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“Every time that month comes, I remember”: Using cognitive interviews to adapt grief measures for use with bereaved adolescents in South Africa

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ABSTRACT Twenty-one parentally bereaved adolescents from Free State, South Africa took part in cognitive interviews designed to help inform the adaptation of grief measures for use in an upcoming program evaluation. The research provided a model for the successful implementation of cognitive interviews with orphaned adolescents as well as important information about the quality and utility of the psychological measures tested. Notably, respondents who spoke Sesotho with their families at home still experienced difficulty completing a cognitive interview entirely in Sesotho, likely reflecting regional lexical differences and receptive bilingualism stemming from the use of English in South African schools. Standard verbal probing designed to elicit affective and cognitive responses to candidate grief measures presented as culturally unfamiliar to participants, highlighting a possible need for enhanced orientation to the response task in this population. Participants offered valuable insights into bereavement-related social and linguistic norms and preferences (e.g. the use of “loss” over “death,” consensus that not thinking frequently about a deceased loved one was shameful). Question and response option complexity was a recurrent issue, suggesting that standard grief scales should be shortened and simplified for use in this context. The study underscores the challenges associated with applying Western psychological measures cross-culturally, as well as the

potential for cognitive interviews to support effective adaptation. As psychological interventions continue to be expanded in response to the needs of orphans and other vulnerable children worldwide, accurate measurement of outcomes will be critical for program improvement.

KEYWORDS Bereavement, grief, OVC, orphans and vulnerable children, cognitive interviews, question design

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“Every time that month comes, I remember”: Using cognitive interviews to adapt grief measures for use with bereaved adolescents in South Africa

1 Introduction

An estimated 3.7 million children in South Africa are orphans; half of these young people have lost one or both parents to AIDS (UNAIDS, 2012). The country’s high HIV prevalence – 18% of adults ages 15 to 49 are living with HIV – and gaps in access to treatment combine to make AIDS the third leading cause of death overall, after tuberculosis and influenza/pneumonia (UNICEF, 2014; Statistics South Africa, 2013). Many children have experienced multiple losses. Between 2002 and 2006 the estimated number of children in South Africa who had lost both their mother and father grew from 360,000 to 660,000 (Meintjes, 2010). A considerable body of evidence confirms that orphans are at high risk for psychological challenges including depression, anxiety and post-traumatic stress disorder (PTSD) (Cluver & Gardner, 2010; Chi & Li, 2013). Less is known about how bereavement itself contributes to problems with children’s emotional and mental health, particularly in non-Western populations (Sherr, Mueller & Varrall, 2008).

Psychological assessment tools based on theories and research about grief and grief-related coping have been developed and used in the West for decades, increasingly in an effort to distinguish problematic grief (Spuij et al., 2012; Dillen, Fontaine, & Verhofstadt-Denève, 2009). Psychologists have long observed that in some individuals grief fails to progress from the acute stage to resolution, even after six months or more (Rando, 2012; Boelen & van den Bout, 2008). However, manifestations of grief are highly individualized (Doka, 2002) and culturally specific (Rosenblatt, 2008). Research from sub-Saharan Africa highlights distinct mourning rituals, ancestry beliefs, acceptable expressions of grief and other social customs which vary significantly from Western practices (Demmer, 2006; Rosenblatt & Nikosi, 2007). As such, grief scales and other measures predicated on Western norms are likely to lack contextual relevance in different settings. This assertion is consistent with prior research highlighting the importance of cross-cultural adaptation in the measurement of psychological problems including anxiety, trauma and depression (Sweetland, Bekin & Verdelli, 2014; Myer et al., 2008; Shoeb, Weinstein & Mollica, 2008).

Cognitive interviewing is one established technique for pre-testing survey questions, and has been recommended as a key tool for improving the measurement of psychological states in HIV research (Simoni et al., 2011). Participants are guided through a semi-structured interview regarding how they think and feel about particular survey questions and response options. The use of cognitive interviews as part of survey pre-testing is based on a theoretical model suggesting that individuals responding to a question must: comprehend the question, recall the information needed to provide a response, decide if and how to use that information, and choose or generate an answer (Fowler & Cosenza, 2009; Willis, 2004; Willis, Lessler & Caspar, 1999). In South Africa, cognitive interviews have been used to assess survey questions related to sexual violence, palliative care outcomes, risk-taking among adolescents, and children’s health-related quality of life (Sikweyiya, Jewkes & Morrell, 2004; Harding et al., 2010; Karnell, Cupp, Zimmerman, Feist-Price & Bennie, 2006). Another study exploring age disparity, sexual connectedness, and HIV infection in disadvantaged South African communities reported that the use of cognitive interviews allowed researchers to assess “the clarity, comprehensibility, and cultural sensitivity of the

proposed questions, allowing us to improve the phrasing of questions, incorporate meaningful slang, and define suitable categorical answer options that maximize the precision and accuracy of responses” (Delva et al., 2011).

