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## **‘All other things being equal’: Conducting cross-cultural research in counselling psychology**

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### **Abstract**

With multicultural competence, social justice, and methodical diversity which lie at the core of counselling psychology identity, Canadian counselling psychology is well-positioned to conduct cross-cultural research in a non-colonial, socially just manner. In this paper, we will use our own cross-cultural grief research as a means to discuss the challenges and issues that researchers need to navigate in the research process. This includes the assumption of *ceteris paribus*—all things being equal—that underlies cross-cultural quantitative research. Overall, we argue for critical cross-cultural research that fits with the ethos of Canadian counselling psychology: one that reveals Eurocentric, ethnocentric, and individualistic assumptions in psychology knowledge.

### **Keywords**

cross-cultural psychology, internationalization, international research, counselling psychology, grief, persistent complex bereavement disorder

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In cross-cultural psychology, there has long been an implicit, if not outright explicit, motivation to search for the psychological ‘order’ across cultures (Lonner, 2011). One type of such order is psychological universals. For example, John Berry, a notable Canadian researcher on acculturation, and his colleagues wrote in the first edition of their widely-used textbook of cross-cultural psychology:

It is a working assumption of this textbook that such ‘universal’ laws of human behavior are possible to achieve. That is, we believe that we will eventually discover the underlying psychological processes that are characteristic of our species, *homo sapiens*, as a whole. (Berry et al., 1992, cited by Lonner, 2011, p. 71)

Seemingly contradictory, but still consistent in the premise of the psychological order is the search for cultural explanations for varieties within the human species. Geert Hofstede’s (1980; 2001) dimensions of culture, or cultural psychiatry’s preoccupation with ‘culture bound syndromes’ (Hughes, 1998; Kirmayer & Ryder, 2016), fall within this category of psychological order.

Unfortunately, searching for universals or cultural explanations have often been accompanied with the lack of attention to underlying postcolonial power relations such as: the unilateral direction in the search for, and dissemination of, knowledge; who gets to be the subject, who is rendered as the object to be studied; and once so rendered as the objectified *Other*, whether or not subalterns can speak for themselves (Said, 1978; Spivak, 1983). For example, the glossary of cultural-bound syndromes in the successive editions of the *Diagnostic and Statistical Manual of Mental Disorder* (DSM; American Psychiatric Association, 2013) is critiqued as a “museum of the exotica” (Kirmayer & Jarvis, 1998) observed in the Third World, while forgetting that many of the DSM disorders can be best understood as Western cultural-bound syndromes reflecting a particular sociopolitical, cultural, and historical contexts of the Western societies (Hacking, 1998; Hughes, 1998; Huygens, 2009). When empirical knowledge constructs people from other cultures as inferior or problematic despite alternative theorizing and interpretations that are available, then cross-cultural researchers are said to be committing what Teo (2014) calls *epistemological violence*.

Thus, as a discipline that is concerned with social justice, counselling psychologists need to attend to postcolonial power relations when conducting cross-cultural psychological research. One way to achieve this is to invert cross-cultural psychology’s tradition of studying people across culture to make visible Eurocentric, ethnocentric, and individualistic assumptions in psychology knowledge (Moodley, Gielen, & Wu, 2013). However, doing so requires that the researcher adhere to the standards of methodological practices in cross-cultural research, but at the same time questions its epistemological assumptions of such practices. In this article, we argue that, while challenging, cross-cultural research can be a powerful research paradigm that counselling psychologists can use to advance psychological science. First, we will discuss the issues of equivalence in conducting a cross-cultural quantitative research. We will then describe the challenges that we encountered in the process of conducting an ongoing cross-cultural study on the boundary between normal and pathological grief. Briefly, this study utilized a mixed-methods design involving a qualitative component (focus group and individual interviews with mental health practitioners) and a quantitative component (survey with undergraduate students), with data collected in Japan and in Canada. For the purpose of the paper, however, we will focus on the quantitative component. Following the brief report on the preliminary results of the study, we will discuss the relevance of cross-cultural research to the discipline of counselling psychology. In particular, we will argue for a non-colonial, socially just approach to cross-cultural research.

