rEFLections
Vol 31, No 2, May - August 2024

Exploring Vietnamese Pain Terms and Pain Descriptors: To What Extent are the McGill Pain Questionnaire (MPQ) Words Employed in the Vietnamese Context?

THUY HO HOANG NGUYEN
Faculty of English, University of Foreign Languages and International Studies, Hue University, Vietnam
Author email: nhhthuy@hueuni.edu.vn

Article information

Article history:
Received: 16 Mar 2024
Accepted: 6 Jun 2024
Available online: 28 Jun 2024

Keywords:
Vietnamese
Pain terms
Pain descriptors
MPQ descriptors
MPQ-VN descriptors
Non-MPQ-VN descriptors

Abstract

This study aims to investigate Vietnamese pain terms and pain descriptors with a focus on how the McGill Pain Questionnaire (MPQ) words are utilised by the Vietnamese patients. Semi-structured interviews were employed to collect data from twenty-six Vietnamese female cancer patients. The data were analysed using both quantitative and qualitative content analysis. The findings indicated that đau (hurt), nhức (ache), and đau-nhức (hurt and ache) are three basic pain terms in Vietnamese, with đau being a super-ordinate pain term. In addition, Vietnamese pain descriptors can be systematically classified into MPQ-VN descriptors and Non-MPQ-VN descriptors, with the latter being used far more frequently than the former. The study also found that MPQ descriptors could not reflect the patients' pain experience comprehensively in the Vietnamese context although the Vietnamese employed the equivalents of MPQ descriptors of different categories. That the limitations of Melzack's (1975) inventory of MPQ descriptors have been validated in Vietnamese has contributed to Vietnamese healthcare professionals' understanding of how the patients communicate about their pain experience using language. The study has also shed lights on applied linguists' research directions which can be extended to areas beyond language education, such as health, therapy, and counselling.

INTRODUCTION

Pain is broadly defined as "[…] an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage" (Merskey & Bogduk, 1994, p. 250). This definition of pain has recently been revised to "[an] unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage" (Raja et al., 2020, p. 1976). Both definitions indicate that pain is a subjective bio-psycho-social phenomenon (Cuomo et al., 2021; Hartzell, 2023; Melzack & Wall, 1996; Smart, 2023; Sussex, 2009), with *bio-* referring to human biology, *psycho-* indicating aspects of perception, emotion, and cognition, and *social-* expressing social and cultural factors.

When the reaction to pain is made public, language serves as an important channel to validate pain. People can express, describe, and qualify pain, making pain become part of their social reality (Lascaratou, 2007; Rysewyk, 2023). The role of language has been validated in pain measurement and assessment (Melzack, 1975, 1987; Strong et al., 2009), and in understanding and managing the pain experience (Wilson et al., 2009). Moreover, the language used for communicating pain determines the relationship which the patient develops with his/her physician, family, and society as a whole (Cambier, 1998). Language is therefore part of the cultural expression through which people learn the meaning of pain; and the use of language to state the existence of pain as well as to describe its nature has become part of the pain experience itself (Waddie, 1996).

With language being a key channel through which pain is expressed and described, there is now a growing body of research exploring the language of pain from various perspectives. They range from the philosophical perspective (Wittgenstein, 1967) to the bio-psycho-social perspective (Bergh et al., 2005; Choi et al., 2023; Duggleby, 2002; Jensen et al., 2013; Jerrett & Evans, 1986; Kortesluoma & Nikkonen, 2006; Melzack, 1975, 1987; Söderberg & Norberg, 1995; Strong et al., 2009), to the interpretive language-based perspective with a focus on semantics (Diller, 1980; Fabrega & Tyma, 1976; Pugh, 1991), and to the theoretical linguistic perspective (Bacchini, 2008; Halliday, 1998; Kövecses, 2008; Lascaratou, 2007). In particular, the McGill Pain Questionnaire (MPQ) developed by Melzack (1975) is the first to feature language systematically as the primary key to measure human pain, and has become the best-known pain measurement tool in the medical context. While the MPQ has been validated to facilitate patients to provide information about their pain, numerous studies have questioned and challenged the MPQ, concerning whether or not its inventory of pain descriptors could fully reflect people's pain experience (Kortesluoma & Nikkonen, 2006; Söderberg & Norberg, 1995; Strong et al., 2009; Wilson et al., 2009). Moreover, while pain language has been investigated in different languages, with the strongest focus on English, Vietnamese pain language has been scarcely examined, let alone research on the Vietnamese pain terms and pain desciptors, including the Vietnamese equivalents of the MPQ words. In other words, despite the widespread use of the MPQ, its applicability in non-English contexts, particularly Vietnamese, remains under-explored. This gap also raises concerns about the adequacy of pain assessment tools using language for Vietnamese patients.

This study therefore investigates Vietnamese pain terms and pain descriptors, and then determines to what extent the Vietnamese equivalents of the pain descriptors from Melzack's (1975) standard MPQ, known as the most authoritative pain assessment instrument based on language, are used by the Vietnamese patients. It is expected that a systematic classification of Vietnamese pain terms and pain descriptors would be established, thus contributing to confirm and validate how sufficient it is for the MPQ words in describing pain in an under-explored language like Vietnamese. More importantly, the study also hopes to facilitate Vietnamese healthcare profesionals' understanding of their patients' communication about pain using language, thus being able to provide the patients with more appropriate support and treatment.

LITERATURE REVIEW

1. The McGill Pain Questionnaire (MPQ)

The MPQ arose from the notion that humans are able to use language to express pain. Originally developed by Melzack and Torgerson (1971) and later revised and finalized by Melzack (1975), the MPQ has become the single most influential language-based instrument for pain diagnosis and description; it uses a substantial number of words to measure pain. Specifically, the MPQ includes a numerical intensity scale, a set of pain descriptors, and a pain drawing. The inventory of pain descriptors in the MPQ consists of 78 words derived from the 102 words developed by Melzack and Torgerson (1971). These 78 words are classified into four main categories, which are then sub-divided into twenty groups: sensory (groups 1-10), affective (groups 11-15), evaluative (group 16), and miscellaneous (groups 17-20) (Table 1). In the manipulation of these pain descriptors, the patients are asked to choose only one word from each group that they feel is representative of their pain, and the pain rating index will be calculated from 1 (mild) to 5 (excruciating) in order to identify the patients' pain intensity. In addition to the list of 78 words, the MPQ asks the patients to identify how pain changes with time by selecting words from 3 groups such as (1) *continuous*, *steady*, and *constant*, (2) *rhythmic*, *periodic*, and *intermittent*, and (3) *brief*, *momentary*, and *transient*. Above all, the MPQ has been used widely and translated into 26 languages with 44 versions (Costa et al., 2009; Shroff & Dabholkar, 2021).

Table 1

The McGill Pain Questionnaire adjectives developed by Melzack (1975)

Group 1	Group 2	Group 3	Group 4	Group 5	Group 6	Group 7
Flickering Quivering Pulsing Throbbing Beating Pounding	Jumping Flashing Shooting	Pricking Boring Drilling Stabbing Lancinating	Sharp Cutting Lacerating	Pinching Pressing Gnawing Cramping Crushing	Tugging Pulling Wrenching	Hot Burning Scalding Searing
Group 8	**Group 9**	**Group 10**	**Group 11**	**Group 12**	**Group 13**	**Group 14**
Tingling Itchy Smarting Stinging	Dull Sore Hurting Aching Heavy	Tender Taut Rasping Splitting	Tiring Exhausting	Sickening Suffocating	Fearful Frightful Terrifying	Punishing Gruelling Cruel Vicious Killing
Group 15	**Group 16**	**Group 17**	**Group 18**	**Group 19**	**Group 20**	
Wretched Blinding	Annoying Troublesome Miserable Intense Unbearable	Spreading Radiating Penetrating Piercing	Tight Numb Drawing Squeezing Tearing	Cool Cold Freezing	Nagging Nauseating Agonizing Dreadful Torturing	

Despite the positive contribution of providing information about not only the intensity but also the qualities of pain concerning the sensory, affective, and evaluative features, the MPQ has been questioned and challenged in different ways. First, it has been argued that the MPQ words may not comprehensively reflect what the patients want to describe about their pain

(Lanfredini & Cipriani, 2023; Wilson et al., 2009). Several studies on the language of pain have indicated that patients describe pain by using words that are not found in the MPQ, and that many of the MPQ words are not used by patients, for example, Duggleby (2002), Jerrett and Evans (1986), and Strong et al. (2009). Second, the dimensions and subclasses of the MPQ have also been questioned. In their endeavour to refine the MPQ, Fernandez and Towery (1996), indicated that 40% of the MPQ sensory descriptors could not be classified within any of the sensory subcategories because of incomprehension (e.g., *rasping*), underuse (e.g., *rasping* and *tingling*), or ambiguity of usage (e.g., *numb* and *flashing*). Third, with 44 translated versions of the MPQ into 26 languages, cross-cultural adaptations of the MPQ also face challenges (Costa et al., 2009). Therefore, any test instrument like the MPQ, developed and validated in one culture, should not necessarily be expected to be valid in another culture (Moore & Dworkin, 1988). Fourth and finally, the MPQ has also been challenged from the linguistic perspective. Although the MPQ has made progress in measuring pain in terms of its intensity and qualities, this is not sufficient when we consider pain from a linguistic point of view. Together with the fact that the inventory of pain descriptors in the MPQ cannot fully reflect the description of pain, the linguistic challenge makes the design of MPQ fraught with problems (Sussex, 2009).

