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Pilipino Children's Language of Pain: A Secondary Analysis

by

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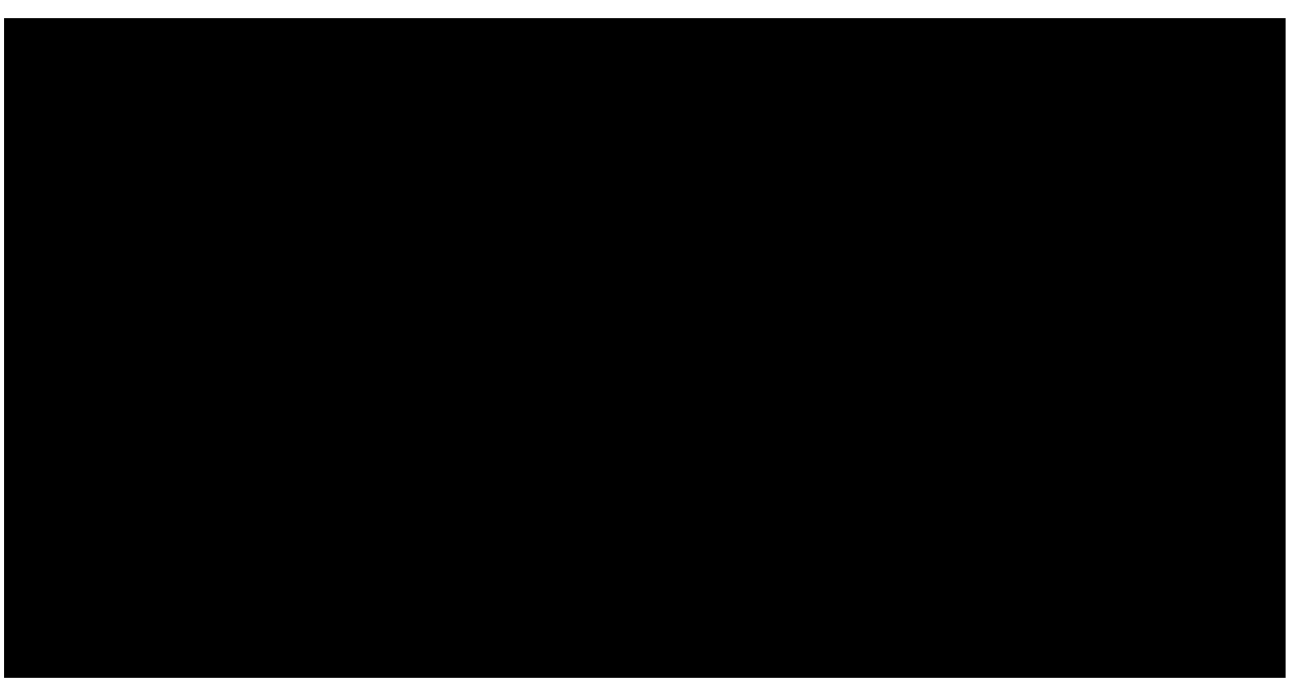

Pilipino Children's Language of Pain:

A Secondary Analysis

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Running Head: PILIPINO PAIN

Abstract

Although considerable research has been conducted to identify children's language of pain, research is lacking regarding words to describe pain from a cultural perspective. The purposes of this study were: (a) to examine what classes of pain descriptor words Pilipino-American and Pilipino children between 8 to 17 years of age chose to describe pain; (b) to determine if there is a difference in the words or word classes chosen between the Pilipino-American and Pilipino children; (c) to determine if Pilipino-American and Pilipino children report pain differently by gender; and (d) from other ethnic groups. In order for pain control to be achieved, the nurse must assess the patient's psychological, attitudinal, and behavioral response to pain. Thus, in order to provide individualized care, nurses and other health care professionals must explore the patient's perception and reporting of pain. A descriptive-correlational design using secondary analysis was used.

Summary

A sample of 958 school children, aged 8-17 years, selected from a list of 129 words in the sensory, affective, and evaluative domains those they used to describe pain. The Pilipino group (n=80) chose 78 words to describe pain. The Pilipino-Americans (n=52) selected 76 or 97% of the 78 words while the Pilipinos (n=27) selected 65 or 83%. However, both had preferentially chosen words from the sensory domain. On average, Pilipino girls chose more words than boys to describe pain. Further, girls selected more affective words while the boys chose more sensory and evaluative words. When compared among other ethnic groups, the Pilipinos selected words more frequently than did Whites, Blacks, Chinese, or Hispanics. All of the ethnic groups chose more words from the sensory domain.

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Introduction to Problem

It is difficult to describe the pain experience. Each of us knows what "pain" is and, based on our own experience, may feel what it may be like for another person. However, in order to communicate one's own unique feeling of pain, one must use words to describe it, for it is difficult to explain to someone who cannot feel the pain. It is similar to trying to explain color to a blind person or music to a deaf person. Thus, "pain is one of the undefinable, unexplainable basic experiences of personal consciousness" (Kern, 1987, p. 165). Yet, a person's explanation and description of his or her pain ultimately influences its nursing management and outcome.

Statement of the Problem

It is well documented that the experience and report of pain is influenced by multiple factors such as age, gender, and cultural perspectives (Abu-Saad, 1984b). "In many cultures, tradition dictates whether pain

should be expected, the best way to tolerate pain, and the appropriate way to act while experiencing pain" (Martinelli, 1987, p. 273).

Zborowski (1952) states that attitudes and reactions to pain are acquired by the individual early in childhood along with other cultural attitudes and values, and are learned from parents, grandparents, siblings, and peer groups. Craig (1986), also states that family members and other relevant figures serve as models and exert sanctions for pain behavior. These "models" provide the adaptive cognitive, emotional, or social coping strategies in response to pain that may either exaggerate or minimize physiological processes in a manner that often differ from and may be either compatible or incompatible with broader social norms, personal well-being, or other societal subcultures. Therefore, are there differences in cultural descriptions of pain? Are there differences within a culture?

These questions evolved from caring for children in a culturally diverse hospital setting in San Francisco. Many different types of responses were given when asked, "how would you describe your pain?" More surprisingly, different words were used by children from different cultural backgrounds as well as within the same culture. For example, a 12 year old Caucasian post appendectomy male described his abdominal pain as "throbbing." A 10 year old Asian male with the same diagnosis described

his pain as "burning" and "on fire." Are these words the result of individual or cultural differences? And how do they influence the caretaker's assessment?

