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Development and Evaluation of a Turkish Language Version of the Relational Health Indices

Nesime Can [1,*], **Abdulkadir Haktanir** [2], **A. Stephen Lenz** [3], **Joshua C. Watson** [4]

[1] Ankara University, Faculty of Educational Sciences, Department of Educational Sciences, Guidance and Psychological Counseling
[2] Necmettin Erbakan University, Ereğli Faculty of Education, Department of Educational Sciences, Guidance and Psychological Counseling
[3] Texas A&M University-San Antonio, College of Education and Human Development, Department of Counseling, Health and Kinesiology
[4] Texas A&M University-Corpus Christi, College of Education and Human Development, Department of Counseling and Educational Psychology, Counselor Education

Abstract: Counseling scholars have increasingly utilized the relational-cultural theory (RCT) to promote growth fostering connections as a healthy way of managing various life problems. The Relational Health Indices (RHI) was developed to understand relational interactions among women. In an attempt to broaden the utility of the RHI, the purpose of this study was to develop and validate a Turkish language version of the RHI for research and clinical use. In translating the RHI from English to Turkish, we followed a seven-step process. Data were collected from 213 Turkish-speaking college students enrolled in two Turkish public universities with the mean age of 22.29 (SD= 3.41). The findings revealed that the RHI-T proved to be a two-factor structure (the Peer and Mentor subscales) among Turkish students and that the Community subscale was not an acceptable fit even after removing several items. Potential explanations, implications, and recommendations for clinical use and future research are provided.

1. INTRODUCTION

There is a growing body of literature focusing on the significance of multiculturalism in the field of counseling (Karaırmak, 2008; Lam & Yeung, 2017; Zaker & Boostanipoor, 2016). Although multiculturalism is a broad concept and can refer to any particular culture or subculture, scholars view cultures as either individualistic or collectivistic. An individualistic culture refers to a worldview that prioritizes the individual including the individual's goals, uniqueness, and self-control over a group. A collectivistic culture emphasizes we and refers to a worldview in which the social context is centralized, and individuals represent products of their social and cultural context (Hofstede, 2001; Oyserman et al., 2002; Sue & Sue, 2013). Hofstede (2001) indicated that persons from individualistic cultures are likely to have a stronger self-concept and are responsible only for themselves and perhaps their nuclear families. In

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*CONTACT: Nesime Can ✉ nesime.can@ankara.edu.tr 🖳 Ankara University, Faculty of Educational Sciences, Department of Educational Sciences, Program of Guidance and Psychological Counseling, Ankara.

collectivistic cultures, however, others (e.g., peers, community, neighbors) play an essential role in the individual's life. Thus, interpersonal relationships are critical (Hofstede, 2001).

Individualistic and collectivistic cultures are not mutually exclusive concepts, instead they are on a continuum. In other words, culture can reflect both concepts, but usually one is more dominant. Kagitcibasi (2017) studied and compared individualistic and collectivistic cultures and concluded that autonomy and relatedness are basic human needs. However, in individualistic cultures, the need for autonomy is well accepted and supported, while in collectivistic cultures relatedness is supported. In both, one of these needs can be neglected to some extent (Kagitcibasi, 2017).

Hofstede's (2001) study results concluded that individuals from Western cultures reported a higher individualistic worldview, while individuals from Eastern cultures as well as Latino cultures reported a higher collectivistic worldview. After collecting data in 40 countries from 116,000 participants around world, Hofstede (2001) concluded that Turkish people reported higher collectivistic scores than individualistic scores among participants. Another study supporting this finding (Sargut, 2001) investigated general worldview tendencies in Turkey and showed that the average score of the individualistic values was 37%. Thus, collectivistic values were more common among the participants. Based on these studies, one can infer that Turkish culture is predominantly collectivist and that interpersonal relationships are pivotal.

Culturally competent counselors consider their clients' cultural backgrounds and are aware of the elements that are important in their lives (Sue & Sue, 2013). As the cultural and social context has significant implications for individuals' definitions of self, family and relationship dynamics, counselors need to be aware of these dynamics to provide quality care for their clients. In both collectivistic and individualistic cultures, it is essential to understand the meaning of individuals' relationships with others.