It is claimed that the standard MPQ takes more than 10 minutes to administer and complete (Melzack, 1987); therefore, a shorter version of the MPQ was seen as desirable. Melzack (1987) shortened the list of pain descriptors from the standard MPQ into a set of 15 words rated on an intensity scale of 0 = none, 1 = mild, 2 = moderate, and 3 = severe, and this is called the short-form McGill Pain Questionnaire (SF-MPQ). Amongst these 15 descriptors (*throbbing*, *shooting*, *stabbing*, *sharp*, *cramping*, *gnawing*, *hot-burning*, *aching*, *heavy*, *tender*, *splitting*, *tiring-exhausting*, *sickening*, *fearful*, *punishing-cruel*), the first 11 words belong to the sensory category whereas the other 4 are of the affective group. The SF-MPQ has, in practice, gained much favour from users and it has been translated into various languages and employed in medical settings of different cultures (e.g., Bourzgui et al., 2020; Jahan et al., 2024; Yakut et al., 2007). Nonetheless, being more time-saving to administer seems to be the most prominent advantage of the SF-MPQ. With a list of 15 words extracted from the inventory of 78 descriptors of the full MPQ, the SF-MPQ has also faced the challenges like those of the full form, that is, the short form version also focuses purely on the medical and emotional aspects of pain, and thus failing to incorporate the socio-cultural aspects, despite the fact that pain is a bio-psycho-social phenomenon.

The present study therefore took these challenges into consideration and adopted the full form of the MPQ in order to investigate how the full inventory of 78 MPQ words would be employed in the Vietnamese context. The adoption of the full MPQ would also help to determine whether or not the MPQ descriptors were valid in Vietnamese, an under-explored language in research on pain language.

2. Review of related research on pain language and pain communication in Vietnamese

Vietnamese pain language was initially discussed in Diller's (1980) contrastive analysis of pain terms across languages. Diller portrayed what he called *three complications* in cross-cultural

pain semantics in which the first complication was elaborated with intances in Vietnamese. Specifically, Diller (1980) contended that there might be no correlation between lexical differentiation of pain terms and physiological or psychological distinctions. Vietnamese pain language provides instances of near synonymy and stylistic variation. It has two differentiated pain terms **nhức** and **đau**: the former is more focused, internal, and intense than the latter, which is similar to Thai pain terms of *pùat* and *čhèp*, as discussed by Fabrega and Tyma (1976). There is a clear categorical separation: the two terms are used in reports of muscular pain conditions, indicating changes in state. For example, **đau chân** and **nhức chân** both describe pain in the leg, but the former is less focused, internal, and intense than the latter. Nevertheless, the semantic distinction becomes blurred in the description of headaches as in **đau đầu** and **nhức đầu**, which indicate no real difference in pain state. In such a case, **đau đầu** and **nhức đầu** are examples of lexical variants indicating stylistic synonyms.

Recently, Nguyen's (2018a, 2018b) studies explored the association between the dominant religions in Vietnam and the Vietnamese communication about the nature of pain and pain coping strategies. Two religion-related explanations for suffering pain were suggested, with these being *pain as fate* and *pain as karma* (Nguyen, 2018a). Six religion-related pain coping strategies were proposed, including *accepting pain, bearing pain on one's own, trying to change karma, being positive about pain, managing to forget pain and sharing pain when it becomes unbearable* (Nguyen, 2018b). These findings reflected that the religious values of Confucianism and Buddhism are associated with the Vietnamese communication about the nature of pain and the strategies they employed to cope with their pain. Moreover, the language of communicating the nature of pain and pain coping strategies could be mapped onto the categories of *passive language* and *active language*, within the religion framework. In Pham et al.'s (2021) research, spirituality was also found to function as a source of strength for Vietnamese patients to cope with physical pain and psychological distress although discussion on the role of language was scarcely made.

In summary, while the role of language in the Vietnamese communication about pain experience has been confirmed, systematic research on Vietnamese pain terms and pain descriptors is still minimal. Moreover, although various studies have been conducted either to validate or challenge the role of the MPQ, especially its inventory of pain descriptors, how the MPQ descriptors are employed by the Vietnamese has been scarcely examined. This indicates a need for a thorough investigation into Vietnamese pain terms and pain descriptors with a focus on how the MPQ words are produced in the Vietnamese context.

METHODS

1. Research participants

The current study involved twenty-six Vietnamese female cancer patients as research participants being recruited from a large hospital providing support for patients from different parts of Vietnam, ranging from the North to the South. There are several reasons why women with cancer were chosen as the sample and why a sample size of 26 was decided.

Since building rapport with participants is central to the interview process (Abbe & Brandon, 2013) and people of the same gender find it more comfortable to communicate with each other in the Vietnamese cultural context (Tran, 2001), female patients were selected so that rapport between the patients and the female researcher who conducted the interviews could be established. In addition, women with cancer were the focus of research in the anticipation that cancer patients would be able to provide abundant and rich data about pain language. Moreover, a sample size of between 20 and 30 was chosen because according to reports on the sample size and saturation in research using qualitative interviews, for example, Mason (2010), the most common sample sizes were 20 and 30.

The study obtained ethical approval from both The University of Queensland Behavioural and Social Sciences Ethical Review Committee and the Research Committee of the hospital in Vietnam. One of the treating doctors from the hospital agreed to assist the researcher in contacting and recruiting the potential patients by making a record of the patients who met the selection criteria: female cancer patients aged 18 or above, experiencing pain, but well enough to take part in the interview.

The twenty-six female cancer patients who agreed to take part in the research had their age ranging from 37 to 79 (M = 53.42; SD = 10.19), with two being single, twenty being married, and the remaining four being widowed. Eight of the patients were diagnosed with breast cancer, four with lung cancer, four with cancer of the head and neck, two with ovarian cancer, two with lymphoma, and the remaining six women with cancer of the pancreas, stomach, thymus, gall, liver, and of an unidentified organ. These patients' stages of cancer were from 2 to 4, with higher stages indicating more advanced disease. Specifically, eight women were at stage 4, twelve at stage 3, five at stage 2, and one was at an unidentified stage but kept grumbling about her incessant pain at the time of interview.

2. Data collection

The researcher was able to secure the twenty-six patients' agreement to participate in the research and have their responses to the interviews recorded.

Interviewing is regarded as the single most reliable indicator of a person's pain experience (Bergh et al., 2005) and has also been used in a number of pain language studies to understand the patients' experience. The current research employed the interview as the sole data collection method in order to collect information about the patients' pain experience and information about their cancer condition (e.g., types of cancer, stages of cancer, and cancer treatment). Although it would be more convenient for the researcher to use a questionnaire to obtain information, the researcher was concerned that ill health might impede the patients' ability to read and write their responses to the questionnaire. Accordingly, this study utilised one-to-one semi-structured interviews, which were audio-recorded, to collect all data necessary for the research. The interview questions and their probes combined to provide a substantially complete story about the patients' pain experience. Their responses to the questions and the probes helped eliciting the Vietnamese pain descriptors whereby the role of the MPQ descriptors would be highlighted in the Vietnamese context. The interview protocol was designed in

Vietnamese to facilitate the patients' understanding and communication. After all, the data collection procedures lasted for nine months. None of the patients withdrew from the interview once they had agreed to take part.

3. Data analysis

The data analysis started with the transcription of the recorded interviews. The accuracy of the interview transcripts was checked carefully before the data coding was conducted. At this stage, all the transcripts were in Vietnamese.