Pain is a multifaceted phenomenon that is individually experienced and therefore challenging to define (Abu-Saad, 1984c). Yet, unquestionably, "pain" is a universal human experience and is the most frequently cited reason people seek health care (McCaffery & Beebe, 1989).

In nursing clinical practice, pain quality is assessed and treated by the words the individual uses to describe his or her pain. These verbal pain descriptors are thus recognized as important assessment parameters (Wilkie, Holzemer, Tesler, Ward, Paul, & Savedra, 1990).

Pain has been defined as "an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage." Pain is always subjective. However, there is no neurophysiological or chemical test that can measure this pain "experience" (American Pain Society, 1989, p. 2; IASP, 1979, p. 249-252). Thus, a more clinically used definition is, "pain is whatever the experiencing person says it is, existing whenever the experiencing person says it does" (McCaffery, 1979, p. 11). The words chosen to define a person's pain experience,

therefore, describe both an individual's perception and manifestation of pain, incorporating the individual's unique thoughts, feelings, reactions, expectation, and past experiences associated with pain (Martinelli, 1987). Therefore, these words and our understanding have immense clinical nursing implication.

Zborowski (1952) suggested that our cultural origin influences our reaction to painful stimuli. Culture is defined as the common learned way of life of a society, which is reflected in its customs, traditions, folkways, mores, beliefs, values, attitudes, and norms (Andres, 1981).

This viewpoint has since been confirmed by others. Melzack (1960) postulated that our perception of pain is modified by our past experiences, by our expectations, and by our culture. According to Abu-Saad (1984b), the meaning and perception of the pain, and the characteristics of the pain response are strongly influenced by different cultural, ethnic, and social groups.

Purpose of the Study

The purposes of this study were to:

(1) Examine what classes of pain descriptor words Pilipino-American and Pilipino children between 8 to 17 years of age chose to describe pain.

(2) Determine if there is a difference in the words or word classes chosen between the Pilipino-American and Pilipino children.

(3) Determine if Pilipino-American and Pilipino children report pain differently by gender.

(4) Determine if the Pilipino group report pain differently from other ethnic groups.

Significance of the Study

The nurse's role in caring for people with pain includes assessing the pain, intervening by carrying out pain relief methods with and for the patient, reassessing the need for change or additional methods of interventions, and evaluating and assessing the impact on the patient. In the hospital setting, as 24 hour care-givers, the nurse has a unique opportunity to affect patients' pain relief. However, before pain control can be achieved, the nurse must assess the patient's psychological, attitudinal, and behavioral response to the pain. As previously described, the total pain experience is often reduced to the patient's choice of descriptive words. Thus, in order to provide individualized care, nurses and other health professionals must continue to explore the concept of patient's perception and reporting of pain more diligently (McCaffery & Beebe, 1989).

Assumptions

Assumptions in this study include: (1) culture has an impact on how pain is expressed; (2) all the children in the study are assumed to be at least somewhat acculturated because they can all respond in English; (3) children recall their own pain; (4) children have had pain at some time that they can recall; and (5) children can describe the pain they felt.

Definition of Terms

In this paper, **Pilipino-Americans** are defined as those Pilipinos whose first language is English and **Pilipinos** are those for whom English is the second language. However, one needs to keep in mind that labeling of ethnicity is an issue of individual identity and that each individual will identify him or herself differently regardless of place of birth. For the purpose of this study, the differentiation used for the two groups will be based on language instead of place of birth.

The "melting pot theory" was the first attempt to analyze what was happening to immigrants in the United States. It symbolized immigrants disappearing into mainstream American society through assimilation. More recently, an emphasis on the maintenance of ethnic identity in immigrants has led to the use of the "tossed salad" analogy to describe immigrants in American society (J. Lipson, personal communication, June 10, 1992).

Clark, Kaufman, & Pierce (1976), identified acculturation and ethnic identity as concepts that cannot be separated. They form a major component of identity which create a profile of knowledge, meaning, and behavior about the relationship of the traditional to the new culture.

The pain descriptor words used in this study were provided directly by children and from literature of children's reports of pain. The words were categorized into three major classes known as the "McGill Pain Questionnaire categories": "(1) words that describe sensory qualities in terms of temporal, spatial, pressure, thermal, and other properties; (2) words that describe affective qualities, in terms of tension, fear, and autonomic properties that are part of the pain experience; and (3) evaluative words that describe the subjective overall intensity of the total experience of pain" (Melzack & Torgerson, 1971, p. 51).

Chapter 2

Review of Literature

For nurses to provide holistic care, they must view patient-care from a bio-psycho-social perspective (McCaffery & Beebe, 1989). As previously described, the pain experience is one such phenomenon which has a strong cultural component (Martinelli, 1987). In order to understand the ways a cultural group describes pain, the culture and its values must be examined. This study focused on one of the fastest and largest growing populations of Asian-American minority in the western states, the Pilipinos. The findings of this descriptive-correlational design study will enable health professionals to better understand, and hence be more sensitive to those from a Pilipino culture in their struggle for pain control.

Pilipinos number second among Asian-Americans in the United States (1,406,770 or 0.6% of the population) with the majority residing in the western regions (1.9%). There has been a dramatic increase in the number of Pilipinos in the United States during the past 10 years. This is a total increase of 632,118 or 81.6%. In San Francisco they are the second largest Asian-American group (42,652 or 6%) with a larger number of Pilipinos residing in the South Bay (Asian Week, 1991; U.S. Department of Commerce, Bureau of the Census, 1990).

Biological and Cultural Heredity

The biological and cultural heredity of Pilipinos is very complex due to different immigration and political factors. There are Chinese, European, Malayan, Spanish, and American influence on the Pilipino culture (Anderson, 1983). The Philippines was ruled by the Spaniards for four hundred years and by the United States for another forty years. The most important contribution of the Spanish was the establishment of the Catholic Church. The greatest influence of the United States in the Philippines was the establishment of a free, public educational system throughout the Philippines. Although there was a good educational system with several institutions of higher learning, access to this system had been limited to the Pilipino upper class, especially to those of Spanish and mixed blood. However, "today the Republic of the Philippines is a fully independent nation with a system of government patterned after that of the United States" (Shon, 1972, p. 3; Orque, Bloch, & Monrroy, 1983). Thus, Pilipinos are genetically highly mixed and each individual may experience a variety of cultural influences.

Pilipino Immigration to the United States

The characteristics of Pilipino-Americans are reflected in the history of their immigration to the United States. According to Orque et al.