1.1. Relational Health

Family structure and relationships are affected by socioeconomic factors and cultural context where individuals live. However, regardless of living in collectivistic or individualistic cultures, increases in perceived availability of social and emotional support were found to be related to decrease in stress, depressive symptoms and also mortality (L'Abate et al., 2010). Brown (2010) noted that people require connection with other people throughout their lives and Relational-Cultural Theory (RCT) stated the significance of growing through and toward connection with development of a healthy "felt of sense" (Frey, 2013, p.178; Jordan, 2017).

As a feminist therapeutic approach, RCT mainly highlights the importance of meaningful connections with others from a multicultural perspective (Frey, 2013). For instance, an individual from an individualistic culture may accept that seeking support is a sign of weakness; as the inherited message of individualistic culture is that one should stand alone and compete (Jordan, 2017). However, RCT highlights mutual empathy which means that when individuals care about each other's well-being and the relationship between them, a growth-fostering relation occurs, and that leads to happiness and overall well-being (Jordan, 2010). Jordan (2010; 2017) also mentions that mutual empathy contributes to zest, clarity, creativity, worth and a desire for more connections. According to RCT, when individuals practice these "five good things", their interactions and connections become stronger (Jordan, 2017, p. 235; Lenz, 2016). These interactions also enhance mutually empathic relations within communities. Researchers stated that individuals with a high levels of relational health may cope with personal and social problems to greater degrees (Lenz et al., 2015).

According to Jean Baker Miller, healing occurs through real connections, and counselor's empathy and understanding lead to therapeutic change (Jordan, 2017). Based on RCT, using empathy, acceptance, and compassionate understanding in counseling help individuals evaluate

impacts of useful connections and disconnections in their lives (Jordan, 2008; Jordan, 2010). Individuals may develop survival strategies to protect themselves from chronic disconnections and counselors should be aware of the signs of these strategies such as invalidation, shaming, anger, rejections (Frey, 2013; Jordan, 2017; Lenz, 2016). Constant disconnections may lead to hopelessness and isolation, and from a broader perspective, racism, homophobia, class prejudice, and sexism; that also create chronic disconnections for individuals and societies (Jordan, 2010; 2017). Therefore, to overcome such problems, RCT has been used in clinical settings with diverse client populations (Crumb & Haskins, 2017; Joe et al., 2020; Singh & Moss, 2016)

RCT approach also has a social justice focus and discusses issues about privilege in counseling, as disconnections can be based on power differences (Comstock et al., 2008). These issues are related to values and biases which can be embedded in both individualistic and collectivistic cultures. Therefore, counselors need to consider these social and political values and work with their clients from a multicultural standpoint (Frey, 2013). Accordingly, it is necessary to understand the concept of relational health for individuals from both individualistic and collectivistic cultures. Although initially, RCT had a focus on the experiences of marginalized women in individualistic cultures, after the development of a measurement tool based on RCT, the concept of relational health has been studied on various topics with various groups around the world (Frey, 2013; Kress, 2018; Lenz, 2016).

1.2. Purpose of the Study

The Relational Health Indices (RHI) is a measurement tool, developed and based on RCT. The RHI measures qualities of growth-fostering relationships with peers, mentors, and community (Liang et al., 2002). As a dynamic construct, the presence of relational health has been studied mostly among women, men, female youth of color, college students, and adolescent girls and boys (e.g., Frey et al., 2005; Haskins & Appling, 2017; Lenz, 2014; Liang et al., 2002; Liang et al., 2007; Liang et al., 2010; Liang & West, 2011, Storlie et al., 2017; Vandermause et al., 2018). Researchers have also studied the construct of relational health with international samples, yet it has been limited to Hispanic/Latino populations (Lenz et al., 2015) and Asians (Liang et al., 2006). Absent in the literature are studies in which the RHI is adapted for use in Turkish samples. Thus, we suggest that the translation and adaptation of the RHI to the Turkish language may help counselors working with individuals from Turkey to better understand their clients' relational health status and its impacts on other aspects of their life. Also, scholars can utilize this instrument in mental health related research.