Reports of cognitive interviewing used as a means to improve the measurement of grief and other psychological constructs, especially among children, are rare in the scientific literature. One study engaged the bereaved caregivers of terminally ill cancer patients in cognitive interviews to assess a 31-item instrument measuring quality of death and dying, but did not address grief specifically (Hales, Gagliese, Nissim, Zimmermann & Rodin, 2012). Another interviewed children ages 8-17 to obtain feedback on items proposed for a patient-reported measure of physical functioning, emotional health, social health, fatigue, pain, and asthma-specific symptoms (Irwin, Varni, Yeatts & DeWalt, 2009). Both of these studies, however, emanated from a Western context. Increased understanding of how young people in sub-Saharan Africa respond to bereavement can offer important insights on how best to safeguard their psychological wellbeing. The present study responds to this gap in the literature by engaging bereaved South African adolescents in cognitive interviews designed to provide evidence for the improved measurement of grief symptoms in this context.

2 Methods and Materials

Potential interviewees were identified with assistance from Child Welfare Bloemfontein & Childline Free State (CWBFN & CLFS), a South African organization offering a range of services to orphaned and vulnerable children, including school-based multi-session grief support groups led by social workers – a program called *Abangane* (“Friends”). All cognitive interviewees were recruited from the pool of participants in the *Abangane* groups conducted by CWBFN & CLFS in 2013 and 2014. Interviews took place in November 2014 in office and classroom spaces at four secondary schools in both urban (Bloemfontein) and rural (Ficksburg) areas of Free State province. Twenty-one ninth grade students ages 14-17 took part in individual cognitive interviews lasting approximately 30 minutes. Each participant was interviewed about the items in one of three standard psychological instruments: the Core Bereavement Items (CBI) questionnaire, the Grief Cognitions Questionnaire for Children (GCQ-C), or the Intrusive Grief Thoughts Scale (IGTS). Participants were assigned to instrument type in sequence at each study site to ensure variation.

The nineteen-item CBI questionnaire was designed by researchers at the University of Queensland, Australia (Burnett, Middleton, Raphael & Martinek, 1997). It was developed using questions administered to recently bereaved spouses, adult children and parents, with items derived both from the literature on grief/bereavement and from the authors’ clinical experience. The original article on the development of the CBI notes that “all the scales are essentially culture-bound,” such that local adaption is necessary and appropriate. The GCQ was developed in 2003 by researchers in the Netherlands, “to facilitate the assessment of potentially problematic cognitions after bereavement” (Boelen & Gerty, 2005). A 20-item version designed for use with children was developed and validated separately in 2014 (Spuij, 2014). The nine-item IGTS was developed for the Family Bereavement Program run by the Program for Prevention Research at Arizona State University (Program for Prevention Research, 1999). It measures the extent to which bereaved individuals experience disruptive thoughts about a loss, and has been used to assess the impact of support groups on adolescents’ levels of grief and grief-related conditions (Sandler et al., 2010).

Study participants were led through a series of semi-structured prompts that called for guided reflection on questions from the grief instruments, a technique called “verbal probing.” The interviewer offered participants frequent, focused probes directed toward gaining specific insights related to question comprehension (e.g. “What does the phrase ‘to pine for’ mean to you?”), paraphrasing (e.g. “Can you repeat the question in your own words?”), confidence judgment (e.g. “How sure are you that 2009 is the year your father passed away?”), and recall (e.g. “Can you tell me how you remember that you thought about your mother five times in the past four weeks?”). Each grief instrument was professionally translated by two separate translators from English into Sesotho and then back translated by a third interviewer prior to use in the cognitive interviews. Interviews were conducted in participants’ preferred language(s), typically but not exclusively Sesotho, by a multilingual, native Sesotho-speaking educational research consultant experienced in psychometry and working with adolescents. All interviews were audiotaped using Olympus DS-2 digital voice recorders. Digital interview files were transcribed verbatim and then translated into English for review and identification of emergent themes by the research team. The research was approved by the Human Research Protection Office at Tulane University in the United States and the Ethics Committee at the University of the Free State in South Africa.