### **Challenges of Cross-Cultural Quantitative Research**

Cross-cultural research is labour-intensive and time-consuming. If the study entails data collection from two countries, as was the case for our grief study, then the researcher needs to obtain ethics applications from two (or more) institutions and prepare documents for data collection (e.g., informed consent, recruitment materials, and demographic forms) in two (or more) languages. Furthermore, prior to data collection, cross-cultural research often involves the translation of the research instruments (e.g., psychological measures, survey questions). This task further entails rigorous steps that ensure the quality and validity of the translated instrument, including backtranslation. Moreover, a translated version of the instrument typically goes through an additional separate validation study. Thus, even when it is conceptualized as one study, these steps amount to an equivalent workload for conducting more than two studies.

## *Establishing Equivalence*

The need for rigorous procedures to ensure the quality of translation stems from the issue of equivalence (Van de Vijver, 2011). In the crudest form, quantitative cross-cultural research in psychology typically involves (a) administering instruments, often in multiple linguistic versions, to samples drawn from two or more cultural groups; (b) conducting statistical analyses to detect significant differences between groups; and (c) attribution of statistically significant differences to cultural differences, whereas statistically insignificant results are deemed the result of universal psychological traits. Of course, the matter is more complicated, but if cross-cultural comparisons of observations are to be made, the research design then inheres to the assumption of *ceteris paribus*—that is, all other things are being equal, or all other things are held constant (Reutlinger, Schurz, & Hüttemann 2019). In cross-cultural research, efforts are made to hold all other things constant by establishing equivalencies.

While several terms, forms, and levels of equivalence have been discussed, Ægisdóttir, Gerstein, and Çinarbaş (2008) summarized the following four types based on the work of Lonner (1985). First, *functional equivalence* concerns with the function of the behavior under study in different cultures. Green and Alden (1988), for example, argued that the function of gift-giving is nonequivalent between Japan and the U.S. in their consumer psychology research, by demonstrating that these cultures differ in terms of frequency of common gift-giving occasions, the emphases on wrapping, and the whether or not the gift should be opened at the time of exchange, and so on. Second, *conceptual equivalence* refers to the similarity in meaning attached to a behavior or a concept. For example, a college student's help-seeking behavior from on-campus counselling service may be seen positively (e.g., a sign of proactive coping) or negatively (e.g., an inability to cope demands of student life, or mental health stigma). *Metric equivalence* concerns the extent to which psychometric properties of the instrument, such as factor structure and loadings, are compatible across cultures. Metric equivalence allows attribution of statistically significant differences in scores to differences across groups, rather than psychometric artifacts. Lastly, *linguistic equivalence* is achieved when a translated version of an instrument maintains the same linguistic form (e.g., length of each item, formality), reading level, and naturalness as the original version.

## **Cross-Cultural Grief Study**

The above-mentioned types of cultural equivalence are interrelated. For example, bad translation (i.e., linguistic inequivalence) introduces bias that may lead to metric inequivalence. Conversely, an effort to improve one type of equivalence could lead to a compromise in the other type. In this section, we will describe the process of conducting our grief study to illustrate some of the complex issues that can arise in cross-cultural research. We will first describe the context of the research and methodology, and then discuss actual challenges that we encountered in the process.

### *Context of the Study & Research Design*

The first author (KW) conceptualized this program of study in 2016, in light of how pathological grief was making its way into the two most widely used diagnostic systems of mental disorders: DSM-5 (American Psychiatric Association, 2013) and the International Classification of Disorders

(ICD-11; World Health Organization, 2018). The DSM-5 included *Persistent Complex Bereavement Disorder* (PCBD) as a condition needing further study, while *Prolonged Grief Disorder* was expected to be added in the ICD-11.

As a Japanese native who became interested in thanatology (i.e., study of death, dying, bereavement) during her undergraduate study in Canada, KW had been captivated by cultural aspects of grief and bereavement. While grief is a human experience related to the loss of loved ones, practices of grieving and meanings around them are culturally shaped and diverse (Rosenblatt, 2013; Wada & Park-Saltzman, 2009). She was also fascinated by how psychological concepts (e.g., mental disorder) and practices (e.g., psychotherapy) traverse cultures, changing the social meanings and individuals' behaviors, and how particular power relations operate in this process (Said, 1983; Watters, 2010). Thus, the idea of pathological grief and formally institutionalizing it in major diagnostic systems begot questions such as: where is the line between normal and pathological grief?; how is that line shaped by culture and various social practices?; and whose interest gets reflected and what effects does this medicalization of grief have?