2. METHOD

We conducted this study with ethical approval of the Institutional Review Board of Texas A&M University-Corpus Christi and then translated the RHI into Turkish. After administering the scales to undergraduate students at Turkish universities, we analyzed the data to assess the psychometric properties and factorial structure of the instrument.

2.1. Participants

After obtaining the IRB approval, we created an online survey link to recruit participants in Turkey. We contacted three faculty members from two different universities and requested to distribute the survey link with undergraduate students. A total of 350 Turkish-speaking undergraduate students enrolled in either a northern or a northwestern university in Turkey participated in the study. Before data analysis, the data-set was inspected for possible entry errors and missing data. After the inspection, we excluded a total of 137 (39%) participants. Overall, of the 213 remaining participants, the sample consisted of 138 female (65%), 72 male (35%) participants - three participants did not answer the demographic query. The mean age of the participants was 22.29 years (SD = 3.41).

2.2. Data Collection Instrument

2.2.1. *Relational health indices*

The Relational Health Indices (RHI; Liang et al., 2002) was designed to assess the degree to which individuals are engaging in healthy relationships supporting growth with peers, mentors, and their community (Liang et al., 2002). The 37 self-report items in the RHI are presented in regard to a 5-point Likert-type scale with responses ranging through never, seldom, sometimes, often, and always. Higher scores represent a more exceptional relation quality. Additionally, the RHI has cross-scale outputs for authenticity, empowerment/zest, and engagement those measures are drawn from items across the peer, mentor, and community subscales- in a way they are sub-subscales. However, they were not a target within our analyses because (a) they are rarely used in the literature based on scores from the RHI (Frey et al., 2005; Liang et al., 2007; Liang et al., 2010) and (b) as indicated in the Liang et al. (2002), their initial factor analyses were not able to represent all the components of RCT theory; thus, it is an incomplete representation. Therefore, in this study, we also decided not to include those sub-subscales within our analyses.

The relational quality with peers subscale includes 12-items, and individuals respond to statements such as "I feel understood by my friends" and "My friendship inspires me to seek other friendships like this one." The 11-item mentor relationship subscale includes statements such as "I can be genuinely myself with my mentor" and "I feel comfortable expressing my deepest concerns to my mentor." Lastly, the 14-item community relationships subscale includes statements such as "This community has shaped my identity in many ways" and "It seems as if people in this community like me as a person." The Cronbach's alpha values for the peer, mentor, and community subscales were .85, .86, and .90, respectively (Liang et al., 2002).

2.3. Translation of the RHI

Considering the guidelines recommended in the instrument translation literature (e.g., Borsa et al., 2012; van Widenfelt et al., 2005; Wild et al., 2005), we utilized a seven-step process for translation of the RHI from English to Turkish. These steps included (a) instrument selection, (b) forward translation of the RHI from English to Turkish, (c) cross-check for the conceptual meaning of translations, (d) backward translation of the RHI from Turkish to English, (e) examining and revising items, and (f) expert review on instrument's Turkish version, and (g) final review leading to finalizing the Turkish language version of the instrument.

In the first step, once we selected the instrument, the second author, whose native language is Turkish, completed forward translation from English to Turkish. After a cross-check for the conceptual meaning of the translation, the first author and a doctoral student in a counselor education program, both of whose native language is Turkish, received the items for the back translation. The third and fourth authors, both of whose native language is English, compared the back-translation into English with the original English version. Then as a team, we discussed and revised any problematic items and sent the final Turkish version to two Turkish Literature professionals in Turkey. After their review, we made the last changes and finalized the Turkish version of the instrument for use.

2.4. Data Collection Procedure

The first and second authors contacted three faculties from two higher education institutions in Turkey to request help with the dissemination of the study's survey. After receiving consent from each faculty with an agreement to collaborate letter indicating their willingness to assist with disseminating the survey, we received the Institutional Review Board approval. Using the Qualtrics research software, we created and shared an online survey link with the faculty members who agreed to distribute the online link to their students. The online survey package comprised of an information sheet, a brief demographic questionnaire, and the RHI-T

(Relational Health Indices-Turkish) scale, as well as additional instruments as a part of a broader study, yet irrelevant to this instrument evaluation. Data were collected over five months and then downloaded from Qualtrics and aggregated into an SPSS file, Version 22 (SPSS; IBM Corporation, 2013) for data analysis.

