https://doi.org/10.36315/2026inpact009
Psychological Applications and Trends 2026

CONSTRUCTION AND VALIDATION OF THE MOTIVATIONS TO PURSUE A CAREER IN PSYCHOTHERAPY SCALE (MPCPS)

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Abstract

This paper describes the construction, piloting and validation of a questionnaire aimed at assessing motivations to become psychotherapists. A previous study using the Repertory Grid Technique (RGT) which taps into tacit knowledge and unconscious motivations, found that besides altruistic motives to pursue the profession, psychotherapists may also be driven by "darker" motives. These include a need for power, financial gain and self-affirmation. The results of this study also point to the existence of traits which could potentially interfere with the outcome of psychotherapy, such as unethical attitudes and behaviours, an inflated sense of self, and difficulties with empathy. Understanding these factors is crucial, as they influence therapeutic relationships, the effectiveness of interventions, and therapists' own well-being. This study reports the final stage of a three-phase study, consisting of the administration of this scale to a sample of 211 psychotherapists in order to conduct quantitative piloting and confirm the factor structure of the scale using Exploratory and Confirmatory Factor Analysis. Following further studies linking this validated scale to outcome variables, the finalised instrument could be used as a screening tool when prospective psychotherapists are being selected for entry into professional programmes. It could also prove useful in informing the personal psychotherapy and supervision of existing psychotherapists. Additionally, the questionnaire prompts reflection and self-awareness, which remain fundamental as motivations evolve throughout a psychotherapist's career.

Keywords: *Questionnaire development, motivations, psychotherapists, career choice.*

1. Introduction and background

Psychotherapists play a vital role in mental health care, offering support and treatment to individuals grappling with psychological difficulties. Several studies of psychotherapy outcome measures have found similar results: they concluded that although therapy is more effective than no treatment, there is no evidence that one therapeutic approach is superior to another (e.g Depreeuw et al., 2017; Wampold, 2007). Thus, once studies concur that it is the therapist's personhood that renders therapy effective, research into personal characteristics and motivations of therapists is essential (McBeath, 2019). The current study describes the validation of the Motivations to Pursue a Career in Psychotherapy (MPCPS) scale, based on two previous studies conducted by the authors (Darmanin Kissaun & Catania, 2024; Catania & Darmanin Kissaun, 2025).

Although one of the most commonly reported conscious motivations for entering the psychotherapy profession is the drive to help others, there is a body of knowledge that evidences that the choice of career as a helping professional is determined by multiple factors that are complex, intertwined, only partially conscious, and often not well-understood until late in the psychotherapist's career (Maroda, 2005; Norcross & Farber, 2005; Sussman, 2007). Understanding these factors is critical, as they may influence therapeutic relationships, the effectiveness of interventions, and therapists' own well-being (Craciun, 2015; McBeath, 2019). However, existing questionnaires have been mostly limited to other specific professions, or tend to focus on motivations driving career choice in general. Craciun (2015) conducted a preliminary qualitative study by administering an open-ended interview guide on personal drivers and experience of becoming a psychologist, drawing on Sussman's (2007) list of questions regarding psychotherapists' unconscious motivations. Eskin & Abdollahpour Ranjbar (2026) examined how personality traits, psychological distress, and motivational dimensions influence Turkish students' intentions to pursue graduate studies in clinical psychology. McBeath (2019) conducted a survey amongst 540 psychotherapists to assess their motivation to pursue the profession. However, none of these studies resulted in a validated questionnaire based on data collected from psychotherapists.

2. Methodology

The design and qualitative piloting of the questionnaire resulted in 87 items divided into eight subscales (Catania & Darmanin Kissaun, 2025). Following discussion with subject matter experts, four items were discarded as they were very similar to other items, and a further item was removed from the Ethical Attitudes and Behaviour Scale and reclassified as a single item subscale. Thus, the questionnaire at this point comprised 83 items across nine subscales.

2.1. Tools

The finalised questionnaire comprised three sections. The first section collected demographic data. The next section was the preliminary MPCPS scale described above. Each of the items on this scale was scored on a six-point Likert-type scale (Rattray & Jones, 2007), ranging from "strongly disagree" to "strongly agree". Sample items from this section include "I always knew that I wanted to study psychotherapy" (subscale – Vocational Choice), "I find practicing psychotherapy meaningful" (Experience as Therapist), and "I believe that clients should not be touched in any circumstance" (Ethical Attitudes and Behaviour). Items from the same scale were not kept consecutive in the final questionnaire, so as to limit the possibility of context and priming effects, and to reduce bias in factorial structure (Şahin, 2021). A few items were designed to be reverse-scored, as this has been shown to control for acquiescence bias (Zhang et al., 2016) and reduce response sets (Setiawati et al., 2022).

The final section included the 13-item short version of the Crowne and Marlowe Social Desirability Scale (1960) which has been shown by Reynolds (1982) to be a psychometrically valid alternative. This scale consists of 13 items scored either true or false. The final questionnaire was prepared on google forms, to facilitate distribution.