(1983), the different waves of Pilipino immigration created three categories of Pilipino-Americans: the first (pioneer), the second, and the new immigrant groups.

The first large group of immigrants came to the United States before World War II during the 1920's and 1930's, only after the Philippines became a colony of the United States. They tended to be single males who spoke only their local dialects, had little education and few skills and were looked upon as cheap source of farm labor in the Central Valley. Those who came to the city were usually employed as houseboys, waiters, janitors, and elevator boys. These Pilipinos were subject to the same prejudice and discrimination as other non-Western immigrants and were viewed as a threat to white laborers. "After World War II many of the Pilipino men went back to the Philippines, married Pilipino women, and returned to the United States to start families. The women were often much younger and better educated than their husbands" (Shon, 1972, p. 3-4).

"The second large group of Pilipino immigrants came after World War II and consisted of men who had served in the United States Navy or Philippine Scouts and were thus allowed citizenship. Since many had at least a primary education, and since discrimination had lessened somewhat

against Pilipinos, they were often able to find better jobs (cook, baker, factory worker) than their predecessors" (Shon, 1972, p. 4). Many of the men from the second wave had wives and families in the Philippines, but could not afford to bring them to the United States all at once. Instead, they had to save money and gradually brought their wives and children one at a time.

The third group or new immigrant group came after 1965 with the liberalization of immigration law, which enabled many professionals -- accountants, nurses, doctors, lawyers, engineers, dentists, teachers, and other skilled laborers such as beauticians and seamstresses -- to immigrate from the Philippines under the "third preference" category of immigration eligibility. Many of the recent immigrants were females and most were young, between 20 and 40 years of age. "Although this group had professional and highly specialized training, they have had great difficulties in obtaining positions commensurate with their backgrounds. Thus, these Pilipinos were often forced to find jobs which are below the level of their training, such as clerks, secretaries, and kitchen workers. This failure to find and obtain positions in their field of training and having to take lesser jobs was often a blow to the pride and self-esteem of these people" (Shon, 1972, p. 5; Anderson, 1983; Manio & Hall, 1987; Melendy, 1974).

Cultural Values and Characteristics

In order for one to understand and deal effectively with any group of people of a different culture, it is necessary to know some of their important values and cultural characteristics.

According to Anderson (1983), U.S.-born (largely second or third generation) and Philippine-born Pilipinos differ socially and culturally, although these differences are gradually disappearing. In addition, there are differences among Philippine natives depending on their region (province) of origin (Shon, 1972).

Like most cultural groups, such sub-ethnic variations and varying levels of acculturation to the United States make it impossible to generalize about a truly "common" Pilipino culture. However, because variations are limited and poorly defined, we can for present purposes describe certain general commonalities (Anderson, 1983).

Linguistic Diversity

The official national language of the Philippines is **Tagalog.** However, there is a huge language diversity with over 600 dialects spoken in the country (Manio & Hall, 1987; Shon, 1972).

Although most Pilipino and Pilipino-American families speak English, pronunciation of words differ markedly and often results in

difficulty understanding spoken communication due to heavy or thick accents. For example, "dialects throughout the Philippines rarely use long a's or e's. F and ph are pronounced the same," therefore the f in the original spelling of the word Filipino was changed to Pilipino. "**Siya**, the singular personal pronoun in the Filipino language, can be used for both 'he' and 'she.' Pilipinos rarely use slang. American terms like "turkey," "John," "tied up," "pulling my leg," and "groovy" may be taken literally" (Manio & Hall, 1987, p.173-174).

Pilipinos are very sensitive about their ability to speak English. Nurses often vary their approach to patients based on their command of the English language. This approach can be hazardous in that it may lead to inaccurate assessment and care planning, and may also damage a patient's self-esteem. When assessing Pilipino patient's pain, it is interesting to note that there are only two words in Tagalog to describe pain. The noun "**sakit**" is used as a general description of a pain that is continuous. The noun "**kirot**" is used when a pain is temporary and goes away. The degree of pain is expressed by using a noun (sakit or kirot) with an adjective less ("**conte**") or more ("**machado**"). For example if one has a lot of pain, he may state his pain as **machado sakit** (E. Manio, personal communication, June, 1992).

Family and Family Relationships

The Pilipino family is generally large and patriarchal (Manio & Hall, 1987). An individual's self-esteem often rises and falls with that of other members of his extended family. Indeed, "success or disgrace as well as joy and pain of one is felt by all" (Manio & Hall, 1987, p. 174; Andres, 1981; Guthrie & Jacobs, 1966).

Children are perceived as "wealth" and are a source of family strength and stability. As such, these children are reared in a high protected environment and are indulged shamelessly until the age of 6 (Anderson, 1983). At this point, Pilipino children are expected to begin to fulfill their debt to their parents by caring for the family elderly (Manio & Hall, 1987).

Parents and elder family members command respect and obedience, and exercise almost absolute power over their children. In addition, Pilipino upbringing teaches children not to question the authority of professional people or those in supervisory roles, such as a physician or nurse. As patients, they are expected to respect and obey the decisions of the physician or nurse (Manio & Hall, 1987). For example, if the nurse decides not to give pain medication, the child is not to speak out or question, even if he or she is in pain.

Methods of Socialization

The Pilipino family socialization process emphasizes negative sanctions such as frightening, teasing and shaming rather than positive rewards to achieve avoidance of possible misconduct (Anderson, 1983). Children are taught to be quiet, to avoid direct confrontations (regardless of their own ideas or feelings), to contain their emotions, and to be obedient, respectful and shy (Anderson, 1983). This socialization may lead to problems in communication with non-Pilipinos. For example, nodding and smiling by a Pilipino does not necessarily mean agreement or understanding of what is being said. It is often a gesture of courtesy that indicates, "Yes, I'm listening," or "Yes, I hear you," but not necessarily, "Yes I comprehend" (a common American interpretation) (Manio & Hall, 1987).

Being outspoken is frowned upon and children are trained to speak only when addressed. They also are socialized to refrain from speaking if what they are going to say may upset someone. Many Pilipino children as compared to Americans have a "nonassertive" or "passive" demeanor (Manio & Hall, 1987). For example, unless specifically asked, they may not report they have pain. If they perceive they would anger, upset, or bother the nurse, they may not report pain. Nodding to "is everything O.K.?" may be falsely interpreted by a nurse to mean, "I have no pain", not "I hear

you." Pilipino children may also refrain from using emotional or expressive words to describe their pain, therefore, underreport it. Zborowski would perhaps label Pilipinos as unexpressive, withdrawn, and unemotional when ill and/or in pain.