To explore possible cultural differences in beliefs about what is normal and pathological grief, KW invited the second author (HS) to collaborate. We borrowed an innovative methodological approach that Chia-Chih D. C. Wong and Brent S. Mallinckrodt (2006), both counselling psychologists, used in their work on cultural beliefs about attachment. In their study, they asked undergraduate students from Taiwan and the United States to fill out a widely used adult attachment scale (the Experiences of Close Relationships Scale; Brennan, Clark, & Shaver, 1998), but adding a clever twist to the instruction; they asked the participants to answer the items "as they believe 'an ideally emotionally and psychologically healthy person of your own gender in your culture' would respond" (Wong & Mallinckrodt, 2006, p. 192). The results of their study demonstrated that Taiwanese young adults' beliefs about healthy attachment were different from those of American students, thus revealing Euro-American ethnocentric assumptions in what is upheld as secure attachment.

By adopting Wong and Mallickrodt's (2006) methodological ingenuity, we embarked to conduct a survey study with Japanese and Canadian undergraduate students. Instead of an attachment measure, we used the Persistent Complex Bereavement Inventory (PCBI; Lee, 2015), an inventory that turned proposed PCBD criteria into test items. By asking undergraduate students to imagine how a healthy bereaved would answer a set of questions, the study was designed to tap into the ideas about normal grief that young adults have internalized through socialization.

### *Linguistic Equivalence of the DSM-5*

At the time of grant writing, PCBI was just published and there was no Japanese version. Nonetheless, KW thought that the translation of PCBI would be relatively easy and quick, because the DSM-5 had already been translated and published in Japan. Rather than beginning the translation process from scratch, she thought she could simply look up the PCBI criteria in the Japanese DSM-5 and use its wording to construct a Japanese version of PCBI.

Once we began the study and examined the Japanese translation of DSM-5, it immediately became clear that we would not be able to use the Japanese DSM vocabularies as they are.

Although PCBI criteria in the original DSM-5 uses fairly straightforward language such as “intense sorrow and emotional pain” and “disbelief or emotional numbness”, these items were translated into Japanese with highly specialized terminology and academic language, to the point laypeople would not understand what they mean. Put simply, the Japanese and English versions of the DSM-5 were not linguistically equivalent.

To explore undergraduate students’ beliefs about normal and ideally healthy grief reactions, they would have to be able to read and understand the survey questions. Using the official Japanese translation of DSM-5 would have made the study pointless. Thus, we decided that we had no choice but to re-translate PCBI for the purpose of the study. However, this also meant that we have to conduct an additional validation study to ensure proper translation. Meanwhile, this very situation we found ourselves in already inhered with the questions of functional and conceptual equivalence of DSM-5 and mental health diagnoses—if specialized knowledge is required to understand the DSM language describing mental disorder symptoms, what does it mean for Japanese laypeople to be told that they have PCBD when they cannot understand what the symptoms as they are listed in the DSM really mean? The DSM’s function in doctor-patient relationships appear different in two countries; English speakers can verify, or even refute, diagnoses given to them by examining the DSM by themselves, whereas Japanese people would require professionals to mediate their understanding of the diagnosis. In other words, even though linguistic equivalence could be resolved through retranslation, the question of functional equivalence of DSM diagnoses would remain.

### *Translation of PCBI into Japanese*

Upon deciding to retranslate PCBD criteria by ourselves, we began the work of forward translation. A Japanese graduate student in psychology who was studying at an Canadian university, who had no prior scholarly knowledge on grief nor seen the Japanese translation of the DSM-5, was hired to translate PCBI into Japanese. We then compared and contrasted his translation with the English and Japanese version of DSM-5. We also examined how Inventory of Complicated Grief (ICG; Prigerson et al., 1995), Prolonged Grief Disorder-13 (PG-13; Prigerson et al., 2009), and Brief Grief Questionnaire (Shear & Essock, 2002) had been translated into Japanese. The rationale being, since the conceptualization of the proposed PCBD criteria had been informed by research using these measures, there was considerable similarity between the wording of the PCBD criteria and items of these measures. Thus, staying close to wording of the Japanese versions of these measures helped us avoid reinventing the wheel and maintaining consistency with existing knowledge.