After the transcription had been completed, the researcher identified the expressions which consisted of đau (hurt), nhức (ache), and đau-nhức (hurt and ache), three key pain terms in Vietnamese. The pain talk produced by the 26 patients yielded a corpus of 139,254 words in which there are 2,101 pain expressions, with each pain expression one clause or more in length. Amongst the 2,101 pain expressions produced by the patients, 626 were coded as pain expressions with the basic pain terms describing the presence of pain whereas the remaining 1,475 pain expressions were coded as pain expressions with elaborated pain descriptors illustrating the presence of pain and other aspects of pain as well. The elaborated pain descriptors were then sub-coded as MPQ-VN descriptors and Non-MPQ-VN descriptors.

Before coding the MPQ-VN descriptors, the researcher translated all the 78 MPQ descriptors developed by Melzack (1975) into Vietnamese. The translation was checked by two Vietnamese students external to the research group, a PhD linguistics student and a PhD medical student, who used English as the instructional language in their research. The coding of the MPQ-VN descriptors was based on Melzack's (1975) inventory of 78 MPQ descriptors and on the Vietnamese translation of the standard MPQ words as well. MPQ-VN descriptors were sub-coded as MPQ-VN sensory, MPQ-VN affective, MPQ-VN evaluative, MPQ-VN miscellaneous, and co-occurrence of MPQ-VN descriptors. We labelled the codes MPQ-VN descriptors instead of MPQ descriptors in order to emphasise that MPQ-VN descriptors are not identical, but semantically similar, to the standard MPQ descriptors in Melzack's (1975) inventory. The elaborated pain descriptors that did not belong to the inventory of MPQ-VN descriptors were coded as Non-MPQ-VN descriptors. Due to the scope and the aims of the current paper, we deliberately did not focus on presenting the Non-MPQ-VN descriptors; only MPQ-VN descriptors were discussed instead. The coding of pain terms, pain descriptors, and pain expressions was conducted on the lexical, phrasal, and sentential levels. NVivo software, which can deal with a wide variety of languages including Vietnamese, was employed in order to code the Vietnamese data and keep record of the codes in a systematic way.

An independent checker with similar educational background to the chief investigator was recruited to verify 10% of the data for the codes of Vietnamese pain terms and Vietnamese pain descriptors produced by the patients. The inter-rater reliability was at 100% for the pain terms and 93.5% for the pain descriptors. Discussion between the researcher and the second coder took place to resolve the discrepancies. All the data necessary for the thesis writing was then translated from Vietnamese into English by the chief investigator and checked by two native English speakers.

In the next phase, content analysis was employed both quantitatively and qualitatively. Quantitative content analysis was conducted by counting the instances of pain expressions involving the basic pain terms, elaborated pain descriptors, and different sub-categories of elaborated pain descriptors as presented in coding. The data was then presented in tables with frequencies and percentages. Moreover, qualitative content analysis with the interpretive method played an important role: the interpretation was based on the patients' pain talk as well as on the relevant literature on pain and pain language.

RESULTS AND DISCUSSION

1. Vietnamese pain terms and pain descriptors

The findings obtained from the interviews with the Vietnamese patients show that there are three semantically basic pain terms in Vietnamese: **đau**, **nhức**, and **đau-nhức**. Both **đau** and **nhức** refer to the "unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage", as presented in the revised definition of pain (Raja et al., 2020, p. 1976)[1]. Moreover, the findings demonstrate that **nhức** describes more intense, focused and/or internal pain than **đau**, which is consistent with Diller's (1980) statement about the semantic differentiation of these two pain terms in Vietnamese. **Đau** and **nhức** also co-occur to form **đau-nhức**, illustrating the general meaning of pain as in **đau**, and the specific meaning of more intense, focused and/or internal pain as in **nhức**. Consequently, **đau**, **nhức**, and **đau-nhức** were counted as semantically basic pain terms, or pain terms for convenience:

(1) Khi (tôi) nói nhiều là cái lưỡi **đau**.
When (I) talk much then CLF tongue **hurt**.
When I talk much, my tongue **hurts**.

(2) Cả cái chân tôi đều **nhức**.
Whole CLF leg me all **ache**.
My whole leg **aches**.

(3) Chứ nếu nó (cái vú) **đau-nhức** thì (tôi) chịu không được đâu.
But if it (CLF breast) **hurt and ache** then (I) bear not able PART.
But if it (my breast) **hurts and aches**, I can't bear it.

Although đau and nhức are differentiated in terms of meaning, they are sometimes used equally freely as in đau đầu and nhức đầu, which express the suffering of pain in the head:

[1] The term **đau**, when being used in Central Vietnam, means *getting sick* or *having a disease* in addition to the meaning as presented in the revised definition of pain. In the current study, we deliberately did not count the expressions, in which **đau** has the meaning of *getting sick* or *having a disease*, as Vietnamese expressions of pain.

(4) Rồi dì[2] **đau đầu, nhức đầu** thôi.
Then aunt-1st per. sing. pro. **hurt head, ache head** only.
Then I **hurt/ached in my head only**.

Example (4) supports Diller's (1980) statement regarding the blurred semantic distinction of the Vietnamese pain terms. **Đau** and **nhức** in (4) function as lexical variants of the Vietnamese basic pain terms, indicating stylistic synonyms. The patient used both **đau đầu** (*hurt in one's head*) and **nhức đầu** (*ache in one's head*) in order to describe a pain in the head with no clear emphasis on the difference between the two.

When responding to the interview questions, the Vietnamese patients produced 2,101 pain expressions, with the following distribution:

Table 2

The frequency of pain terms in Vietnamese pain expressions

	Vietnamese pain expressions with			Total
	Đau	Nhức	Đau-nhức	
Number	1,920	164	17	2,101
Percentage	91.4	7.8	0.8	100

As shown in Table 2, the patients employed **đau** in 91.4% of the pain expressions, that is, **đau** was used with a much higher frequency than **nhức** and **đau-nhức**. **Đau** manifests itself as a general cover-term central to the system of Vietnamese pain terms, and functions as a super-ordinate pain term due to its semantic dominance. This finding is consistent with Diller's (1980) discussion on the system of pain language in Vietnamese, Cambodian, Lao, and Thai, whereby pain is construed through a set of pre-differentiated multiple terms of which one term functions as super-ordinate. For example, amongst the 15 Thai pain terms, *čhèp* is known as the general cover term, the super-ordinate (Diller, 1980).

While Diller (1980) presented **đau** and **nhức** as two Vietnamese pain terms with a clear categorical separation indicating changes in state of muscular pain, the findings in the current investigation show that **đau**, **nhức**, and **đau-nhức** with their semantic differentiation can be used in pain expressions indicating physical pain as well as emotional pain. Cancer pain includes not only physical pain (e.g., metastasis pain, cancer-treatment pain, pain associated with complications from cancer) but also psychological pain (e.g., anxiety and depression) and social pain (e.g., patients' feeling of loneliness because of their family life), with the last two types being generally understood as emotional pain (Grond et al., 1996). The data in the current study shows that, amongst the 2,101 pain expressions, only 22 expressions (1.0%) describe emotional pain, whereas the others (99.0%) are about physical pain. Although the patients claimed that emotional pain was more tormenting than physical pain, the fact that

[2] Vietnamese address terms such as **cô**/**dì** (*aunt*), **chị** (*elder sister*), **mệ**/**bà** (*grandma*) refer not only to one's aunt, sister, and grandma, respectively, but also to those of relatively same age of one's aunt, sister, and grandma, respectively. These address terms can be used as either first or second personal pronoun. In the current study, many patients used **cô**/**dì** (*aunt*), **chị** (*elder sister*), **mệ**/**bà** (*grandma*) in order to address themselves when they took part in the interview. Therefore, these terms were translated into English as *I* or *me*.

they faced, experienced, and dealt with physical pain on a daily basis had resulted in the predominance of expressing and describing physical pain.

The 2,101 pain expressions were divided into two major categories: expressions of pain with basic pain terms, and expressions of pain with elaborated pain descriptors:

Table 3

Vietnamese pain expressions with basic pain terms and elaborated pain descriptors

	Vietnamese pain expressions with		Total
	Basic pain terms	Elaborated pain descriptors	
Number	626	1,475	2,101
Percentage	29.8	70.2	100

Table 3 indicates that there is a considerable difference in the number of basic pain terms and elaborated pain descriptors employed by the Vietnamese patients, with the latter (70.2%) showing substantially more than the former (29.8%). The patients showed their preference for elaborating their pain in addition to stating the presence of pain and expressing their attitude towards pain.