The Principle of Balance

Craig (1986) states that, "injuries and sickness are inevitable for everyone, and during childhood parents devote considerable effort to helping their children deal with them. Childrearing involves teaching children how to avoid accidents and injury, how to identify and evaluate signs of illness, the process of appropriately communicating physical distress to others, and compliance with therapeutic regimes" (p. 68). Many of learned behaviors have unique cultural expressions.

The most central indigenous Pilipino health concept is that of balance. The Pilipino health beliefs are naturalistic and explain illness in impersonal, systemic terms in which health conforms to an equilibrium model, "hot", "warm," and "cold" (Anderson, 1983; Foster, 1976). Rapid shifts or imbalances, especially from "hot" to "cold," cause illness, health disorders, and pain. Optimal health is thus maintained by maintaining a "warm" condition. For example, Pilipinos avoid cold drinks or foods when

a body is considered overheated and thereby vulnerable, such as during a fever (Anderson, 1983; Hart, 1969).

Another imbalance between "hot" and "cold" can occur in the air or winds (**hangin**). For example, sudden changes in the weather are believed to upset the balance of the body and threaten an individual's health (Anderson, 1983).

Health can also be threatened by personal disorderliness and by irregularity. "Pilipinos believe that we get pretty much what we deserve -- that is, everything balances out" (Anderson, 1983, p. 12). However, Pilipinos also explain illness as a result of the "active, purposeful intervention of an agent who may be human (a witch or sorcerer), nonhuman (a ghost, an ancestor, an evil spirit) or supernatural (a deity or other very powerful being)" (Anderson, 1983, p. 68).

According to Hart (1978), "the role of God as a disease agent appears to vary among different Christian Pilipino groups. God is often seen as a revengeful environmental spirit who causes illness" (p. 68).

Traditional and Western Medical Health Care

As a result of some of these beliefs, Pilipinos deal with illness and pain traditionally through self-care and self-medication before seeking professional help. They may use such nonmedical remedies as prayer,

offerings to spirits, the consultation of faith healers, and the user of unlicensed medicine men and women, such as **hilots. Hilots** function like chiropractors for sprains and minor bone ailments. "Frequently these hilots provide simple and efficacious psychological relief and counseling, and are surprisingly effective within their limited area of competence" (Manio & Hall, 1987, p. 176).

Thus, Pilipinos often do not seek help for their illness or pain until it has become so severe that the patient had to be taken to bed, is suffering severe pain or falls unconscious. They tend to watch the progression of the illness for indications of whether it can be self treatable, or if they pose a threat to others prior to deciding where to seek treatment (Anderson, 1983). Therefore, children are often acutely ill or in great pain prior to coming to the hospital.

Research of Studies on Children's Pain Words and Cultural Influence

Research has looked at reactions to pain by persons of different cultures under various conditions in both clinical and laboratory settings. However, there are limited anthropological, sociological, psychological and nursing studies of Pilipinos and pain. The few that have studied Pilipinos focused on the physical nature of pain more than the psychosocial and

cultural components. Pilipinos had also been classified as Asians and therefore their cultural and psychosocial effects, such as cultural background, socioeconomic class, and expectation of treatment had been categorized as those of the Chinese, Japanese, Korean, Thai or Vietnamese.

Whether they be a subgroup or of different cultural, ethnic, and social group, people have different attitudes about pain, which strongly influence an individual's perception of pain and pain responses. Zborowski (1952, 1969) found that each culture has patterned attitudes toward pain behavior, thus, the expression of pain is culturally determined. He studied four groups of men, 103 respondents, including 87 hospital patients in pain and 16 healthy subjects: including 31 Jews, 24 Italians, 11 Irish, 26 "Old Americans", and 11 others.

He found that "Old Americans" had a low tolerance for pain, tended to be unexpressive, withdrawn, and unemotional, but were more likely to use the health care system to relieve pain. The Irish were also found to be unexpressive and unemotional, but unlike the "Old Americans," the Irish had a high tolerance for pain. They saw pain as a private experience. The Jews and Italians had low tolerance for pain and tended to be expressive in their pain responses by crying and moaning. The Jews were pessimistic and

overly concerned about the implications of pain and on future functioning, whereas the Italians were more optimistic and tended to seek immediate relief.

Other groups studied include blacks (Mersky & Spear, 1964), Puerto Ricans (Weisenberg & Kreindler, 1975) and Eskimos, and Native American Indians (Meehan, 1954). All of these only studied adults.

Research Studies on Children's Words for Pain

Because it wasn't until the early 1980's that professional attention started to be focused on children's pain and their physical and emotional response to it as well as its management, there is limited research on the language of children's pain and the cultural influence on their response. Early work by Schultz (1971) and Scott (1978) provided initial knowledge on children's response to pain and their perception of it, but they did not include vocabulary. Several studies that have attempted to identify the vocabulary that children use to describe their pain have been undertaken in the last decade. Most extensive is the work of the Savedra group. The reported studies have also examined children's perception of and reaction to pain.

Savedra, Gibbons, Tesler, Ward, & Wegner (1982), determined how children describe their pain experience by comparing the responses of

healthy school children with those of children who were hospitalized. They used a convenience sample of 100 hospitalized children and 114 non-hospitalized children who were between 9 and 12 years old. The sample was predominantly Caucasian. The children were asked open-ended questions that provided information on the source of children's pain, the color they attributed to pain, their physical or emotional response to pain, and what helped them when they were in pain. In one of the questions, children were to select from a list of 24 words those that describe pain (see Table 1). These words had been provided by school children and by conversations with hospitalized children.

The results showed that children can clearly describe pain using sensory, affective, and evaluative words, of which sensory words were most frequently used. There were no appreciable differences by age groups, but children who were hospitalized described pain differently from children who were not. Five of the most frequently selected words by hospitalized children were the same as those chosen by non-hospitalized children. The words were "sore," "like an ache," "miserable," "uncomfortable," and "like a sting" (see Table 1 and 2). However, hospitalized children significantly more than non-hospitalized children selected words to describe pain that related to tension, fear and overall intensity of pain ("sickening," "like a

Table 1

Words Selected by Hospitalized and Non-hospitalized Children

Words (Word class)	Savedra et al. 1982		Savedra et al. 1988	
	Hospitalized (n=100)	*Non-hospitalized* (n=114)	*Hospitalized* (n=58)	*Non-hospitalized* (n=98)
Biting (S)				
Cold (M)				
Cruel (A)				
Cutting (S)				
Horrible (E)	✓			
Hot (S)				
Itching (S)				
Like a hurt (S)	✓	✓		
Like an ache (S)	✓	✓	✓	✓
Like a pinch (S)	✓			
Like a sharp knife (S)		✓	✓	✓
Like a sting (S)	✓	✓		
Miserable (E)	✓	✓	✓	✓
Pounding (S)		✓	✓	✓
Pulling (S)				
Sad (A)				
Shooting (S)				
Sickening (A)				
Sore (S)	✓	✓	✓	✓
Tingling (S)				
Tiring (A)				
Tugging (S)				
Unbearable (E)				✓
Uncomfortable (E)	✓	✓	✓	

Note. ✓ = words selected by 50% or more of the sample.