It should be noted that contrary to the recommended procedure (Ægisdóttir et al., 2008), we did not employ the method of backtranslation in a strict sense (i.e., use of an independent translator outside of research team). This is in part given the availability of Japanese versions of similar measures with which we consulted, but also because the literature points out a positivist assumption underlying backtranslation; the method presupposes that there is only a single corresponding word in the target language for each word in the original language, which rarely is the case (Jagosh & Boudreau, 2009; Tyupa, 2011). Although backtranslation could minimize translation errors and even provide valuable information on possible conceptual non-equivalence, the collaborative process of discussion and consensus building in a collaborative team of bilingual/bicultural researchers is increasingly gaining favor (Colina, Marrone, Ingram, & Sánchez,

2011; Douglas & Craig, 2007). Accordingly, we went through the iterative process of discussing differences in nuances in different versions, back-translating them, rewriting the wordings and proposing alternatives, and debating for better translation. Next, the draft of transition was subjected to a cognitive interview. For this, during one of KW's visits to Japan we met four Japanese undergraduate students (second-year undergraduate students in psychology; one male and three female) and asked them to think out loud as they read the survey instruction and items one at a time. The purpose of this pretest procedure was to check for clarity, appropriateness, and meaning based on members of the target population's *in vivo* reactions to the test materials (Ægisdóttir et al., 2008).

During this process, issues around conceptual equivalence surfaced. For example, the PCBI contains an item “preoccupation with the circumstances of the death”. The Japanese version of the DSM-5 employed a literal translation of the item (死の状況へのとらわれ). However, the cognitive interview revealed that the Japanese word chosen for “preoccupation” (とらわれ) evoked the image of being imprisoned, or a state of being possessed by spirits—a completely different meaning when talking about death! Furthermore, a question was raised whether the “circumstances of the death” include only the final few moments of the death (e.g., at the time of the last breath or when the doctor pronouncing the death) or cover several hours or the days leading up to the death as well as rituals following the death (i.e., wake, funeral, cremation). This unexpected question provoked the need for discussion among us researchers, checking how each understood the original English phrase ourselves.

In the midst of the cognitive interview, one of the undergraduate students suggested an alternative translation for “the circumstance of death”. The suggestion (最期の場面) included a word *saigo* (最期), which is pronounced the same as *saigo* (最後), a commonplace vocabulary which means final or last. However, while the latter (最後) can be used for anything (e.g., the *last* person in the line; the *final* announcement), the former (最期) is reserved to refer specifically to a time around the end-of-life/death. This was a light-bulb moment where we thought we had found a perfect Japanese translation that required no further explanation.

Just as we were about to move onto the next item, however, the participant said, in confirmation, that she liked this phrase better than the DSM version, “because there is something dignified about it”. This triggered an entirely new set of questions. Are all “circumstances of death” dignified? No. Then, using the word 最期 introduce a bias to the translation? Maybe. Could we come up with an alternative, more neutral translation that does not contain an implicit meaning dignity? Yes, but the alternative, more “neutral” translation would sound overly medical or forensic, a sort of language that autopsy specialists might use to determine the “circumstances of death” by examining a dead body. This, of course, is inappropriate for the purpose of the study, in which the participant was asked to imagine ideal grief responses to the death of a loved one.

The key question for us was “could the word 最期, the word denoting to the period around end-of-life, be used when we talk about the most tragic, inhumane, pointless, otherwise undignified death?” After consulting dictionaries, Japanese scholarships on thanatology, and a few Japanese scholars, we came to see the answer was affirmative. In other words, 最期 implicitly encompasses dignity, and yet the word is applied unselectively to any death. In other words, dignity is an inherent

and inseparable part of life and death, which does not fit neatly into the dignified-undignified duality (see Wada & Park-Saltzman, 2009, for the inseparability of life and death and non-duality in Buddhist psychology).

During and after the cognitive interview, we continued to discuss, consult others, refine the wordings, and finally decide on the candidate translations. We documented the entire process, with a rationale for every decision. We then subjected the document to an expert consultation. We consulted a seasoned researcher with a wealth of experience in cross-cultural psychology research and the translation of instruments. The consulting researcher examined the original and candidate translations for all the items. While the item containing the phrase “circumstances of death” had been the one of the most debated items up to this point, the word 最期 remained in the final version upon the consulting researcher’s endorsement.