2.2. Procedure

Since the potential population (counsellors, psychotherapists, psychologists and psychiatrists who practice psychotherapy) is quite small, given the size of the island, significant efforts were made to ensure as large a sample size as possible. The questionnaire was distributed to the members of the three main professional organisations. A google search for companies offering psychotherapy services in Malta was carried out, and the questionnaire was sent to all of these through their contact information. The questionnaire was shared on social media, as well as with authors' colleagues, who were asked to disseminate to other colleagues. Data were collected between the 20th January and the 18th February 2026, resulting in 212 completed questionnaires. One of the questionnaires was excluded from further analysis as the respondent did not practice psychotherapy, resulting in a final sample size of 211.

2.3. Data analysis

Data were first checked for any missing values. There were only very few items of missing data – not more than three items for any one variable – and these were spread out randomly throughout the data, indicating that the items in question were skipped in error, rather than intentionally, corresponding to the Missing Completely at Random (MCAR) classification by Rubin (1976). It was therefore decided to retain the data from all participants, and the mean for the particular variable was inputted in place of the missing data in each case (Newman, 2014; Tabachnick & Fidell, 2007). Relevant items were then reverse scored. Cronbach's α for each scale was then calculated and items with low item-total correlations removed where necessary to achieve better scores. Exploratory Factor Analysis was then conducted on the remaining items and, after removing a few more items, a good fit for the original eight-factor model was achieved. Finally, Confirmatory Factor Analysis elicited the path co-efficients and the co-variance between factors.

3. Results and analysis

3.1. Descriptive statistics

84.9% of the sample identified as female, and 15.1% as male. This is roughly similar to the F:M ratio in the profession, so the sample can be considered representative with regard to gender composition. Participant ages ranged from 26 to 82 (M=42.75, SD=11.39) capturing data from professionals at all stages of their careers. The types of warrant held varied (vide Table 1), with the vast majority of participants holding warrants in psychotherapy.

Table 1. Warrants held by participants.

Warrant type	No. of Participants	Percentage of Participants
Psychotherapy	106	50.0%
Counselling	38	17.9%
Clinical psychology	30	14.2%
Counselling psychology	30	14.2%
Academic/research psychology	11	5.2%
Educational/ child and adolescent psychology	11	5.2%
Health psychology	8	3.8%
Neuropsychology	6	2.8%
Working towards a psychology warrant	14	6.6%
Others	13	6.2%

Note: *numbers add up to more than 211 as a number of participants held more than one warrant.*

3.2. Cronbach's α calculations

Cronbach's α for each of the eight scales including multiple items were calculated, resulting in scores ranging from .228 to .607. Since none of these scores were within the acceptable Cronbach's α score of at least .7 (Hinkin, 1998; Magee et al., 2013), items with low item-total correlations were removed from each scale. This resulted in six scales having acceptable Cronbach's α scores, with only two scales not reaching the acceptable threshold. Full results of this process are shown in table 2 below. By this stage, the number of items in the scale had been reduced to 53.

3.3. Exploratory factor analysis

The Kaiser-Meyer-Olkin **(**KMO) measure of sampling adequacy (0.709) exceeds the 0.5 threshold value. Moreover, the *p*-value (approx. 0) of the Bartlett's test of sphericity is smaller than the 0.05 level of significance. Thus, the data has factorial validity, which implies that there exist latent structures in the data. This 8-factor model explains 46.337% of the total variation in the data. The Varimax rotated component matrix exhibits the factor loadings of this 8-factor model; however, some of the items have factor loadings smaller than 0.3 indicating that these items are not loading heavily on their respective factor. To improve the factorial validity of this 8-factor model, further items were removed from the model. These include items 2, 4, 5, 23, 24, 29, 32, 33, 44, 58, 66, 70.

The new KMO measure of sampling adequacy for the questionnaire with the deleted items (0.708) exceeds the 0.5 threshold value. Moreover, the *p*-value (approx. 0) of the Bartlett's test of sphericity is smaller than the 0.05 level of significance. Thus, the data still confirms factorial validity. The 8-factor model with deleted items explains an improved 50.995% of the total variation in the data. The Varimax rotated component matrix exhibits the factor loadings of this 8-factor model and all these factor loadings exceed 0.3. The final scale consists of 41 items.

Table 2. Deleted items following Cronbach's α scores and EFA.

Scale	Original no. of items	Original α	Items deleted following Cronbach's α	Final α	Items removed after EFA	Final no. of items
Vocational Choice	9	.228	26/51/64	.470	33/44/58	3
Experience as Therapist	9	.584	11/19/45/65	.726*	2	3
Experience as Patient	5	.355	28	.683*	n/a	4
Family Background	14	.606	13/21/73/76	.759*	4/29	8
Personal Development	10	.590	14/54/60	.708*	5/66/70	4
Current Personal Life	14	.607	615/71/77/82/83	.722*	23	7
Congruence and Authenticity	1	n/a	n/a	n/a	n/a	1
Ethical Attitudes and Behaviour	9	.281	7/31/56/62/68	.483	24	3
Power, Financial Gain, Recognition	12	.565	25/43/69	.752*	32	8