Word class: S=sensory, A=affective, E=evaluative, M=miscellaneous.

Table 2

Research Review of Word Descriptors of Pain

Sawdra et al. 1982		Sawdra et al. 1988		Abu-Saad 1984a Asian		Abu-Saad 1984b Arab	Abu-Saad 1984c Latino
Hospital	Non-hospital	Hospital	Non-hospital	Boy	Girl		
Like an ache	Like an ache	Like an ache	Like an ache	Hurting	Like a hurt	Like a hurt	Like a hurt
Miserable	Miserable	Miserable	Miserable	Horrible	Miserable	Miserable	Terrible
Sore	Sore	Sore	Sore	Sad	Sad	Sad	Sickening
Uncomfortable	Uncomfortable	Uncomfortable	Unbearable	Agonizing	Angry	Uncomfortable	Hitting
Like a sting	Like a sting	Like a sharp knife	Pounding	Stinging	Cold	Stinging	Stinging
				Hot	Tearing	Hot	
				Paralyzing	Scary	Sore	
						Cutting	
						Itchy	
						Tingling	

pinch," "uncomfortable," "horrible," "tiring"). It was obvious that the hospitalized children were closer to a pain experience at the time of completing the questionnaire.

The limitation of the study was the use of a convenience sample and that the responses were directed toward general pain. The investigators recommended further studies designed to elicit more generally quantifiable responses in order to enable health professionals to learn how children at various developmental stages express pain and cope with it. Future research could also look at children's response to pain from a cultural perspective.

These investigators expanded their initial work by examining the response of adolescents to the same questionnaire (Savedra, Tesler, Ward, & Wegner, 1988). A convenience sample of 156 adolescents, 13 to 17 years of age, were selected from two church-related schools (n=98), one predominantly white and middle and upper-middle socioeconomic class and the second predominantly black and middle and lower socioeconomic class. The hospitalized sample (n=58) from four northern California hospitals was predominantly white. Each adolescent selected from the list of 24 pain descriptors one or more words that he or she used to describe pain, in addition to providing data on their source of and response to pain.

Findings showed that adolescents could clearly describe pain using sensory, affective, and evaluative words, and again sensory words were most frequently used. They could also describe their feelings when in pain and the strategies that help when they experience pain. The five most frequently selected words by hospitalized adolescents were, "like an ache," "miserable," "sore," "like a sharp knife," and "uncomfortable." The five most frequently selected words by non-hospitalized adolescents were "like an ache," "pounding," "miserable," "unbearable," and "sore" (see Table 1 and 2). Pain was associated with mental anguish as well as trauma and pathology.

The generalizability of these findings to other populations of adolescents or to other ethnicities is limited by the convenience sampling, and the exclusion of critically or terminally ill children. Adolescents who are severely ill might describe their pain experience quite differently from those less ill. The school sample was equally divided between black and white but the responses to the questionnaire were not significantly influenced by ethnicity. However, the questions may not have been discriminating enough. Future studies including other ethnic groups could be useful in providing more information on this problem.

These investigators followed this early work with a large scale study on children's word classes to describe pain. This study from which the data for this report is taken for secondary analysis is reported in the Methodology.

Jerrett & Evans (1986) also demonstrated that children can describe pain and possess a pain vocabulary. Using a descriptive study, the investigators interviewed 40 school aged children 5 to 9 1/2 years of age attending an outpatient clinic for acute health problems. The children were asked to "draw a picture that shows pain" and then talk about the drawing. Questions were asked in order to elicit information regarding their pain experience, including what words used by the children to describe pain. The children identified 60 pain words (22 evaluative, 28 sensory, and 11 affective). Using Melzack and Torgerson's classification of pain words; sensory, affective, and evaluative, 53% of the children used more sensory and affective words. Sensory words were the most frequently used by 95% while 60% used affective. However, the other 47% of the children used words which were not in the Melzack classification. These children used words such as "attacking," "feeling bad," "weird," and "awful" to describe their pain. In this case, more sensory and evaluative words were given. The major limitation of this study however, is the small sample size. Larger

samples of children to include older age groups and both hospitalized and non-hospitalized children are necessary, as noted in the Savedra studies, in order to demonstrate that children's pain words are consistent.

Studies of Cultural Influence on Children's Pain Language

Abu-Saad (1984a, b, c) conducted a series of 3 studies using the same study design tool and methodology to identify the influence of culture (Asian, Arabic, and Latino) on children's reports of sources and description of pain. Data had been collected through semi-structured interviews over a six month period in the children's home, school, or in a recreational facility. The sample included 24, 9 to 12 year olds in the Asian and Latino sample, and 27, 8 to 12 year olds in the Arabic sample.

In Abu-Saad's (1984b) first study, she interviewed Asian-American children on how they perceived, described and responded to painful experiences. Using an exploratory study design and the pain questionnaire developed by Savedra et al. (1982), information was elicited regarding causative factors, the word descriptors of pain, and feelings and coping strategies when in pain.

These children could identify sources of pain; girls more frequently than boys identified psychological causes of pain such as "people making fun of me," "people talking bad about me," "someone being mad at me,"

"friend doesn't trust me," and "someone calling me names." The most common physical causes of pain were "falls," "being hurt," "being hit," "aches and pains," "twisted bones," and others such as "shots," "bee stings," "gun shots," and "colds." According to Abu-Saad (1984b), this finding reflects this culture's expectation that girls are more sensitive and emotional about behavioral expressions than boys. A total of 12 word descriptors were most frequently reported to describe pain, including, "like a hurt," "horrible," "scary," "sad," "agonizing," "paralyzing," "cold," "angry," "tearing," "miserable," "stinging," and "hot." The girls chose more affective words ("scary," "sad," "cold," "angry") while the boys chose more sensory ("like a hurt," "stinging," "hot") (see Table 2).