### *Validating the Japanese Version of PCBI*

Once the instrument went through a rigorous translation process, it had to be validated, which is a study in and of itself. Validating an instrument involves selecting measures to examine convergent and discriminant validity (Ægisdóttir et al., 2008). For the original version of PCBI, Lee (2015) used other measures of pathological grief (e.g., PG-13, ICG) for convergent validity, and instruments that measures other constructs such as depression, PTSD, and coping for discriminant validity. Our challenge then was to find equivalent measures that have already been translated and validated; otherwise we would find ourselves in a catch-22 situation, where we would have to translate another instrument to validate the instrument, the validation of which requires translation of another instrument, the validation of which...and so on. Fortunately, the measures included in the validation study of the original PCBI have, for the most part, been translated and validated in Japan; for the few that had not, we were able to find similar but well-established measures that worked well for the purpose of the study.

The following anecdote further illustrates complexities of cross-cultural research from another angle. While we were exploring validation measures and contacting researchers, one of the researchers replied that the measure was not ready for use. The researcher explained that it had been going through another iteration of translation and validation process, as it had not been showing the same factor structure as the original English version. From this brief comment, it could be inferred that the researcher was trying to establish metric equivalence, tweaking the translation until the same factor structure of the original version was found. This raised another question: does failure to establish configural invariance—the factor structure between the original and target versions is different (Chen, 2008)—always indicate a measurement bias, or could it be accurately detecting cultural differences?

According to Chen (2008), the lack of configural invariance is not necessarily a bias. In fact, Chen (2008) reports that a construct can be more differentiated, thus revealing a greater number of factors, in one culture than another. To demonstrate this point, Chen (2008) refers to the research that demonstrated how the notion of individuation, a unidimensional construct in the U.S., is better understood as a two-factor construct in China (Kwan, Bond, Boucher, Maslach & Gan, 2002). It is possible that the above-mentioned researcher may have been detecting a cultural difference, when the scores derived from the translated version of an instrument did not reveal the same factor



structure. Then, the researcher's effort to derive an invariant factor structure by revising translation, ironically, could potentially result in introducing a bias. We are raising this point as a possibility, not to intend to accuse this researcher's attempt; establishing metric equivalence in this way could very well be a right decision, depending on the data and research context. However, this anecdote demonstrates an additional layer of challenges in validating measures cross-culturally and relying upon existing translated measures to validate a new instrument for further cross-cultural research purposes.

### **Preliminary Results of the Grief Study**

Given the labour-intensity and attempts to strive for cultural sensitivity and understanding, the cross-cultural grief study has been taking longer than we originally anticipated. However, the process itself is informative and thought-provoking. The issues that we encountered in the very process of trying to cross-culturally examine the validity of PCBD criteria revealed some of the particular sociopolitical, cultural, and historical contexts in which the medicalization of grief transpires. This not only includes cultural nuances around the meaning of death and grieving, but also power dynamics underlying in the process of Western psychiatric diagnoses travelling across the globe, which has the potential to alter and homogenize the way people express distress, see themselves, and are treated (Norsworthy, Heppner, Ægisdóttir, Gersttein, Pedersen, 2009; Watters, 2011).

Although the data collection in Japan is still underway, we would like to briefly summarize the finding from the Canadian data as it exposes potential biases in how the DSM-5 conceptualizes pathological grief (Buote, Wada, & Kawamoto, n.d.). For the Canadian portion of the study, a total of 385 undergraduate students in a Canadian university answered an online survey consisting of PCBI (Lee, 2015) and Continuing Bond Scale (CBS; Field, Gal-Oz, & Bonanno, 2003), a measure of orientation to maintaining their internal bonds with the deceased, as “an ideally emotionally and psychologically healthy person” of their own culture and demographic, 12 months after experiencing a loss.