2.5. Data Analysis

2.5.1. *Preliminary analysis*

Before data analysis, we cleaned the data set by removing participants who completed less than 75% of the questionnaire. Additionally, cases with less than 25% missing values were replaced using the series mean function in SPSS. Conventional person-series mean function is appropriate when data is normally distributed (Lee et al., 2014). Given that we detected no violation of normality in the data, we deemed the series mean function to impute missing values would be feasible.

2.5.2. *Primary analyses*

We analyzed the RHI-T scale using the original factor structure and also assessed model fit using the AMOS, Version 22. Following the standards developed by Dimitrov (2012), we examined the values of the CMIN/DF, *p*, root mean residual (RMR), goodness of fit index (GFI), comparative fit index (CFI), Tucker-Lewis index (TLI), and the root mean square error of approximation (RMSEA) to determine the degree of model fit. Based on these standards, a strong model fit was found in values for the CMIN/DF < 2, *p* > .05, RMR < .08, GFI > .90, CFI > .90, TLI > .90, and RMSEA < .10.

In case the model fit was not following the indicated standards, we inspected modification indices to identify items that could have a covaried error term. When potential items were identified, error terms were covaried, and the analysis was conducted again. Model fit indices were also inspected again. If the model still presented an inadequate fit, we examined correlation loadings of individual items and determined if deletion was necessary. We removed the items with less than .70 correlation coefficients. After identifying the final model, Cronbach alpha coefficients for the RHI-T were computed to estimate the internal consistency of the scores.

3. RESULT / FINDINGS

3.1. Peer Subscale

3.1.1. *Primary analysis*

Although the hypothesized model revealed a significant chi-square value, $X^2(54) = 158.04$, p < .001, it was an unacceptable fit for the data, which was also verified by the fit indices, CMIN/DF = 2.92, RMR = .05, GFI = .89, CFI = .82, TLI = .79, RMSEA = .09.

3.1.2. *Final model*

After pairing error terms for items 10 and 12 ("Arkadaşımın beni olumlu yönde değiştirdiğini hissediyorum [I feel positively changed by my friend]" and "Arkadaşlığım beni olumlu yönde geliştiriyor [My friendship causes me to grow in important]" respectively); 1 and 8 ("Arkadaşımla zor bir durumu paylaşmam gerekirse ona karşı dürüst olabilirim [Even when I have difficult things to share, I can be honest and real with my friend." and "Arkadaşım ile en derin duygu ve düşüncelerimi paylaşmaktan rahatsız olurum [I am uncomfortable sharing my deepest feelings and thoughts with my friend." respectively); 2 and 3 ("Arkadaşımla sohbet ettikten sonra, moralimin yükseldiğini fark ediyorum [After a conversation with my friend, I feel uplifted]" and "Arkadaşımla zaman geçirdikçe ona daha yakın hissederim [The more time I spend with my friend, the closer I feel to him/her]" respectively); and removing item 6 ("Arkadaşımla anlaşamadığımız noktaları yargılanıyor hissetmeden konuşabilirim [I can talk

to my friend about our disagreements without feeling judged]") an acceptable model fit emerged for scores on the Peer Subscale, $X^2(41) = 73.79$, $p < .01$ which was supported by the fit indices, CMIN/DF = 1.80, RMR = .04, GFI = .94, CFI = .94, TLI = .92, RMSEA = .06. Cronbach's alpha value for the subscale was within the acceptable range of internal consistency ($\alpha = .78$).

3.2. Mentor Subscale

3.2.1. *Primary analysis*

Though the hypothesized model demonstrated a significant chi-square value, $X^2(44) = 138.29$, $p < .001$, it was a poor fit for the data, which was also confirmed by the fit indices, CMIN/DF = 3.14, RMR = .04, GFI = .88, CFI = .91, TLI = .89, RMSEA = .10.