The findings of this study indicate that the reports of and the reaction to pain is culturally influenced as well as having meanings that are individual and personal. Health care professionals must not make broad generalizations about patients of similar cultural origins, but instead look at the child as an individual within a cultural group and view his pain from his or her point of view instead of their own expectations.

Using the same method as the previous study, Abu-Saad (1984a) interviewed 27 Arab-American children aged 8 to 12 years of age to determine how they perceive, describe and respond to painful experiences.

Arab-American children similarly could identify sources of pain, physical versus psychological, use words to describe their pain, and identified coping strategies that are culturally derived to help them deal with their pain.

All the Arab-American children identified physical causes of pain, however, the girls identified more psychological causes of pain than the boys. These included, "I feel pain when mom yells at me," "when my father died," "feeling unwanted in a new school," "when my parents were divorced and we moved away," and "when I did not do well in school." Physical causes include "falls," "being hit," "cuts," "aches and pains", and other responses such as "scraped knees," "ear infections," "shots," "broken legs," and "hernia". A total of 17 words were chosen to describe a variety of pain experiences; equal numbers of girls and boys chose sensory words most frequently. These words included "like a hurt," "stinging," "sore," "itchy," "hot," "sad," "cutting," and "tingling" (see Table 2).

In addition, in 1984(c), Abu-Saad compared how Arab-American, Asian-American and Latin-American school-age children perceive, describe, and respond to painful experiences. The results of this inquiry into pain responses of school-age children from three ethnic groups showed that children can identify and list experiences that have caused them pain. However, the range of physical and psychological causes of pain did not

differ suggesting that causative factors of pain in children are likely to be universal. "Falls" was the most commonly used response among the three ethnic groups. The causes of psychological pain varied in the three groups. Latin-American children frequently listed "headaches," "stomach aches," and "ear aches," significantly more than the other two groups (66% versus 15% for Arab-Americans and 12% for Asian-Americans). Asian-American children listed more psychological causes of pain ("people making fun of me," "people talking bad about me," and "people calling me names") especially ridicule; 14% versus 5% for Arab-Americans and 3% for Latin-Americans. Family breakdown was the leading cause of psychological pain for Arab-Americans.

The three groups used 32 different words from all three domains. Arab-American and Latin-American children were more likely to use sensory words to describe pain, such as, "itching," "cutting," and "burning," whereas the Asian-American children tended to use relatively more words in the affective and evaluative domains, such as "scary," "sad," "angry," "horrible," "agonizing," and "miserable." Children from each ethnic group selected "like a hurt" and "stinging" (see Table 2).

One of the major weaknesses of this group of studies is that they did not use larger samples that would represent the population. In this

instance, the researcher cannot appropriately generalize the findings beyond the sample of subjects, and requires additional studies to confirm these results. More studies are also needed to explain more clearly individual cultures' influence on children's perception and response to painful experiences.

In each of the studies, the subjects selected from a list of words those that described pain and all of the studies categorized the words into sensory, affective, and evaluative words. The study by Savedra et al. (1982) provided the basis for the other studies. It was through this one study where the list of words were developed and categorized using the works of Melzack & Torgerson (1971) as well as the children's own words as a foundation.

The results of the studies were similar. Although the subjects varied in age (9-17 years), gender, and ethnicity, all could clearly describe pain using sensory, affective, and evaluative words. All of the studies identified a hierarchy of word descriptors that while not identical, was similar across setting, gender, and culture.

When the findings were examined by ethnicity and word selection in Abu-Saad's (1984a, b, c) studies, all used sensory words. The Asian-American children however, tended to use more words in the affective and

evaluative domains. They also selected the least number of word descriptors.

The sex of the child differs in causes of pain for the Asian-American group as well. Girls selected mostly psychological causes of pain while the boys more physical causes of pain.

Abu-Saad continued her work on children's language of pain with another ethnic group. In a study to determine words hospitalized Dutch children used to describe their pain and the differences between the child's, the parent's, and the nurse's assessment of the child's response to pain, Abu-Saad (1990) interviewed 50 hospitalized children 7 to 15 years of age. The children were asked open-ended questions related to feelings, attitudes, and coping strategies regarding pain, as well as word descriptors that the children spontaneously volunteered to describe pain. No children experiencing severe pain at the time were interviewed. The children were able to give 30 words to describe their pain using a variety of pain descriptors in the sensory, affective, and evaluative domains. No preselected word lists were used in this study.

To test the validity of the 30 words, another test was conducted to: (1) identify words that healthy school-aged Dutch children used to describe their pain; (2) whether there was a relationship between the word

descriptors chosen from the list of 30 words; and (3) whether there was a developmental difference in word choice and definitions of pain between children 7 to 11 and 12 to 15 years, based on Piaget's cognitive stages of development. In this second study 355 children 7 to 15 years were interviewed. "The children were given a set of 30 randomly ordered word cards with one pain descriptor printed on one side and a visual analogue scale (VAS) on the other and were asked to sort the words into (a) words they would use to describe pain, and (b) words they would not use to describe pain" (Abu-Saad, 1990, p. 104). The words they selected as words they would use were then assigned intensity rating on the VAS. The results were: younger children chose fewer words to describe pain than the older children; girls chose more words than boys; and children with previous hospital experience chose fewer words. Word descriptors chosen by 50% or more of the children included, "cutting," "beating," "burning," "hurting," "stinging," "pinching," "cramping," "pricking," "shooting," "like needles," and "tingling."

The results supported the theory of Piaget in that "younger children defined pain in concrete ways, whereas older children used more abstract and semi-abstract words. The children chose an average of 14 words to describe pain and all 30 words were chosen as indicative of pain" (Abu-

Saad. 1990, p. 104). Thus, there was agreement among all children, sick and healthy, that the 30 word descriptors were all indicative of pain. These results also support the work of Gaffney and Dunne (1986) who suggested that concept of pain corresponds to successive stages of cognitive development.

Gaffney (1988) examined developmental aspects of descriptions of pain in a sample of 680 Irish school children aged 5 to 14 years. Specifically, this exploratory study assessed the development of children's ability to describe pain both by the use of pain descriptors and by the use of analogy. There were 341 boys and 339 girls divided into three age groups (5-7 years, 8-10 years, and 11-14 years) corresponding to the Piagetian cognitive development stages of preoperational, concrete operational and formal operational.