On the one hand, in the pain expressions with basic pain terms, the pain terms **đau**, **nhức**, and **đau-nhức** do not accompany any other descriptors: these pain expressions merely indicate the presence of pain from different viewpoints, for example, from the viewpoint of the sufferer (5) and from that of the location of pain (6). The pain expressions with basic pain terms also show the patients' attitude towards pain: fearing or hating pain, thinking about pain, wishing to forget pain, and accepting and bearing pain, either voluntarily or involuntarily (7a), (7b), (7c).

(5) Khi-đó chưa phẫu-thuật thì **cô** **đau**.
That time not yet operate then **aunt-1st per. sing. pro.** **hurt**
When I hadn't undergone the surgery, **I hurt**.

(6) Nhưng **những phần thịt này đau hết**.
But **PART part flesh this hurt all**.
But **these parts of my flesh all hurt**.

(7a) Tôi sợ **đau**, (7b) tôi cũng ghét **đau**, (7c) nhưng tôi chịu **đau** giỏi lắm.
I fear **pain**, I also hate **pain**, but I bear **pain** well very.
I fear **pain**, I also hate **pain**, but I can bear **pain** very well.

On the other hand, in the pain expressions with elaborated pain descriptors, the pain terms **đau**, **nhức**, and **đau-nhức** accompany words/phrases describing different aspects of pain, such as the qualities of pain, the intensity of pain, the consequences of pain, the temporal dimensions of pain, and the location or dynamic motion of pain. Therefore, the pain expressions with elaborated pain descriptors demonstrate both the presence of pain and other aspects of pain.

The previous studies of pain language have reported pain descriptors at the lexical level (Duggleby, 2002; Jensen et al., 2013; Jerrett & Evans, 1986; Melzack, 1975, 1987), or at the phrasal and sentential level (Bergh et al., 2005; Kortesluoma & Nikkonen, 2006; Strong et al., 2009). The current study does not treat pain descriptors only as single vocabulary entities; Vietnamese pain descriptors can be a word, a phrase, a clause or more than one clause. Accordingly, Vietnamese pain descriptors will be reported at the lexical, phrasal, and sentential level; similes of pain will also be discussed in this paper.

The Vietnamese pain expressions with elaborated pain descriptors were divided into two categories: Vietnamese equivalents of the standard MPQ descriptors and Vietnamese non-MPQ descriptors, which will, in the current research, be called MPQ-VN descriptors and Non-MPQ-VN descriptors for convenience. MPQ-VN descriptors are not identical, but semantically similar, to the standard MPQ descriptors in Melzack's (1975) inventory. Non-MPQ-VN descriptors describe other aspects of pain and do not belong to Melzack's inventory.

Table 4

Vietnamese pain expressions with MPQ-VN descriptors and Non-MPQ-VN descriptors

	Vietnamese pain expressions with		Total
	MPQ-VN descriptors	Non-MPQ-VN descriptors	
Number	291	1,184	1,475
Percentage	19.7	80.3	100

As shown in Table 4, the MPQ-VN descriptors account for only 19.7% of the total elaborated pain descriptors employed by the Vietnamese patients. In other words, the MPQ-VN words did not play a major role in the attempt by Vietnamese patients to describe their pain experience. This finding is consistent with the previous research which stated that MPQ descriptors may neither comprehensively reflect what the patients wish to describe about their pain, nor mirror the complex experience of pain (Kortesluoma & Nikkonen, 2006; Söderberg & Norberg, 1995; Strong et al., 2009; Wilson et al., 2009). Due to the scope and the aims of the current paper, only MPQ-VN descriptors would be presented in the next section in order to highlight the extent to which MPQ descriptors were employed in the Vietnamese context.

2. Vietnamese pain expressions with MPQ-VN descriptors

In the Vietnamese patients' pain talks, the Vietnamese equivalents of the MPQ adjectives proposed by Melzack (1975) occurred in 291 pain expressions (Table 4). Nonetheless, most of these MPQ-VN words were used in grammatical structures which differed from the adjectives of the original MPQ: in 283 out of 291 pain expressions (97.3%), the original MPQ adjectives became adverbs modifying the verbs **đau**, **nhức** or **đau-nhức**, while those in the remaining 8 pain expressions (2.7%) remained adjectives or became nouns. This indicates a shift in grammatical structure when words of similar meanings are used in English and Vietnamese.

The MPQ-VN descriptors used by the Vietnamese patients were grouped into 5 sub-categories: sensory, affective, evaluative, miscellaneous, and co-occurrences of the descriptors from the first four sub-categories. The first four sub-categories were taken from the English version of

the original MPQ developed by Melzack (1975). The fifth sub-category was included in the current classification since the Vietnamese patients sometimes combined different descriptors, either within one category or from different categories, when they produced the pain expressions.

Table 5

The frequency of MPQ-VN descriptors in sub-categories used by the Vietnamese patients

	The MPQ-VN descriptors in the sub-category of					Total
	Sensory	Affective	Evaluative	Miscellaneous	Co-occurence	
Number	113	22	80	62	14	291
Percentage	38.8	7.6	27.5	21.3	4.8	100

Table 5 illustrates that the Vietnamese patients used sensory descriptors (38.8%) most frequently. Evaluative words came second (27.5%), while the third, fourth, and fifth positions were for miscellaneous (21.3%), affective (7.6%), and co-occurrence of MPQ-VN descriptors (4.8%), respectively. In other words, sensory and evaluative MPQ-VN words were more strongly represented in the Vietnamese pain expressions. In Melzack's (1987) study, however, it was the sensory and affective MPQ descriptors that were chosen as representative in the development of the SF-MPQ.

Pain expressions with MPQ-VN sensory descriptors

The Vietnamese patients produced 113 pain expressions with MPQ-VN sensory descriptors. The frequency of **đau**, **nhức**, and **đau-nhức** in these expressions is shown in Table 6, with **đau** as the dominant term:

Table 6

The frequency of Đau, Nhức, and Đau-nhức in pain expressions with MPQ-VN sensory descriptors

	Pain expressions with MPQ-VN sensory descriptors with			Total
	Đau	Nhức	Đau-nhức	
Number	105	8	0	113
Percentage	92.9	7.1	0.0	100

Amongst the 113 pain expressions with MPQ-VN sensory descriptors, one expression shows the MPQ-VN descriptor used as a noun phrase (8) and two expressions show the MPQ-VN descriptors as adjectives, as in (9):

(8) Mình gọi nó là **đau âm-ỉ** đấy.
I call it be **pain dull** PART.
I call it **dull pain**.

(9) (Tôi) vẫn cảm-thấy **đau-nhói** ít thôi.
(I) still feel **throbbing** a little only.
I still feel **throbbing** a little bit.

The other 110 pain expressions have the MPQ-VN sensory words used as verb phrases. In such expressions, the patients either specified the location of pain or ignored the location of pain.

Typical MPQ-VN descriptors equivalent to *beating*, *pricking*, *stabbing*, *cutting*, and *pulling* were selected to be presented below in two examples, with the latter example in the pair expressing the meaning of an MPQ word but functioning as a simile/comparison. In addition, the English term *splitting* was used only in the form of simile when it is translated into Vietnamese. In other words, it is not always possible to find a corresponding Vietnamese word for an English MPQ descriptor. This phenomenon also happens in Greek. As Lascaratou (2007) explains, English sensory pain descriptors translated into Greek do not always have corresponding adjectival forms; they are sometimes in the form of 'as if' expressions.

(10a) Nhưng thịt mình **đau như là như bị ai đánh-đập**.
But flesh me **hurt beating like being somebody beat**.
But my flesh **hurts to a beating extent, as if I were beaten by somebody**.

(10b) (Tôi) **đau hơn bị đánh-đập nữa**.
(I) **hurt more than be beat more**.
I **hurt even more than being beaten**.

(11a) Khi truyền-thuốc, chích kim vô là (chị) **đau nhói**.
When chemotherapy, prick needle in then (elder sister - 1st per. sing. pro.) **hurt pricking**.
When I undergo chemotherapy treatment, I am pricked with a needle, then I **hurt to a pricking extent**.

(11b) Chị **nhức-nhói giống-như bị kim chích vậy**.
Elder sister - 1st per. sing. pro. **ache like be needle prick PART**.
I **ache to a pricking extent, as if I were pricked by a needle**.

(12a) (Mệ) **đau đâm-đâm** trong lỗ-tai.
(Grandma - 1st per. sing. pro.) **hurt stabbing stabbing** in ear hole.
I **hurt to a slightly stabbing extent** in my ear hole.

(12b) Mình **đau như người-ta đâm vào người mình**.
I **hurt like people stab into body me**.
I **hurt in my body as if it were stabbed by someone**.