3.2.1. *Final model*

After deleting items 5, 7, 8 and 10 ("Akıl hocam sayesinde kendimi daha iyi tanıdığımı düşünüyorum [I feel as though I know myself better because of my mentor]" "Akıl hocamın değerlerini örnek alıp hayatımda uygulamaya çalışırım [örneğin, sosyal, akademik, dini, fiziksel] [I try to emulate the values of my mentor (such as social, academic, religious, physical/athletic)]," "Akıl hocam ile olan ilişkimin enerjimi arttırdığını ve moralimi yükselttiğini hissediyorum [I feel uplifted and energized by interactions with my mentor]," and "Akıl hocam ile olan ilişkim, beni buna benzer ilişkiler bakmaya/aramaya teşvik eder [My relationship with my mentor inspires me to seek other relationships like this one]", respectively) an acceptable model fit emerged for scores on the mentor subscale, $X^2(14) = 38.39$, $p < .001$ which was confirmed by the fit indices, CMIN/DF = 2.74, RMR < .03, GFI = .95, CFI = .96, TLI = .99, RMSEA = .09. Cronbach's alpha coefficient for the resulting scores on the subscale was within the good range of internal consistency ($\alpha = .89$).

3.3. Community Subscale

3.3.1. *Primary analysis*

Even though the hypothesized model showed a chi-square score, $X^2(77) = 292.66$, $p < .001$, it was a poor fit for the data, which was also supported by the fit indices, CMIN/DF = 3.80, RMR = .14, GFI = .81, CFI = .80, TLI = .76, RMSEA = .11.

3.3.2. *Final model*

After deleting items 3, 6, 7, 8, 12 and 13 ("Eğer içinde bulunduğum topluluktakiler beni rahatsız eden birşeyi biliyorlarsa, benimle konuşurlar [If members of this community know something is bothering me, they ask me about it]" "Bu topluluktakilerle biraraya geldikten sonra, kişisel ilişkiler için harekete geçmem gerektiğini düşünüyorum [I feel mobilized to personal action after meetings within this community]" "Bu topluluktakilerden saklamam gereken yönlerim olduğunu düşünüyorum [There are parts of myself I feel I must hide from this community]" "Bu topluluktakiler beni seviyormuş gibi görünüyor [It seems as if people in this community really like me as a person]" "Bu toplulukla olan bağım beni başka insanlar ile ilişki kurmaya teşvikediyor [My connections with this community are so inspiring that they motivate me to pursue relationships with other people outside this community]" and "Bu topluluk kişiliğimi birçok açıdan şekillendirdi [This community has shaped my identity in many ways]" from the model due to distinctly low regression coefficients, a poor model fit emerged for scores on the community subscale, $X^2(20) = 167.13$, $p < .001$ as confirmed by inspection of the fit indices, CMIN/DF = 8.35, RMR = .15, GFI = .83, CFI = .81, TLI = .74, RMSEA = .18. Cronbach's alpha coefficient for the resulting scores on the subscale was within the good range of internal consistency ($\alpha = .84$).

4. DISCUSSION and CONCLUSION

The purpose of this study was to translate the English version of the RHI (Liang et al., 2002) into Turkish and evaluate all three subscales (peer, mentor, and community) in the new version. After analyzing the data gathered from the Turkish college population, our findings indicated that all three subscales had reliable ($\alpha > .70$) scores. In the item analysis process, we paired and removed items to yield acceptable results, as suggested by Dimitrov (2012). However, these modifications only confirmed the peer and mentor subscales, yet the community subscale was unfit. It is important to remember that the RHI was developed with three relationship scales which could be used independently for studying each type of relationship (Liang et al., 2002, p. 27). Therefore, the peer and mentor subscales of the RHI-T can be utilized independently.

This study confirms earlier endeavors to adapt the RHI-T with other diverse groups. For example, in their work of adapting the RHI-T to the Spanish language, Lenz et al. (2015) found the community subscale to be unfit, even after removing four items. We inspected the removed items in other studies to ascertain whether we removed the same items; however, among the deleted items on the community subscale, only one removed item was common between this study and other studies (Lenz et al., 2015; Liang et al., 2007). Interestingly, though, Lenz et al. (2015) and Liang et al. (2007) found the same four items in the community domain to be problematic and deleted them. Additionally, other researchers suggested the community subscale be problematic when it is used as a unitary construct (Frey et al., 2005), thus may be more useful if this subscale was assessed in two domains: alienation from community and connection with community. However, we did not find similar factor loadings as those reported in Frey et al.'s study.