3 Results

3.1 Participant reactions to the cognitive interviewing process

Orientation to the cognitive interview task was markedly limited in this population of South African adolescents. Most interviewees had difficulty verbalizing their thought processes when presented with a survey item, even in response to a prompt, although a few appeared to gain fluency as the interview progressed. Adolescents were informed that the purpose of the interview was to “find out how young people describe their thoughts and feelings after losing someone close to them...to help design surveys on this topic that can be easily understood by the people who take part in them.” Despite this introduction and re-orientation to the response task throughout the interview, participants persisted in offering very brief answers to the interviewer’s probes, and frequently responded to uncertainty or confusion about a question or the response task with silence. Repeated probing was necessary to obtain more extensive responses and explanations.

Sensitive subject matter and the in-depth nature of the cognitive interviews also placed a high emotional burden on some respondents. Six out of 21 participants in the study (29%) were referred by the interviewer to CWBFN & CLFS social workers for assessment and follow-up because of mild to moderate emotional distress.

3.2 Lexical issues

Language concerns affected nearly every aspect of the cognitive interview protocol. The psychological instruments under study were translated into Sesotho, because of its predominance as a home/first language in the study population. However, we found that many adolescents who had spoken Sesotho since birth with their families at home still experienced notable difficulty completing a cognitive interview in Sesotho. Compounding the issue, direct translation of the grief scales from English into Sesotho reportedly yielded instruments with relatively advanced vocabulary and high conceptual complexity.

Most of the interviews were ultimately conducted in a mix of Sesotho and English; some participants also introduced other local languages, including Setswana and/or isiXhosa, into their responses.

Particular words used in the scales presented as unreliable, or with conceptual overlap. The word “distressed” was sometimes understood by interviewees to mean “depressed,” “sad,” or “sorrowful,” suggesting some difficulty with the translation and/or the existence of a relatively broader concept in Sesotho. Pining/yearning was most often described by respondents as synonymous with “hurt” or “miss.” Several respondents also felt that “remembering” and “missing” expressed an identical concept.

A question asking respondents, “*Since [the deceased] died, I think of myself as a weak person...*” also posed conceptual problems. Whereas “weak” might be synonymous with ineffectual or helpless in English, to these adolescents the Sesotho version connoted someone who was emotionally strained or simply changed by the experience of loss.

Q: “What does it mean to say that a person is weak?” A: “He may be suffering from stress or depression.”

Q: “What does it mean to say that one is weak?” A: “It means your life has been changed by what happened.”

On the other hand, a number of words and phrases from the standard scales translated demonstrably well. For questions about “images” and “thoughts” related to a loss, participants were generally able identify and describe a difference between images as visual and thoughts as cognitive, shown in the following example:

Q: “How is an image different from a thought?” A: “With an image, you can say that you see that thing, a thought is just to think without picturing.”

Interviewees expressed strong preferences for and against particular terminology for referring to the loss of a loved one. We found that direct translations of questions about death and the deceased originally formulated for Western audiences may be offensive and alienating to survey participants in this population. Many participants noted that “passed on” is always preferable to “died,” because the latter is used exclusively to connote the death of animals and is insulting to use in reference to a person. Interviewees reported that:

“To die is a word that is used for animals...when it comes to people it doesn’t sound good, it makes it as though the person asking these questions is rude.”

“[Died] is a bad word...like dogs died. When a person is said to have died, it is bad. It is better to say passed away.”

A final language-related implementation issue pertains to the interpretation of information collected during the cognitive interviews. To facilitate their review and use by non-Sesotho speaking members of the research team, interview transcripts were professionally translated into English. However, this translation carried the potential to obscure the precise words and phrases being discussed, limiting the value of the data collected. For example, participants were sometimes asked to suggest an alternative (Sesotho) word for a particular notion or concept reflected in an item from the grief scale under consideration. The transcript of such an interview translated word-for-word into English would, of course, leave the reader unable to know

which Sesotho word(s) were being discussed, and therefore unclear what to recommend as part of the scale's adaptation for use with Sesotho speakers. To mitigate this, translators were requested to selectively retain original words and phrases from the Sesotho versions of the instruments and the discussion when translating the interview transcripts – an unusual assignment requiring considerable operational nuance combined with a sophisticated understanding of the research aims.

