	
3.Impact on Society						.66
4.Positive Mood observed by others		.68				
5.Pursuing strength activities					.68	
6.Sense of connection			.56			
7.Gratitute			.44			
8.Solving problem using strengths					.49	
9.sense of meaning			.63			
10.Relaxation				.52		
11.Concentration during strength activities	.51					
12.Religious or spiritual activities			.68			
13.Savoring				.76		
14.Time during strength activities	.66					
15.Closeness with loved ones	.56					
16.Laughing / smiling		.63				
17.Managing strength activities	.56					
18.Contributing to something larger						.69
19.Zest		.40				
20.Accomplishment in strength activities	.68					
21.Using strengths to help others	.51					

4. Discussion

The aim of the present study was to examine and investigate the positive psychotherapy inventory (PPTI) that could be used by Turkish researchers for future inquiry and by Turkish mental health professionals for assessing the outcome of the positive psychotherapy they conducted for their clients and patients. The results in the present study have been suggested that the Turkish version of Positive Psychotherapy Inventory is useful for the application in Turkish normal population. It will also enable to Turkish mental health professionals to assess more readily their own preferences and capabilities in relation to psychotherapeutical change. Moreover the inventory can be used to encourage Turkish people invest in recognizing their pleasant life, engaged life, meaning life and their overall happiness. They may gain an understanding to think differently about both good and bad events with appreciating that there is more than one path to an satisfying, happy life. The exploratory factor analysis with varimax rotation comprises the six factor solutions included 3 dimensional items represented by Turkish raters. Cultural context is a

relevant factor in not only attributions about the pleasant life, engaged and meaningful life items but also the maintenance, development and perception of the items preferences. There should be some kind of differences in understanding, predicting and attributing the whole inventory item. Thus while factor 2 and 4 included the items of pleasant life, factor 3 and 6 includes the items on meaningful life and factor 1 and factor 5 includes the items on engaged life. By the way, some items on meaningful life and engaged life changed by the Turkish raters at least in this sample such as gratitude marked under the engaged life. This most probably comes from that the Turkish raters may perceives the “gratitude” differently from US and Canadian raters. Again, the item “using strengths to help others” rated as engaged life items. Therefore it may be said that Turkish raters has different understanding on the attribution of “engaged life” and “meaningful life”. Cultural differences of the two sample may cause this kind of factor differences. Although there are some differences in the factor structures which may most probably comes from cultural differences between the original sample of the inventory and the Turkish sample of it, the evidence from this study suggest that the internal consistency, test-retest reliability, split-half reliability, and with good convergent validity of the positive psychotherapy inventory (PPTI) items represent a universal response to the items belonging on positive psychotherapy such as pleasant life, engaged life and meaningful life. Finally with the remembering the present study having a very good sample structure from KMO resolution, the cultural factor may be taken into account as an one of the important influencing variable for the differences in the factor structures in the two form (Turkish and United States) of the inventory. Future research should be designed to understand better the perception of “pleasant life”, “engaged life” and “meaningful life” concepts in people’s mind living in different geographical areas with different cultural characteristics. Mental health professionals need to recognize that much of the best work they already do in the consulting and psychotherapy room is to amplify positive sides rather than repair the weaknesses of their clients. Psychologist working with individuals, families, schools need to develop the atmosphere that foster their clients’ and patients’ strengths. The major psychological theories have changed to undergo a new science of strength and resilience. No longer do the dominant theories view the individual as a passive vessel responding to stimuli; rather, individuals are now seen as decision makers, with choices, preferences, and the possibility of becoming masterful, efficacious. As mental health professionals, we are still in the very early stages of understanding the influences of cultural context of the strengths and positive characteristics of the personality.

5. References

- Duckworth, A.L., Steen, T.A., Seligman, M.E.P. (2005) Positive psychology in clinical practice. *Annual Review of Clinical Psychology*, 1, 629 – 651.
- Guney, S. (2011) The Strengthspotting Scale: “Reliability and Validity Study in Turkish Population”, *Procedia Social and Behavioural Sciences (Elsevier)*, vol. 12, 126-132.
- Karanci, A. N., Dirik, G., and Yorulmaz, O. (2007) Eysenck kisilik anketi gozden gecirilmis kisaltilmis formunun (EKA-GGK) Turkiye’ de gecerlik ve guvenirlik calismasi. *Turk Psikiyatri Dergisi*, 2007: 18 (3), 254 – 261.
- Kashdan, T.B. (2002) Social anxiety dimensions, neuroticism and the contours of positive psychological functioning. *Cognitive Theory and Research*, 26, 789 – 810.
- Linley, P. A., Nielsen, K. M., Wood, A. M., Gillett, R., & Biswas-Diener, R., (2010). Using signature strengths in pursuit of goals: Effects on goal progress, need satisfaction, and well-being, and implications for coaching psychologists. *International Coaching Psychology Review*, 5 (1), 8-17.
- Linley, P.A., Joseph, S., Harrington, S. and Wood, M.A. (2006) Positive psychology: Past, present and (possible) future. *The Journal of Positive Psychology*, 1(1), 3 – 16.

- Joseph, s. and Linley, P.A. (2004) Positive therapy: A positive psychological theory of therapeutic practice. In P.A. Linley and S. Joseph (eds) *Positive psychology in practice* (pp. 354 – 368) Hoboken, NJ:Wiley.
- Joseph, S. and Linley, A.P. (2005) Positive psychological approaches to therapy. *Counseling and Psychotherapy research*, 5, 5 – 10.
- Macnab, F.A. (1991) *The Contextual Modular Therapy: New Directions for Clinical Practice*, Spectrum Publications, Victoria, Australia.
- Park, N., Peterson, C., & Seligman, M. E. P. (2004). Strengths of character and well-being. *Journal of Social and Clinical Psychology*, 23, 603–619
- Rashid, T. and Seligman M.E.P. (in press) *Positive Psychotherapy: A treatment manual*. Oxford University press.
- Rashid, T. (2008) Positive Psychotherapy, In *Pursuing human flourishing*, New York Press.
- Rashid, T. (2008) Positive psychotherapy. In Lopez SJ (ed.) *Positive Psychology: Exploring the best in people*; vol. 4. Westport, C.T: Praeger Publishers; 187 – 217
- Rashid, T. (2005) Positive psychotherapy Inventory. Unpublished manuscript, University of Pennsylvania.
- Ryan, R.M. and Deci, E.L. (2000) Self determination theory and the facilitation of intrinsic motivation, social development and well-being. *American Psychologist*, 55, 68 - 78
- Seligman, M.E.P., Rashid, T., & Parks, A.C. (2006). Positive psychotherapy. *American Psychologist* (61), 8, 774-788.
- Seligman, M.E.P., Steen, T.A., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist* (60), 5, 410-421
- Seligman, M.E.P. (2002) *Authentic happiness*. New York: Free Press.
- Seligman, M.E.P. (1998) *Learned optimism*. New York Pocket Books.
- Seligman, M.E.P. (2002) Positive psychology, positive intervention and positive therapy. In C.R. Snyder and S. Lopez (eds.) *Handbook of positive psychology* (pp. 3 -9). New York, Oxford University Press.