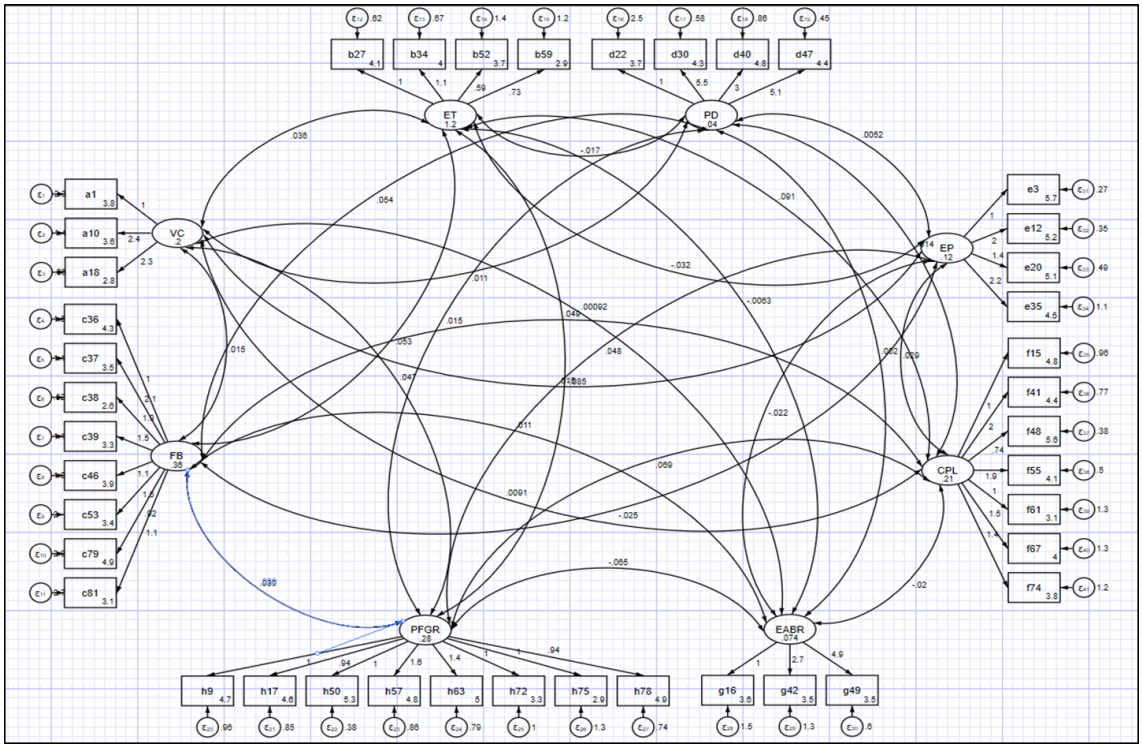
Note: *final Cronbach's Alpha scores marked with an asterisk (*) are equal to or above the acceptable level of .7*

p-ISSN: 2184-2205 e-ISSN: 2184-3414 ISBN: 978-989-36839-1-0 © 2026

3.4. Confirmatory factor analysis

Confirmatory Factor Analysis (CFA) was subsequently carried out on the data. Figure 1 illustrates the path coefficients and the covariance between factors. For example, item 30, "I had positive relationships with persons of other genders during childhood", has a high impact on the factor Personal Development (PD).

Figure 1. Path coefficients and covariance factors in the final model.



The significant co-variances between different factors are summarised in table 3 below. Negative coefficients imply negative correlations between the factors, and vice versa.

Table 3. Significant Co-variances between different factors in the scale.

Factors	Coefficient	*p* value	95% conf. interval
VC, PFGR	.047	.042	.002 .093
FB, CPL	.049	.044	.001 .097
ET, PFGR	-.085	.049	-.170 -.000
ET, CPL	.091	.049	.000 .181
PFGR, EABR	-.065	.036	-.126 -.004
PFGR, EP	.048	.011	.011 .085
PFGR, CPL	.069	.009	.017 .121
EABR, EP	-.022	.040	-.044 -.001
EP, CPL	.029	.042	.001 .057

The following fit indices were used to assess goodness of fit of the CFA model. The SRMR value (0.075) is smaller than the 0.08 threshold value; the CFI and TLI values (0.910 and 0.893) exceed the 0.85 threshold value; and the RMSEA value (0.05) is smaller than the 0.08 threshold value. The chi-squared yields a *p*-value (approx. 0) which is smaller than the 0.05 level of significance, which implies that the hypothesis of a perfect fit should be rejected. However, the chi-squared test is very sensitive to sample size and should be interpreted with caution. These results confirm the validity of the 8-factor model.

4. Conclusion

The results of this study have implications for the selection, training, supervision and continuing professional development of psychotherapists. The finalised instrument could be used as a screening tool when prospective psychotherapists are being selected for entry into professional programmes. It could also prove useful in informing the personal psychotherapy and supervision of existing psychotherapists. Additionally, the questionnaire prompts reflection and self-awareness, which remain fundamental as motivations evolve throughout a psychotherapist's career.

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