3.3 Identifying the focal loss

Questions about grief from bereavement require a reference point to a deceased loved one. In South Africa and other contexts where even children are likely to have experienced multiple bereavements it is necessary to narrow the respondent's focus to one particular loss at the beginning of the questionnaire. We explored an approach asking respondents to identify, "the loss that affected you the most," anticipating that participants would reflect on the relative magnitude of their sadness and other negative emotions. Instead, those who had experienced multiple losses often based this decision on the deceased person's importance as a resource provider. Participating adolescents also reported basic material concerns to be a primary motivator of their responses to questions about grief cognitions – unpleasant or unsettling thoughts related to the loss.

Q: "How did you decide that your grandmother is the loss that affected you the most?" A: "...everything I needed I got from her. Now she is not here; I often don't get the things I need."

Q: "Which kinds of things did you include in your answer about how different things would be [if the deceased were still alive]?" A: "We were able to eat, there was food and things like that, every two days when [he] got paid."

Other interviewees interpreted the questions about their most affecting loss differently, but still not primarily in terms of the person's emotional influence. Instead, participating adolescents focused on the level of harmony they had experienced in their relationship with the deceased:

Q: "How did you determine that her passing affected you the most?" A: "She is the one I got along with most."

Q: "Can you repeat the question I just asked?" A: "Has there been a person who died with whom you got along."

Psychological responses to bereavement evolve over time, making the recency of loss an important measure. Adolescents in this study were highly adept at reporting how much time had elapsed since the loss that had affected them the most. Almost without exception, participants were able to recall or calculate with certainty when their loved one had passed away. This was somewhat unexpected, as the researchers hypothesized that participants' concepts of time might be unreliable due to the psychological effects of loss, different cultural standards for timekeeping, and since many respondents were discussing a death that had occurred during their early childhood. Participants, however, used an impressive variety of response strategies that included subtracting their age at the time of the loss from their current age, recalling dates from a gravestone or funeral, and associating the death with an event that happened in the same month. Interviews included the following exchanges:

Q: "How long ago did your father pass away?" A: "He died last year." A: "So, would you say it is less than a year or a year?" A: "It is less than a year. He died in November."

Q: “How long ago did your father pass away?” A: “It has been two years.” Q: “How did you remember that it has been two years?” A: “I remember that I was in Grade 8 when he died.” Q: “Was this question easy or hard?” A: “It was easy...I am sure that it is two years, I do not forget the date that he died.”

Q: “How long has it been since your mother died?” A: “It is the year after the one in which I was born, in 1997.”

3.4 Manifestations of grief

Many of the questions used in the scales that reflected a sense of guilt or responsibility did not resonate well with participants and/or were considered irrelevant to their experience. Asked how frequently they thought, “I should have seen to it that [the deceased] would not have died,” several respondents indicated that since they were very young when the death happened, this question didn’t make sense. Interviewees asked to consider how often they blame themselves for not having “cared for [the deceased] better than I did,” either indicated they did not have such responsibilities or needed clarification as to whether this included emotional or physical care or both. Similar statements about whether they felt guilty letting go of their feelings were also confusing, as reflected in the following example:

Q. “*It is not nice toward him/her, when I will begin to feel less sad. Have you felt this way hardly ever, sometimes, or always?*” A:” For a dead person?”

Findings also highlighted the influence of social desirability bias on participants’ responses to questions about how often they persevere on a loss. Asked “Do thoughts of [the deceased] come into your mind whether you wish it or not?” and “[How often] do you think about [the deceased]?” respondents provided significant insights about this potential for bias. Several expressed a firm belief that thinking about or remembering someone who has died is an important sign of respect – and acknowledged that they would be unwilling to admit not having these thoughts, even if it was the case, because, “It means [the deceased] meant nothing to your life.” For this group of adolescents, “to think about the death of someone” was usually unambiguously positive – reflecting the strength of the relationship between the respondent and the deceased.

Q. “What does it mean to you that you think of this person’s death?” A: “It means I loved this person.”

Q: “If you were not thinking about the death of your father in the past four weeks, how easy or hard would it be to say so?” A: “That is embarrassing.” Q: “How is it embarrassing?” A: “You were talking about a person who loved you.”