(13a) (Chị) **đau cắt** ruột luôn.
(Elder sister - 1st per. sing. pro.) **hurt cutting** intestine PART.
I **hurt to a cutting extent** in my intestine.

(13b) (Mệ) **đau giống-như ai lấy dao mà cắt thịt** vậy-đó.
(Grandma - 1st per. sing. pro.) **hurt like somebody use knife then cut flesh** PART.
I **hurt in my flesh as if it were cut with a knife by somebody**.

(14a) (Tôi) **đau hơi kéo-co**.
(I) **hurt slightly pulling**.
I **hurt to a slightly pulling extent**.

(14b) Nhưng có một đêm, (chị) **đau giống-như bị kéo tung cả mạn-sườn** luôn.
But have one night, (elder sister-1st per. sing. pro.) **hurt like be pulled off whole ribs** PART.
But one night, I **hurt in my ribs as if they were pulled away**.

(15) (Tôi) **đau như búa bổ** trên đầu.
(I) **hurt like hammer split** on head.
I **hurt to a splitting extent** on my head.

Pain expressions with MPQ-VN affective descriptors

The Vietnamese patients produced 22 pain expressions with MPQ-VN affective descriptors. The frequency of **đau**, **nhức**, and **đau-nhức** in these expressions is shown in Table 7, and the term **đau** is again dominant:

Table 7

The frequency of Đau, Nhức, and Đau-nhức in pain expressions with MPQ-VN affective descriptors

	Pain expressions with MPQ-VN affective descriptors with			Total
	Đau	Nhức	Đau-nhức	
Number	19	3	0	22
Percentage	86.4	13.6	0.0	100

The Vietnamese employed four affective MPQ-VN words – the Vietnamese equivalents of *tiring*, *exhausting*, *fearful*, and *punishing* in their pain talk. All of these MPQ-VN affective descriptors were used as verb phrases in the 22 pain expressions. In addition, the Vietnamese equivalent of *punishing* was used in the form of simile. One particular aspect of the pain expressions with MPQ-VN affective descriptors is that the subject of the clauses that express pain is always the sufferer, not the location of pain, that is, the emphasis is on the sufferer as the entity to have pain in the affective dimension. In the subsequent part of these pain expressions, the patients either ignored or specified the location of pain:

(16) Mổ xong-rồi thì dì **đau mệt-mỏi** cả người vậy.
Operation finish then aunt – 1st per. sing. pro. **hurt tiring** whole body PART.
After the operation, I **hurt to a tiring extent** in my whole body.

(17) (Dì) **đau kiệt-quệ** luôn.
(Aunt – 1st per. sing. pro.) **hurt exhausting** PART.
I do **hurt to an exhausting extent**.

(18) (Tôi) **đau đáng-sợ lắm** chơ. Tôi sợ run, sợ nổi da-gà luôn.
(I) **hurt fearful much** PART. I fear shiver, fear emerge gooseflesh PART.
I **hurt to a very fearful extent**. I fear and I shiver, I fear and I get gooseflesh.

(19) (Dì) **đau như Trời giáng**.
(Aunt – 1st per. sing. pro.) **hurt like Trời punish**.
I **hurt as if I were punished by Heaven (to a punishing extent)**.

It is noticeable that **đau đáng-sợ lắm** (*hurt to a very fearful extent*) in example (18) is different from **đau dễ-sợ lắm** (*hurt a great deal; hurt very much*). **Đáng-sợ** and **dễ-sợ**, as vocabulary entities, both mean *fearful*. **Đáng-sợ** in **đau đáng-sợ lắm** in (18) indicates the patient's fear when being in pain because the patient mentioned her shivering and her gooseflesh as companions of her fear. In other examples where the patients employed **đau dễ-sợ lắm** and did not elaborate their pain any further, **dễ-sợ** merely functions as an intensifier of pain.

Pain expressions with MPQ-VN evaluative descriptors

The Vietnamese patients produced 80 pain expressions with MPQ-VN evaluative descriptors. The frequency of **đau**, **nhức**, and **đau-nhức** in these expressions, with **đau** again dominant, is shown in Table 8:

Table 8

The frequency of Đau, Nhức, and Đau-nhức in pain expressions with MPQ-VN evaluative descriptors

	Pain expressions with MPQ-VN evaluative descriptors with			Total
	Đau	Nhức	Đau-nhức	
Number	65	14	1	80
Percentage	81.3	17.5	1.2	100

The Vietnamese patients employed four MPQ-VN evaluative descriptors – the Vietnamese equivalents of *annoying*, *miserable*, *intense*, and *unbearable* in their pain talk. Amongst the 80 pain expressions with MPQ-VN evaluative descriptors, there were only 2 expressions with the pain descriptors used as adjectives, for example:

(20) Cái đau-lưng này thì **chịu-không-được**.
CLF back pain this be **unbearable**.
This back pain is **unbearable**.

The other 78 pain expressions show the MPQ-VN evaluative words used as verb phrases in which the patients specified the location of pain (21)-(22), or did not specify the location of pain (23)-(25). In particular, while the patients used the Vietnamese equivalents of *annoying*, *intense*, and *unbearable* to describe both physical and emotional pain, they used the Vietnamese equivalent of *miserable* only to describe their emotional pain (23).

(21) (Chị) **đau bực-bội** trong bụng.
(Elder sister – 1st per. sing. pro.) **hurt annoying** in stomach.
I **hurt to an annoying extent** in my stomach.

(22) Nhưng cái chân **nhức chịu-không-nổi**.
But CLF leg **ache unbearable**.
But the leg **aches to an unbearable extent**.

(23) Ai mà mắc căn-bệnh này thì đều **đau-khổ**.
Who PART get disease this then all **miserable**.
Those who get this disease all **suffer to a miserable extent**.

(24) Chị cứ nói sao-mà (chị) **đau da-diết**.
Elder sister – 1st per. sing. pro. continue say why (elder sister – 1st per. sing. pro.) **hurt intense**.
I keep saying why I **hurt so intensely**.

(25) (Mệ) **đau-nhức chịu-không-nổi**.
(Grandma – 1st per. sing. pro.) **hurt-ache unbearable**.
I **hurt and ache to an unbearable extent**.

Pain expressions with MPQ-VN miscellaneous descriptors

The Vietnamese patients produced 62 pain expressions with MPQ-VN miscellaneous descriptors. The frequency of **đau**, **nhức**, and **đau-nhức** in these expressions is shown in Table 9. In this sub-category, the pain term **đau** again occupies the dominant position:

Table 9

The frequency of Đau, Nhức, and Đau-nhức in pain expressions with MPQ-VN miscellaneous descriptors

	Pain expressions with MPQ-VN miscellaneous descriptors with			Total
	Đau	Nhức	Đau-nhức	
Number	59	2	1	62
Percentage	95.2	3.2	1.6	100

The Vietnamese patients employed six MPQ-VN miscellaneous descriptors – the Vietnamese equivalents of *penetrating, tight*, *numb*, *nagging*, *agonizing*, and *torturing* in their pain talk. Amongst the 62 pain expressions with MPQ-VN miscellaneous descriptors, there were only 2 expressions with the miscellaneous pain descriptors used as adjectives, as in (26):

(26) Cái đau này **hơi tê** thôi.
CLF pain this **slightly numb** only.
This pain is only **slightly numb**.

The other 60 pain expressions show the MPQ-VN miscellaneous words used as verb phrases in which the patients specified the location of pain (27)-(29), or did not specify the location of pain (30):

(27) Nó **đau-nhức thấu trong xương** luôn.
It (dummy subject) **hurt and ache penetrating in bone** PART.
It **hurts and aches to a penetrating extent**.

(28) Hôm-qua (chị) **đau tức** ngực, cứ nghĩ rằng chắc chết.
Yesterday (elder sister – 1st per. sing. pro.) **hurt tight** chest, keep think that probably die.
Yesterday I **hurt to a tight extent** in my chest, I kept thinking that I would probably die.

(29) Nó **đau quằn-quại** trong cái vú.
It (dummy subject) **hurt agonizing** in CLF breast.
It **hurts to an agonizing extent** in my breast.

(30) (Chị) **đau dai-dẳng lắm** em à.
(Elder sister – 1st per. sing. pro.) **hurt nagging much** younger sibling VOC.
I hurt to a very nagging extent, you know.