Findings indicated that the range of pain descriptors increased progressively with age. Also, girls used more words than boys, and used more advanced words earlier than boys. When considered in relation to the stages in cognitive development described by Piaget, during the preoperational stage (5-7 years), descriptions of pain were limited to sensory and evaluative words (hurting, sore, awful, terrible, bad). During the period of concrete operations (8-10 years), the range of pain

descriptors broadened to include affective descriptions (annoying, irritating) and qualitative words (stinging, sharp, pricky, stabbing). Formal operations (11-14 years) used further affective (distressing, upsetting, worrying, depressing), qualitative (piercing, jabbing, throbbing, sticking) and evaluative words (uncomfortable, unpleasant, unbearable, intolerable, agonizing, acute, excruciating, overpowering). The use of analogy to describe pain also increased significantly with age. Although more girls than boys used analogues to describe pain as well as more and advanced pain descriptors, the difference was not significant.

The limitation of this study was that the descriptions of pain was examined by only healthy children. Savedra et al (1982) reported that hospitalized children describe pain differently from children who are not. Also, the study examined only Irish children and therefore some of the words used may have been culturally determined.

In summary, these studies provide evidence that children can use words to describe pain, but the influence of the culture on describing pain has not been adequately studied. Secondly, the number of pain descriptors selected is influenced by both gender and age, showing that cognitive development and mastery of the language are strong influences on a child's ability to describe his or her pain. Future studies should continue to look

at children's description of pain from different ethnic groups and their response to pain, as well as factors such as gender, age, and development. This will enable nurses and other health professionals to understand the multidimensional nature of pain in children and thus provide the best care possible. The ultimate goal of both nursing care and research is effective pain management for patients from all cultures.

Chapter 3

Methodology

To examine what classes of pain descriptor words Pilipino-American and Pilipino children used to describe pain, and if there was a difference between the two groups, by gender, and from other ethnic groups, a descriptive-correlational design using secondary analysis of previously collected data was used in this study. The initial study of children's pain language was supported by the American Cancer Society, Northern California Division, and the National Institutes of Health, Center for Nursing Research. It was approved by the Committee on Human Research of the University of California, San Francisco.

A description of the primary study, which was a broader study that developed and tested a tool to assess the location, intensity, and the quality of children's pain as well as the process description of the word list, will be discussed first, followed by a description of the present study.

Research Design

Initial work by the primary investigators, Tesler, Savedra, Ward, Holzemer, and Wilkie (1988) developed the words used in this study by asking children 8 to 12 years old (Savedra et al. 1982; Tesler, Savedra, Gibbons, Ward, & Wegner, 1983) and, subsequently, with 13 to 17 year

olds (Savedra et al. 1988), to list and select words that described their pain experience.

Sample and Size

A sample of 958 multi-ethnic children in the San Francisco Bay Area Schools participated; fifteen elementary and high schools from San Francisco, South San Francisco, and two from the East Bay (see Table 3). All were public schools except one elementary private San Francisco school. The schools selected were based on the willingness of the Principal and teachers to participate. Consents were obtained by the investigators from students, their parents, and from the school boards. The students ranged in grades, 3 to 12, and age, 8 to 17 (Tesler et al. 1988).

Instruments

The primary investigators complied a list of 129 words that the children had used to describe pain from their previous studies and those of other investigators. The words were printed on individual 2.5 X 3.5 cards and randomly presented to the 958 students.

Setting and Procedure

The 958 children in their classrooms and without any time restriction were asked to sort the words into three categories: "words they know and use to describe pain", "words they do not know" and "words they know but

Table 3

Sample Demographic Data (n=958)

Variable	Categories	Frequency (%)
Gender	Boys	447 (47)
	Girls	506 (53)
English as 1st language	Yes	711 (74)
	No	244 (26)
Ethnicity	White	413 (43)
	Chinese	162 (17)
	Filipino	80 (8)
	Hispanic	73 (8)
	Black	69 (7)
	Others	159 (17)
Grades(ages in years)	3-4 (8-9)	248 (26)
	5-6 (10-11)	233 (24)
	7-8 (12-13)	194 (20)
	9-10(14-15)	164 (17)
	11-12(16-17)	119 (12)

Note. Frequencies may not total 958 due to missing data and percentages may not total 100% due to rounding. From Proceedings of the Vth World Congress on Pain (p. 349) by Mary Tesler, Marilyn Savedra, Judith Ann Ward, William L. Holzemer, Diana Wilkie and R. Dubner, G. F. Gebhart, M.R. Bond, 1988, Amsterdam: Elsevier Science Publishers BV (Biomedical Division). Copyright 1987 by Elsevier Science Publishers BV (Biomedical Division). Adapted by permission.

do not use" to describe pain. They were then asked to assign an intensity value to the words they used to describe pain by sorting them into categories indicating small, medium, large and worst pain.

Validity and Reliability of the Word List

The word list had been tested in a series of 3 studies to examine the validity and reliability for measuring pain quality that was free of age, gender, and ethnic biases. The investigators found that content, construct and concurrent validity of the pain quality word list had been supported and measured pediatric pain quality. They also found that test-retest reliability of the pain quality words had been assessed and supported (Wilkie et al. 1990).

Statistical Approaches of the Present Study

This present study is a secondary analysis of the data on the words selected by 80 (8%) Pilipino children among the 958 children in the original sample. Thirty-four percent of the Pilipino group reported that English was not their first language (as compared to 26% of the total sample in the primary study). There were 35 (44%) boys and 44 (56%) girls among the Pilipino group (see Table 4).

Chi-square analysis was used to assess demographic differences for the variables gender, English as a first language, ethnicity and grades.

Table 4

Demographic Data of the Pilipino Group (n=80)

Variable	Categories	Frequency (%)
Gender	Boys	35 (44)
	Girls	44 (56)
English as 1st language		52 (66)
English as 2nd language		27 (34)

Note. Frequencies may not total 80 due to missing data and percentages may not total 100% due to rounding.

Frequencies were tabulated for words selected, words known and not used, and words not known for the variables English as a first language, English as a second language, gender and ethnicity. The words selected and known and used to describe pain by at least 50% of the sample were then identified by using chi-square. The 129 words were classified according to the McGill Pain Questionnaire categories of sensory, affective, and evaluative. The *P* value was set at 0.05.

Chapter 4

Results

The words the Pilipino group (n=80) selected to describe pain were identified by 50% of the sample in 78 out of 129 words: 42 (54%) sensory, 15 (19%) affective, 13 (17%) evaluative, and 8 (10%) miscellaneous (see Table 5). Of the 78 words, 76 or (97%) were chosen by those whose English was a first language and 65 or 83% by those whose English was a second language. Both identified sensory words more often that the other domains.