Many of the questions assessed also aimed to uncover the effect of participants’ thoughts on their behaviors. However, these longer, complex and multi-part questions posed significant problems with recall and comprehension. Many respondents seemed to be answering a different question than what was asked; typically focusing on the last part of a lengthy or multi-part question. Respondents seemed both unable to parse question components and to recall the earliest parts of a question when composing their responses to these items. Many interviewees also offered yes/no answers to questions about the frequency of a feeling or experience, and required extensive probing and/or persistent re-orientation to the response task before settling on a standardized response option. The following examples are illustrative:

Q: "How often did you have trouble doing things you like because you were thinking about how much better things were before your [deceased's] death?" A: "Once or twice a week." Q: "Things like what?" A: "I wanted to go to initiation school when I got older if [the deceased] were still here, but now he is gone." Q: "Can you repeat the question that I asked you?" A: "I have forgotten it."

Q: "How often did you have trouble doing things you like because you were worrying about how you and your family would get along?" A: "There is nothing I can do. Mother wants me to choose subjects that she wants, when I want to do those that I want to do, so." Q: "Can you repeat the question?" A: "No, it is too difficult." Q: "Is it the Sesotho?" A: "It is too long."

3.5 Response options

While some response categories adapted from the Western grief scales performed well cross-culturally, others lacked mutual exclusivity and/or were widely misunderstood. Matching their responses to "a lot of the time, quite a bit of the time, a little bit of the time, or never" proved particularly problematic for the South African adolescents in this study. Numerous respondents interpreted the options as referring to the duration of an experience, instead of its frequency:

Q: "If something happened a little bit of the time, how often is that – how many times?" A: "When it happened for ten or fifteen minutes."

Q: "How is 'a lot of the time' different from 'a little bit of the time?'" A: It is from time to time.

Further, some respondents felt that the length of time since the loss was somehow linked to the response options:

Q: "When something happens a little bit of the time, how often does it happen?" A: "It is when it happens after months." Q: "And quite a bit of the time, how often is that?" A: "It is when days pass and you are still thinking about it."

Participants also reported difficulty using the response options "hardly ever, sometimes, or always." While "always" was intuitive for most respondents, "sometimes" was defined by several to mean "rare" or "uncommon." In addition, "hardly ever" was incomprehensible to a large proportion of interviewees, as these examples illustrate:

Q: "What is 'hardly ever?'" A: "I don't understand what it means." Q: "Which words would you choose [to describe] something that happened hardly ever?" A: "Unexpected."

Q: "What do you think 'sometimes' means?" A: "Sometimes is when [something] happens once but not always." Q: "And 'hardly ever?'" A: "'Hardly ever' is a mistake."

By contrast, the five response options from one scale – several times a day, about once a day, once or twice a week, less than once a week, or not at all – were generally well-understood by participants. Many were able to provide a very specific accounting of how often they thought about the death of a loved one using these options, and to connect their estimates to actual events, as in the following examples:

Q: “Sometimes people think about someone’s death even when they don’t want to. In the past four weeks, how often did you think about [deceased’s] death even when you didn’t want to?” A: “I thought of him once, because when I went to write exams he used to wish me luck.”

Q: “How many times would you say you thought about your father’s death in the past four weeks: a few times a day, once a day, once or twice a week, or less than once a week?” A: “About three days a week.”

A: “Every Sunday I think about him.” Q: “Why every Sunday?” A: “Because we used to go to church together. When I go to church and he’s not around, then I think, this person used to be around.”

However, respondents had difficulty recalling and applying a time frame of reference included as part of the questions. Adolescents frequently seemed unsure how to respond to questions about their feelings in the past four weeks if the loss had happened long ago. In other instances, participants could not recall the time period in question when trying to formulate a response. The following interview excerpts illustrate these difficulties.

Q: “How many times in the past four weeks did you think that [the deceased] should not have died, even if you did not want to [think about it]?” A: “But, it was long ago.” A: “So, not at all in the past four weeks? Can you repeat my question?” A: “How many times did I think that my father should not have died?”

Q: “How often in the past four weeks did you find yourself thinking about how things might have been different, if [the deceased] were still alive, even when you didn’t want to think about it?” A: “They would be very different. He would be here supporting us.” Q: “Would you say it is a few times a day that you think so, once a day, once a week, less than once a week?” A: “Twice.”

4 Discussion

This study offers a rare example of cognitive interviewing conducted with orphaned adolescents in South Africa, and to our knowledge, the first example of cognitive interviews being used to adapt grief measures for cross-cultural use. Findings from this study provide unique insights about the measurement of grief among bereaved adolescents in South Africa, as well as lessons for the implementation of cognitive interviews in this context.