Pain expressions with the Co-occurrence of MPQ-VN descriptors

The Vietnamese patients produced 14 pain expressions involving the co-occurrence of MPQ-VN descriptors. The frequency of **đau**, **nhức**, and **đau-nhức** in these pain expressions is shown in Table 10, and **đau** again indicates its dominant role:

Table 10
The frequency of Đau, Nhức, and Đau-nhức in pain expressions with the co-occurrence of MPQ-VN descriptors

	Pain expressions involving the co-occurrence of MPQ-VN descriptors with			Total
	Đau	Nhức	Đau-nhức	
Number	13	1	0	14
Percentage	92.9	7.1	0.0	100

Amongst the 14 pain expressions, only one shows the co-occurrence of MPQ-VN descriptors functioning as adjectives, as in (31):

(31) Đau ung-thư là khác, nó **dai-dẳng, ê-ẩm**.
Pain cancer be different, it **nagging, tiring**.
Cancer pain is different, it is **nagging and tiring**.

The other 13 pain expressions show the MPQ-VN words used as verb phrases, of which one describes emotional pain (32) and one describes both emotional and physical pain (33):

(32) Tôi **đau vật-vã, khổ-sở** trong tâm-thần quá.
I **hurt agonizing, miserable** in mind much.
I **suffer mental pain to a very agonizing and miserable extent**.

(33) Nhiều-khi (chị) **đau mệt-mỏi, buồn-bực** trong người.
Many times (elder sister – 1st per. sing. pro.) **hurt tiring, annoying** in body.
For many times, I **hurt to a tiring and annoying extent** in my body.

For the rest of 11 pain expressions which describe physical pain, the typical descriptor *unbearable* (EVALUATIVE) co-occurred with quite a few MPQ-VN descriptors such as *sharp* (SENSORY), *tiring* (AFFECTIVE), *agonizing* (MISCELLANEOUS) and *numb* (MISCELLANEOUS):

(34) (Tôi) **đau nhói-buốt, đau không-chịu-được**.
(I) **hurt sharp, hurt unbearable**.
I **hurt to a sharp and unbearable extent**.

(35) Nói-chung (chị) **đau** xương, **đau mệt-mỏi, đau chịu-không-nổi**.
Generally (elder sister – 1st per. sing. pro.) **hurt** bone, **hurt tiring, hurt unbearable**.
Generally, I **hurt to a tiring and unbearable extent** in my bone.

(36) (Dì) **đau quằn-quại, đau chịu-không-nổi**.
(Aunt – 1st per. sing. pro.) **hurt agonizing, hurt unbearable**.
I **hurt to an agonizing and unbearable extent**.

(37) Nó **đau tê-tái, đau chịu-không-nổi** luôn.
It (dummy subject) **hurt numb, hurt unbearable** PART.
It **hurts to a numb and unbearable extent**.

Finally, MPQ-VN words of the same category also co-occurred, as in example (38) where two MPQ-VN sensory descriptors combined with each other:

(38) (Mệ) **đau đâm-đâm** trong lỗ-tai, **giật-giật** vậy-đó, rồi khô cổ.
(Grandma – 1st per. sing. pro.) **hurt stabbing-stabbing** in ear hole, **wrenching-wrenching** PART, then dry throat.
I **hurt to a stabbing and wrenching extent** in my ear hole, and then feel dry in my throat.

A Summary of MPQ-VN Words Used by the Vietnamese Patients

Table 11 below presents the MPQ-VN words in verb phrases being arranged from most used to least used. **Đau** in each example can be replaced with **nhức** or **đau-nhức**.

Table 11

The MPQ-VN words used by the Vietnamese patients

	MPQ descriptors	MPQ-VN descriptors	English translation of MPQ-VN descriptors	Number
1	Unbearable	Đau không chịu nổi/được	Hurt to an unbearable extent	42
2	Agonizing	Đau quằn-quại/vật-vã	Hurt to an agonizing extent	32
3	Throbbing	Đau nhói	Hurt to a throbbing extent	27
4	Annoying	Đau khó-chịu/bực-bội	Hurt to an annoying extent	25
5	Tiring	Đau mệt-mỏi, ê-ẩm	Hurt to a tiring extent	14
6	Dull	Đau âm-ỉ	Hurt to a dull extent	13
7	Sharp	Đau nhói-buốt	Hurt to a sharp extent	12

	MPQ descriptors	MPQ-VN descriptors	English translation of MPQ-VN descriptors	Number
8	Tight	Đau tức (ngực)	Hurt to a tight extent	9
9	Pinching	Đau nhéo-nhéo	Hurt to a pinching extent	9
10	Shooting	Đau tê	Hurt to a shooting extent	7
11	Burning	Đau bỏng-rát	Hurt to a burning extent	7
12	Aching	Đau nhức-nhối	Hurt to an aching extent	7
13	Tender	Đau khi bị chạm vào	Hurt to a tender extent	7
14	Intense	Đau nhức-nhối, da-diết	Hurt to an intense extent	7
15	Numb	Đau tê-tái	Hurt to a numb extent	7
16	Nagging	Đau dai-dẳng	Hurt to a nagging extent	6
17	Penetrating	Đau thấu xương	Hurt to a penetrating extent	5
18	Wrenching	Đau giật-giật	Hurt to a wrenching extent	4
19	Miserable	Đau khốn-khổ/khổ-sở	Hurt to a miserable extent	4
20	Stabbing	Đau như dao đâm	Hurt to a stabbing extent	3
21	Heavy	Đau dữ-dội	Hurt to a heavy extent	3
22	Exhausting	Đau kiệt-quệ	Hurt to an exhausting extent	3
23	Fearful	Đau sợ-hãi	Hurt to a fearful extent	3
24	Torturing	Đau vày-vò/tra-tấn	Hurt to a torturing extent	3
25	Pricking	Đau nhói như kim châm	Hurt to a pricking extent	2
26	Cutting	Đau cắt (da, thịt, ruột)	Hurt to a cutting extent	2
27	Gnawing	Đau rấm-rứt	Hurt to a gnawing extent	2
28	Pulling	Đau co-kéo	Hurt to a pulling extent	2
29	Splitting	Đau (đầu) như búa bổ	Hurt to a splitting extent	2
30	Punishing	Đau như Trời giáng	Hurt to a punishing extent	2
31	Beating	Đau nhừ (như bị ai đánh đập)	Hurt to a beating extent	2
32	Cramping	Đau tê như chuột rút	Hurt to a cramping extent	1
33	Hot	Đau nóng	Hurt to a hot extent	1
34	Tingling	Đau ngứa nhoi-nhói	Hurt to a tingling extent	1
35	Taut	Đau căng (bụng)	Hurt to a taut extent	1
	Co-occurrence of MPQ descriptors	**Co-occurrence of MPQ-VN descriptors**	**English translation of MPQ-VN descriptors**	**Number**
1	Agonizing + unbearable	Đau quằn-quại, chịu không nổi	Hurt to an agonizing and unbearable extent	3
2	Burning + annoying	Đau nóng-rát, khó-chịu	Hurt to a burning and annoying extent	2
3	Stabbing + wrenching	Đau đâm-đâm, giật-giật	Hurt to a stabbing and wrenching extent	1
4	Wrenching + pricking	Đau giật-giật, nhói-nhói	Hurt to a wrenching and pricking extent	1
5	Nagging + tiring	Đau dai-dẳng, ê-ẩm	Hurt to a nagging and dull extent	1
6	Agonizing + miserable	Đau quằn-quại, khổ-sở	Hurt to an agonizing and miserable extent	1
7	Tiring + numb	Đau mệt mỏi, tê tái	Hurt to a tiring and numb extent	1
8	Tiring + annoying	Đau mệt mỏi, khó chịu	Hurt to a tiring and annoying extent	1
9	Sharp + unbearable	Đau nhói buốt, không chịu được	Hurt to a sharp and unbearable extent	1
10	Tiring + unbearable	Đau mệt mỏi, không chịu được	Hurt to a tiring and unbearable extent	1
11	Numb + unbearable	Đau tê tái, không chịu được	Hurt to a numb and unbearable extent	1

Table 11 indicates that only 35 out of 78 MPQ-VN words (44.9%) were used by the Vietnamese patients, reflecting again the underuse of the MPQ descriptors in the Vietnamese context. Table 11, however, supports the salience of the descriptors in the SF-MPQ, which has been claimed by Melzack (1987). In fact, amongst the inventory of 15 SF-MPQ words, 14 can be found in Table 11, including *throbbing*, *shooting*, *stabbing*, *sharp*, *cramping*, *gnawing*, *hot-burning*, *aching*, *heavy*, *tender*, *splitting*, *tiring-exhausting*, *fearful*, and *punishing*. The only SF-MPQ word that the Vietnamese patients did not use was *sickening*.