Based on our findings and the extant literature, it is possible that the way some items and the community subscale were constructed is more applicable to Caucasian and/or American groups. Another possible explanation for these results is that the RHI-T was initially developed for marginalized groups (e.g., women). Though our sample consists of predominantly women college students (65%), we also included men college students for which some of the items may not be applicable. Another reason as to why the community subscale came out as unfit may be that in the original items, the word "community" is used. It is worth noting that the semantic usage of the word community is different in Turkish culture. In other words, people do not use the word "topluluk" to refer to their immediate surroundings, as this is implied by "community" in the American culture.

Additionally, "community" is a frequently used word in the American culture; whereas in the Turkish culture, people rarely use the word "topluluk" as part of their daily language. Correspondingly, the word "mentor" translates to Turkish as "akıl hocası." However, the concept of mentor is not utilized much in the Turkish culture. Therefore, some items related to mentor and community subscales might not have understood by our participants, or they might have had difficulty relating to the items in these subscales.

4.1. Implications, Limitations, and Suggestions for Future Researchers

Counselors and researchers may utilize RHI-T in their work in various ways. College students from Turkey have been moving to different countries to obtain an international college degree. For instance, there are over ten thousand international students from Turkey in the U.S.A (The Institute of International Education, 2018). One should consider that individuals may feel more comfortable being assessed in their native language and that some of the items or subscales (as community subscale in this study) may not apply to these individuals if the original instrument is validated with a different population. Therefore, counselors can use the RHI-T with this population to better understand their relationship with peers and mentors in treatment settings. The results may help clients to acknowledge and be aware of their strengths in relationships

and social support they receive as well as the issues that need to be addressed in counseling. Counselors in Turkey can also utilize the RHI-T for treatment planning and counseling outcome evaluation. This will empower counselors through expanding their toolbox and enhance their effectiveness by using empirically validated theory-based instruments.

The present study is not free of its limitations. Steven (2009) recommends that in confirmatory factor analysis, ten participants per item should be recruited. However, the sample size of this current study was below the recommended threshold. We recommend that future researchers replicate this study with larger groups. Additionally, future researchers may utilize more heterogeneous samples representing various age groups and individuals from different educational backgrounds. For instance, including adults both with and without a higher education degree may provide more inclusive results as this would be a better representation of Turkey population.

Scholars develop and study theories, and with the help of theory-based assessment tools, researchers have a practical tool to assess the construct of relational health with Turkish speaking individuals. The RHI-T may help researchers and scholars to understand the implication of RCT to a collectivistic culture better. Considering that we had to remove several items and that the community subscale was not a fit even after removing the items, we suggest that future researchers may develop an instrument based on RCT that may be more relevant to the Turkish culture.

4.1. Conclusion

Despite its limitations, this study presents valuable information of the RHI-T for counselors striving to utilize this instrument to understand the relational health of Turkish college students. Our results proved that two sub-dimensions of the RHI-T can be used to measure growth fostering relationships with peers and mentors. The constructs mentorship and community evoke different concepts in Turkish and American cultures. Finally, counselors can utilize the RHI-T with Turkish speaking college students for understanding the degree of the client's growth-fostering relationships, while researchers use it in relational health related studies.

Declaration of Conflicting Interests and Ethics

The authors declare no conflict of interest. This research study complies with research publishing ethics. The scientific and legal responsibility for manuscripts published in IJATE belongs to the authors.

Authorship Contribution Statement

Nesime Can: Collected data, drafted and revised the manuscript. **Abdulkadir Haktanir**: Collected data and drafted and revised the manuscript. **A. Stephen Lenz**: Provided supervision and performed the analysis. **Joshua C. Watson**: Provided supervision and consultation. All authors contributed to the process of translation of the instrument.

ORCID

Nesime Can https://orcid.org/0000-0002-6448-1275
Abdulkadir Haktanir https://orcid.org/0000-0003-4066-0276
A. Stephen Lenz https://orcid.org/0000-0002-3360-835X
Joshua C. Watson https://orcid.org/0000-0002-3011-3941

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