Adolescents’ reluctance to speak openly and in detail about their perceptions of candidate survey questions presented a major implementation challenge, and may have reflected a combination of social inhibition and limited ease with the response task. These issues are not confined to South Africa; poor task/interview orientation among cognitive interviewees in multicultural contexts has been noted by other researchers. A U.S. Census Bureau report on conducting cognitive interviews with non-English speakers observed that the “challenges include how to familiarize respondents... with the goals of a cognitive interview, and “the procedure in developing interview protocols and probes” (Pan, 2004). Findings from a recent review of cross-cultural cognitive interviewing noted similar concerns, suggesting that the efficacy of focused probes such as paraphrasing appears limited for some groups (Willis, 2015). In South Africa, social norms favoring emotional suppression and deference, especially from children, may also restrict interviewees’ quality of engagement. An exploratory study of grief among professional caregivers in South Africa reported that children’s feelings about death were rarely if ever discussed

(Demmer, 2007). At the same time, researchers should be aware that a cognitive interview about survey questions on sensitive issues may prove more emotionally difficult for respondents than a standardized survey covering the same topics. Nearly one-third (6/21) of participants in this study were referred to a social worker due to concerns about psychological distress; this is in sharp contrast to less than 1% of participants (2/456) in the subsequent survey using questions that were adapted based on the cognitive interview results (personal communication, TR Thurman).

Further, since cognitive interviewees are tasked with explaining how they experience and interpret specific words and phrases, polyglot contexts represent an exceedingly complex environment for research implementation. Willis (2015) remarks on the difficulty inherent in locating interviewers who are skilled in cross-cultural cognitive interviewing, and notes that “it is not clear at what point it is best to convert cognitive testing results from target language interviews back into the source language for consumption by (monolingual) project leaders,” suggesting that this decision be based on whether lexical or conceptual issues predominate (p388). Likewise, we found that implementing a cognitive interview protocol with adolescents in South Africa required unusual attention to language concerns in both fieldwork and data analysis. The historical dominance of English as an instructional language in South African schools and the tendency for speakers of all backgrounds to use a mix of languages in their everyday speech, known as code-switching, led to interviews that included not only the target language but also English and often several others (Ncoko, Osman & Cockcroft, 2000). In addition, a number of interviewees were from families that had migrated to South Africa from Lesotho, where Sesotho may be imbued with regional distinctions. We conclude that it may be advisable to adopt a multilingual approach for cognitive interviews from the outset in some settings, allowing participants to respond to the interview prompts in the language of their choice. Findings may then be used for decision making about the most appropriate language, or mix of languages, for use in the survey itself.

This study was principally undertaken to inform the development of grief measures for use in an evaluation of support group programming for bereaved adolescents in South Africa. Results helped to finalize grief-related survey questions for use with this population by providing valuable insights about how specific words and phrases influence validity and reliability, which items may be subject to social desirability bias or other sources of error, and which response categories are most intuitive. Notably, the cognitive interviews also offered important insights for the interpretation of survey findings. Questions meant to identify the respondent’s most significant loss, and to gauge grief cognitions, did not consistently reflect the psychological consequences of bereavement. Instead, respondents often referred to the economic consequences associated with loss. These findings echo results from other qualitative research highlighting that ‘grief is a luxury’ for many South Africans who have lost loved ones to AIDS, as the loss provokes concerns about basic survival first and foremost (Demmer, 2007). While the grief measures we tested may effectively capture psychological responses to bereavement in the more advantaged populations for which they were developed, in this context they appear less likely to reflect strictly emotional states. Results also suggest that grief symptoms may be over-reported in cultures where thinking frequently about the deceased is an important sign of respect, suggesting a possible need for higher thresholds for distinguishing problematic grief.

As psychological programming evolves in response to the specific needs of orphans, the application of research methods designed to improve psychological outcome measurement will remain important. Survey questions that unwittingly reflect

something different than intended, mean different things to different respondents, or pose response tasks participants are unable or unwilling to engage in risk producing erroneous conclusions about participants' needs and program effectiveness. Cognitive interviewing and associated question pre-testing techniques therefore hold significant promise for improving both program and research quality, especially for psychological outcomes where measurement consensus may be lacking and cross-cultural variation is likely.

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