CONCLUSION AND IMPLICATIONS

It was found that **đau**, **nhức**, and **đau-nhức** are three basic pain terms in Vietnamese. These three pain terms, however, vary in terms of meaning: **nhức** describes more intense, focused and/or internal pain than **đau**, while **đau-nhức** conveys the meaning of both **đau** and **nhức**. It was also found that **đau** is a super-ordinate pain term; it is semantically dominant and is therefore used much more frequently than **nhức** and **đau-nhức**. When the pain terms **đau**, **nhức**, and **đau-nhức** do not accompany other descriptors, they function as basic pain terms in the pain expressions. On the other hand, when the pain terms **đau**, **nhức**, and **đau-nhức** are accompanied by words indicating aspects of pain, they become elaborated pain descriptors in the pain expressions. The elaborated pain descriptors illustrate both the presence of pain and other aspects of pain, and can be systematically classified into MPQ-VN descriptors and Non-MPQ-VN descriptors.

Amongst the pain expressions with elaborated pain descriptors, those with MPQ-VN descriptors account for 19.7%, whereas those with Non-MPQ-VN descriptors occupy 80.3% (see Table 4). Moreover, only 35 out of 78 MPQ-VN words (44.9%) were used by the Vietnamese patients (see Table 11). With many MPQ-VN words not being used and a large number of Non-MPQ-VN words being employed in the Vietnamese expressions of pain, it could be inferred that MPQ descriptors could not reflect the patients' pain experience comprehensively in the Vietnamese context. This is consistent with the previous research, for example, Kortesluoma and Nikkonen (2006), Söderberg and Norberg (1995), Strong et al. (2009), and Wilson et al. (2009). The findings also suggest that the MPQ descriptors may not provide sufficient richness and depth for understanding the expressions of pain experience of Vietnamese women. Therefore, a combination of both MPQ-VN descriptors and Non-MPQ-VN descriptors would be needed to fully capture the Vietnamese pain experience.

The Vietnamese patients used more MPQ-VN sensory descriptors than any other sub-categories with MPQ-VN words. Furthermore, MPQ-VN sensory descriptors and MPQ-VN evaluative descriptors were the two sub-categories employed the most in Vietnamese. This is not in line with Melzack's (1987) study where sensory and affective MPQ words were more representative. In addition, although the Vietnamese patients used more sensory MPQ-VN descriptors than those of any other sub-categories with MPQ-VN words, the most used MPQ-VN word was not in the sensory category. The MPQ-VN descriptor which was used the most frequently was **đau không chịu nổi/được** (*unbearable*: EVALUATIVE), followed by **đau quằn quại/vật vã** (*agonizing*: MISCELLANEOUS), **đau nhói** (*throbbing*: SENSORY), and **đau khó chịu/bực bội** (*annoying*: EVALUATIVE).

Some MPQ words, such as *beating, pricking*, *stabbing*, *cutting*, *pulling*, *splitting*, and *punishing*, have their Vietnamese equivalents as verb phrases which are also instantiations of similes. In other words, these MPQ descriptors, when used in Vietnamese, were in the form of similes and semantically denote the meaning of MPQ words; thus they were classified into the MPQ-VN sub-categories. An English MPQ descriptor, therefore, cannot always be translated into another language with a corresponding word. This phenomenon occurs not only in Vietnamese but also in Greek, as claimed by Lascaratou (2007).

In addition to using the MPQ-VN words which belong to Melzack's (1975) classification, the Vietnamese patients combined MPQ-VN descriptors of different sub-categories, though not very frequently, in order to form a new sub-category, that is, the co-occurrence of MPQ-VN words. This phenomenon may also happen in other languages, but has not been explored so far. Most of the previous research on pain language looked for MPQ words as isolated entities, while the current research investigated not only pain vocabulary but also pain discourse. The combination of different MPQ-VN words in a Vietnamese pain expression showed the complex experience of pain and the patients' endeavour to reflect the experience to its fullest.

The study has underlined the key findings about Vietnamese pain terms and pain descriptors, progressing well beyond Diller's (1980) preliminary claims about Vietnamese pain language, and making a considerable contribution in establishing a systematic classification of pain terms and pain descriptors in a language where studies on the language of pain have been limited. Most importantly, the study confirms the insufficiency of MPQ descriptors in that MPQ descriptors cannot reflect the Vietnamese patients' pain experience comprehensively. In other words, the limitations of Melzack's (1975) inventory of MPQ descriptors have been emphasised and validated in the Vietnamese context, making it necessary for the patients to incorporate MPQ-VN descriptors and Non-MPQ-VN descriptors in their description of pain. Accordingly, a research paper on how Non-MPQ-VN descriptors are used by Vietnamese patients is called for. A more flexible approach is also required to investigate the patients' description of pain where the language and culture of each patient needs to be addressed.

The study contributes to Vietnamese healthcare professionals' understanding of how the patients communicate about their pain experience using language. Given that a closed inventory of pain descriptors like the MPQ is unable to capture the full richness of the patients' pain experience, when such an instrument is expanded and enhanced by a more extensive range of vocabulary, this can increase the healthcare professionals' understanding of how the pain experience is expressed and described. The understanding may assist healthcare professionals to provide more timely treatment and support for the patients. There will, therefore, be potential applications to professional practice. Together with the research conducted by Nguyen (2018a, 2018b), the current study has also placed a foundation for Vietnamese applied linguists whose research interest is concerned with the language of pain, a novel domain of applied linguistics extending beyond education to areas such as health, therapy, and counselling.

ACKNOWLEDGEMENTS

The author wishes to express her deep gratitude to the Vietnamese women with cancer who gave their time to be interviewed and the Vietnamese doctors and nurses for their support during the collection of the data.

THE AUTHOR

Thuy Ho Hoang Nguyen obtained an MA and a PhD both in applied linguistics from the University of Queensland, Australia. She is currently a lecturer at the Faculty of English, University of Foreign Languages and International Studies, Hue University, Vietnam. Her research interests and publications are mainly in applied linguistics and English language education.
nhhthuy@hueuni.edu.vn

REFERENCES

Abbe, A., & Brandon, S. E. (2013). The role of rapport in investigative interviewing: A review. *Journal of Investigative Psychology and Offender Profiling, 10*(3), 237–249. https://doi.org/10.1002/jip.1386

Bacchini, S. C. (2008). "This is my pain." Agency and individuality in the experience of an Italian woman with chronic illness: A linguistic approach. In C. Lascaratou, A. Despotopoulou & E. Ifantidou (Eds.), *Reconstructing pain and joy: Linguistic, literary, and cultural perspectives* (pp. 177–194). Cambridge Scholars Publishing.

Bergh, I., Jakobsson, E., Sjostrom, B., & Steen, B. (2005). Ways of talking about experiences of pain among older patients following orthopaedic surgery. *Journal of Advanced Nursing, 52*(4), 351–359. https://doi.org/10.1111/j.1365-2648.2005.03607.x

Bourzgui, F., Diouny, S., Rguigue, O., Aghutan, H., Serhier, Z., & Othmani, M. B. (2020). Cross-cultural adaptation and validation of the Moroccan Short Form McGill Pain Questionnaire (SF-MPQ). *International Journal of Medical Reviews and Case Reports, 4*(11), 81–86. https://doi.org/10.5455/IJMRCR.McGill-Pain-Questionnaire

Cambier, J. (1998). A modern view: Pain today. In R. Rey (Ed.), *The history of pain* (pp. 331–337). Harvard University Press.