The results indicated that PCBI scores were positively related to CBS scores and three demographic variables—gender, religion, and previous bereavement (Buote et al., n.d.). Specifically, women, religious individuals, those with bereavement experience(s), and those who believe it is healthy to maintain internal attachment with the deceased were most likely to perceive what the DSM-5 conceptualized as symptoms of pathological grief as healthy. In other words, these people's idea of healthy grief can be pathologized with these new diagnostic criteria, as the results suggest that the DSM-5 criteria for PCBD may be reflective of the idea of (ab)normalcy held by men, secular individuals, those without previous experience of bereavement, and those who think continuing bonds with the deceased is unhealthy. By obtaining cross-cultural data from Japan, we are aiming to further examine cultural ideals about grief and how they relate to the DSM criteria.

### **Cross-Cultural Research & Counselling Psychology: Eschewing Colonial Research**

In this article, we used our grief research as a means to describe how the process of conducting this cross-cultural study reveals the paradox of the underlying assumption of cross-cultural

research. On one hand, cross-cultural quantitative research relies on the assumption of *ceteris paribus*—all other things being equal—to make inferences about cross-cultural comparisons of obtained scores, and in doing so the researchers need to follow rigorous procedures to establish various kinds and levels of equivalence. On the other hand, such rigorous procedures are so demanding that “they are only used by methodological diehards” (Van de Vijver, 2011, p. 236). Furthermore, what exactly the law of *ceteris paribus* entails has been a contested topic in philosophy; although useful for causation and argumentation, this abstract notion derived from physics cannot be easily translated in other sciences, where nonequivalence is the norm rather than the exception (Reutlinger et al., 2019). Van de Vijver (2011) argues that the distinction between bias and true cultural difference, along with the idea that all bias needs to be eliminated, is counterproductive. Instead, Van de Vijver advocates for a combination of statistical analysis (e.g., item analyses, inclusion of an exploratory variable) and qualitative methods, such as focus groups, to account for possible cultural specifics underlying bias and nonequivalence.

Canadian Counselling psychology has prized methodological diversity (Bedi et al., 2011; Domene, Bachanan, Hiebert, & Buhr, 2015; Hiebert, Domene, & Buchanan, 2011). However, most often this notion of methodological diversity is discussed in terms of quantitative and qualitative research traditions. We make a case here that counselling psychology should further enrich methodological diversity by embracing cross-cultural research. With competence in both quantitative and qualitative methods, counselling psychologists are well-positioned to conduct a kind of cross-cultural research that Van de Vijver (2011) advocates. Furthermore, we believe that counselling psychology’s professional identity, values, and training prepare us for conducting cross-cultural research in a multiculturally sensitive, social justice oriented way, while being attentive to pitfalls of cultural encapsulation (Heppner, Wang, Heppner, & Wang, 2012; Marsella & Pedersen, 2004) and epistemological violence (Teo, 2014). In particular, when used intentionally and appropriately, cross-cultural research can be a powerful tool to make visible Western psychology’s colonial impact on other cultures.

Conducting cross-cultural research in a socially just manner requires the understanding of the culture, language proficiency, and attention to power dynamics. This is a sharp contrast from colonial research. One type of colonial research is “helicopter research”, in which researchers from wealthier countries fly into a less developed country, collect data, fly out, and analyze and interpret the data with little involvement of local researchers or consideration of local cultural practices (Minasny & Fiantis, 2018). The other, even more problematic form of research involves outsourcing (Vincent-Lancrin, 2006), in which researchers commission for-profit agencies or contract research assistants to collect data from other countries on their behalf and are thus able to conduct international research without ever visiting the country of interest. Although local researchers may be employed in these agencies, the relationship is top-down, that of the customer and service provider, the contribution of the latter is rarely acknowledged in authorship (see Sukareh & Tannock, 2019, for an example of exploitation transpired in the UK oversea Syrian refugee research). Missing in such colonial research are meaningful collaboration and fair distribution of benefits resulting from research outcomes.

In conclusion, conducting cross-cultural research in that way that is consistent with the ethos of counselling psychology requires cultural competence, knowledge and skills in a myriad of research methods, and understanding of postcolonial knowledge production. For the latter, the

researcher needs to reflect on the one's relationship with Western psychology—the chief exporter of psychological knowledge that renders certain aspects of human nature as normal and ideal, while others as pathological and inferior. Obviously, this is not an easy endeavour. However, social justice potential of such research is paramount, and Canadian counselling psychologists' engagement in this terrain is warranted.

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