Choi, K., Kwon, O., Suh, B. C., Oh, J., Cho, S., Sohn, E., & Joo, I. S. (2023). Characteristics of diverse verbal pain descriptors in South Korean patients with peripheral neuropathic pain: 'Jeorim' (Tingling) and 'Sirim' (Cold) as key neuropathic pain descriptors. *Journal of Clinical Neurology, 19*(3), 296–303. https://doi.org/10.3988/jcn.2022.0105

Costa, L. D. C. M., Maher, C. G., McAuley, J. H., & Costa, L. O. P. (2009). Systematic review of cross-cultural adaptations of McGill Pain Questionnaire reveals a paucity of clinimetric testing. *Journal of Clinical Epidemiology, 62*(9), 934–943. https://doi.org/10.1016/j.jclinepi.2009.03.019

Cuomo, A., Cascella, M., Vittori, A., & Marinangeli, F. (2021). Chronic low back pain as a biopsychosocial disease: Time to change our point of view. *Journal of Anesthesia, Analgesia and Critical Care, 1*, Article 7. https://doi.org/10.1186/s44158-021-00010-x

Diller, A. (1980). Cross-cultural pain semantics. *Pain, 9*(1), 9–26. https://doi.org/10.1016/0304-3959(80)90025-1

Duggleby, W. (2002). The language of pain at the end of life. *Pain Management Nursing, 3*(4), 154–160. https://doi.org/10.1053/jpmn.2002.126093

Fabrega, H. J., & Tyma, S. (1976). Culture, language and the shaping of illness: An illustration based on pain. *Journal of Psychosomatic Research, 20*(4), 323–337. https://doi.org/10.1016/0022-3999(76)90084-2

Fernandez, E., & Towery, S. (1996). A parsimonious set of verbal descriptors of pain sensation derived from the McGill Pain Questionnaire. *Pain, 66*(1), 31–37. https://doi.org/10.1016/0304-3959(96)02992-2

Grond, S., Zech, D., Dienfenbach, C., Radbruch, L., & Lehmann, K. A. (1996). Assessment of cancer pain: A prospective evaluation in 2266 cancer patients referred to a pain service. *Pain, 64*(1), 107–114. https://doi.org/10.1016/0304-3959(95)00076-3

Halliday, M. A. K. (1998). On the grammar of pain. *Functions of Language, 5*(1), 1–32. https://doi.org/10.1075/fol.5.1.02hal

Hartzell, C. (2023, March 4). *Chronic pain: Definition and biopsychosocial model of pain*. OpenAnesthesia. https://www.openanesthesia.org/keywords/chronic-pain-definition-and-biopsychosocial-model-of-pain/

Jahan, A. M., Rwaiha, A. E., Anaiba, S. M., & Alghoul, R. A. (2024). Cross-cultural validation of the Arabic Short-Form McGill Pain Questionnaire (SF-MPQ): Libyan version in patients with musculoskeletal pain. *Advances in Rehabilitation Science and Practice, 13*, 1–7. https://doi.org/10.1177/27536351241233917

Jensen, M. P., Johnson, L. E., Gertz, K. J., Galer, B. S., & Gammaitoni, A. R. (2013). The words patients use to describe chronic pain: Implications for measuring pain quality. *Pain, 154*(12), 2722–2728. https://doi.org/10.1016/j.pain.2013.08.003

Jerrett, M., & Evans, K. (1986). Children's pain vocabulary. *Journal of Advanced Nursing, 11*(4), 403–408. https://doi.org/10.1111/j.1365-2648.1986.tb01267.x

Kortesluoma, R.-L., & Nikkonen, M. (2006). 'The most disgusting ever': Children's pain descriptions and views of the purpose of pain. *Journal of Child Health Care, 10*(3), 213–227. https://doi.org/10.1177/1367493506066482

Kövecses, Z. (2008). The conceptual structure of happiness and pain. In C. Lascaratou, A. Despotopoulou & E. Ifantidou (Eds.), *Reconstructing pain and joy: Linguistics, literary, and cultural perspectives* (pp. 17–33). Cambridge Scholars Publishing.

Lanfredini, R., & Cipriani, L. (2023). The experience of pain and its ontological modelling from a philosophical point of view: Phenomenological description and ontological revision of the McGill Pain Questionnaire. *Journal of Evaluation in Clinical Practice, 29*(7), 1211–1221. https://doi.org/10.1111/jep.13879

Lascaratou, C. (2007). *The language of pain: Expression or description?* John Benjamins.

Mason, M. (2010). Sample size and saturation in PhD studies using qualitative interviews. *Forum: Qualitative Social Research, 11*(3), Article 8. https://doi.org/10.17169/fqs-11.3.1428

Melzack, R. (1975). The McGill Pain Questionnaire: Major properties and scoring methods. *Pain,* 1(3), 277–299. https://doi.org/10.1016/0304-3959(75)90044-5

Melzack, R. (1987). The short-form McGill Pain Questionnaire. *Pain, 30*(2), 191–197. https://doi.org/10.1016/0304-3959(87)91074-8

Melzack, R., & Torgerson, W. (1971). On the language of pain. *Anaesthesiology, 34*(1), 50–59. https://doi.org/10.1097/00000542-197101000-00017

Melzack, R., & Wall, P. D. (1996). *The challenge of pain* (2nd ed.). Penguin Books Ltd.

Merskey, H., & Bogduk, N. (1994). *Classification of chronic pain: Descriptions of chronic pain syndromes and definitions of pain Terms*. IASP Press.

Moore, R. A., & Dworkin, S. F. (1988). Ethnographic methodologic assessment of pain perceptions by verbal description. *Pain, 34*(2), 195–204. https://doi.org/10.1016/0304-3959(88)90166-2

Nguyen, H. H. T. (2018a). The association between religious values and communication about the nature of pain: An exploratory study with Vietnamese cancer patients. *Proceedings of the National Conference on Interdisciplinary Research on Language and Language Teaching, University of Foreign Languages, Hue University*, 34–44.

Nguyen, H. H. T. (2018b). Exploring the association between religious values and communication about pain coping strategies: A case study with Vietnamese female cancer patients. *Theory and Practice in Language Studies, 8*(9), 1131–1138. http://dx.doi.org/10.17507/tpls.0809.04

Pham, A., Nguyen, H., Krakauer, E. L., & Harding, R. (2021). "I wish I could die so I would not be in pain": A qualitative study of palliative care needs among people with cancer or HIV/AIDS in Vietnam and their caregivers. *Journal of Pain and Symptom Management, 62*(2), 364–372. https://doi.org/10.1016/j.jpainsymman.2020.11.030

Pugh, J. F. (1991). The semantics of pain in Indian culture and medicine. *Culture, Medicine and Psychiatry, 15*(1), 19–43. https://doi.org/10.1007/BF00050826

Raja, S. N., Carr, D. B., Cohen, M., Finnerup, N. B., Flor, H., Gibson, S., Keefe, F. J., Mogil, J. S., Ringkamp, M., Sluka, K. A., Song, X.-J., Stevens, B., Sullivan, M., Tutelman, P., Ushida, T., & Vader, K. (2020). The revised international association for the study of pain definition of pain: Concepts, challenges, and compromises. *Pain, 161*(9), 1976–1982. https://doi.org/10.1097/j.pain.0000000000001939

Rysewyk, S. V. (2023). A perspective on the role of language about pain. *Frontiers in Pain Research, 4*, Article 1251676. https://doi.org/10.3389/fpain.2023.1251676

Shroff, R. A., & Dabholkar, T. Y. (2021). The Hindi version of McGill Pain Questionnaire: A cross-cultural adaptation study in rheumatoid arthritis. *Indian Journal of Rheumatology, 16*(2), 159–163. https://doi.org/10.4103/injr.injr_194_20

Smart, K. M. (2023). The biopsychosocial model of pain in physiotherapy: Past, present and future. *Physical Therapy Reviews, 28*(2), 61–70. https://doi.org/10.1080/10833196.2023.2177792

Söderberg, S., & Norberg, A. (1995). Metaphorical pain language among fibromyalgia patients. *Scandinavian Journal of Caring Sciences, 9*(1), 55–59. https://doi.org/10.1111/j.1471-6712.1995.tb00266.x

Strong, J., Mathews, T., Sussex, R., New, F., Hoey, S., & Mitchell, G. (2009). Pain language and gender differences when describing a past pain event. *Pain, 145*(1), 86–95. https://doi.org/10.1016/j.pain.2009.05.018

Sussex, R. (2009). The language of pain in applied linguistics. Review article of Chryssoula Lascaratou's the language of pain. *Australian Review of Applied Linguistics, 32*(1), 1–14. https://doi.org/10.2104/aral0906

Tran, N. T. (2001). *Towards Vietnamese cultural identity* (3rd ed.). General Publishing House of Hochiminh City.

Waddie, N. A. (1996). Language and pain expression. *Journal of Advanced Nursing, 23*(5), 868–872. https://doi.org/10.1046/j.1365-2648.1996.01072.x

Wilson, D., Williams, M., & Butler, D. (2009). Language and the pain experience. *Physiotherapy Research International, 14*(1), 56–65. https://doi.org/10.1002/pri.424

Wittgenstein, L. (1967). *Philosophical investigations* (3rd ed.). Blackwell.

Yakut, Y., Yakut, E., Bayar, K., & Uygur, F. (2007). Reliability and validity of the Turkish version short-form McGill Pain Questionnaire in patients with rheumatoid arthritis. *Clinical Rheumatology, 26*(7), 1083–1087. https://doi.org/10.1007/s10067-006-0452-6