There were 4 (.05%) words in which there were significant differences at the $P<0.05$ significant level by English as a first or second language. Those whose language was English, selected the words more frequently than those whose English was the second language in all 4 cases. These include words primarily from the sensory and affective domains: "drilling," "frightening," "like a sharp knife," and "like a sting" (see Table 6).

When word selection was compared by gender, the girls chose more words (75 or 96%) than the boys (65 or 83%). Both had equally chosen more words from the sensory domain, but girls more than boys chose more affective words. There were ten (13%) words in which there were significant differences by gender using $P<0.05$: sensory words "hurting,"

Table 5

Word Classes by Language and Sex in the Pilipino Culture and by Ethnicity

Word Class	English 1st lang (Pilipino) *n*=52	English 2nd lang (Pilipino) *n*=27	Boy (Pilipino) *n*=35	Girl (Pilipino) *n*=44	Pilipino (*n*=80)	White (*n*=413)	Black (*n*=69)	Chinese (*n*=162)	Hispanic (*n*=73)
Sensory	42 (55%)	37 (57%)	41 (63%)	41 (55%)	42 (54%)	45 (62%)	43 (59%)	36 (61%)	40 (56%)
Affective	15 (20%)	14 (22%)	10 (15%)	16 (21%)	15 (19%)	13 (18%)	12 (16%)	13 (22%)	16 (22%)
Evaluative	12 (16%)	10 (15%)	11 (17%)	11 (15%)	13 (17%)	11 (15%)	10 (14%)	7 (12%)	7 (10%)
Miscellaneous	7 (9%)	4 (6%)	3 (5%)	7 (9%)	8 (10)	4 (5%)	8 (11%)	3 (5%)	9 (13%)
Total	76 (97%)	65 (83%)	65 (83%)	75 (96%)	78 (60%)	73 (57%)	73 (57%)	59 (46%)	72 (56%)

Note. Words selected by 50% of the sample.

Table 6

Chi-square of Language

Words	Chi-square	*P*
Drilling	6.531	0.0382
Frightening	6.544	0.0379
Like a sharp knife	8.150	0.0170
Like a sting	9.250	0.0098

"itching," "like a hurt," and "pulling;" affective words "crying," "exhausting," "frightening," and "sickening;" evaluative word "agonizing;" and miscellaneous word "scary" (see Table 7).

In order to determine if children from the Pilipino group report pain differently from other groups, 50% of the words that the Whites, Blacks, Chinese, and Hispanics used to describe pain were identified. According to Tesler et al. (1988), there were 10 (15%) significant differences for the five ethnic categories; however, data was not retrievable to identify the words. Using a frequency table, it was noted that Pilipinos tended to select words more frequently than did the Whites, Blacks, Chinese or Hispanics. When classified according to the McGill Pain Questionnaire, all of the ethnic groups chose more words from the sensory domain. The Whites, Blacks and Pilipinos chose more sensory and evaluative words ("agonizing," "annoying," "drilling," "frustrating," "stiff") while the Chinese and Hispanics chose more affective words ("deadly," "fear," "torturing") to describe pain (see Appendix A).

Table 7

Chi-square of Gender

Words	Chi-square	*P*
Agonizing	8.503	0.0142
Crying	8.132	0.0172
Exhausting	8.181	0.0167
Frightening	10.061	0.0065
Hurting	6.852	0.0325
Itching	6.729	0.0346
Like a hurt	7.361	0.0252
Pulling	8.682	0.0130
Sickening	15.678	0.0004
Scary	8.442	0.0147

Chapter 5

Discussion

The purpose of this study was: (a) to identify what classes of pain descriptor words Pilipino-American and Pilipino children used to describe pain; (b) if there was a difference in the words chosen by the Pilipino-American and Pilipino children; (c) if word selection was influenced by gender in the two groups; and (d) if the Pilipino group was different from other ethnic groups in word selection. Using a descriptive-correlational study design with secondary analysis of previously collected data, words that Pilipino-American and Pilipino children selected to describe pain were identified and compared. The discussion presented in this chapter will include the significance, limitations and future research, implications for nursing, and conclusion.

Significance of the Results

Although those Pilipinos whose English was the first language chose more words, perhaps due to a larger vocabulary and familiarity with the language, than those Pilipinos whose English was a second, both had chosen more words from the sensory domain. Sensory words describe pain whereas affective and evaluative words interpret what the pain is, as well as being a more psychological and/or emotional response to pain. Thus, when

asking Pilipinos to describe their pain or when using words to help them describe their own pain, it would be more appropriate to use sensory words such as "aching," "burning," "cramping," "like a pinch," or "numb."

Pilipino girls more frequently than Pilipino boys chose words in the affective domain, which Abu-Saad (1984b) suggests in Asians, that they are more sensitive and emotional about behavioral expressions than boys who chose more sensory and evaluative words. Girls also chose more words than boys, which may suggest that girls have better language skills.

It was interesting to note the high degree of agreement of many of the words among the subjects who had very different cultural, socioeconomic, educational, and linguistic backgrounds. Of significance, however, was that the Pilipinos, who were the third largest group in the study, selected more words than any of the other ethnic groups including the Whites, who were the largest group. The Chinese, who were the second largest ethnic group in the study, chose the least number of words in each of the domains. And in total, all ethnic groups chose 50% of the words chosen from the sensory domain, perhaps due to the greater number of sensory words (see Table 5).

In comparison to Abu-Saad's study (1984c), Asian-American children did use more affective and evaluative words. However, if Pilipinos

were grouped under Asian-Americans, the study results would not be similar. Since Pilipinos number one of the largest minorities in the United States and growing, they now have their own classified group. The findings of this study identified Pilipino-American children had chosen more words from the sensory domain as well as the affective.

Although there has been considerable research on cultural variation in pain tolerance, cultural variation in pain perception and response in children has been limited. In order to understand and interpret the ways pain is described, the culture and its values must be examined. This study will provide new insights into the assessment and management of pain in Pilipino children.

Limitations and Future Research

It is beyond the scope of this paper to examine different behaviors within a culture. Instead, Pilipinos and Pilipino-Americans were differentiated as having been "acculturated" or not. However, there is no measure of acculturation. This is the major limitation of this study because distinctions in different groups are difficult to make.

Future research could study comparisons between specific differentiated groups within a culture, such as examining behaviors of those

Pilipinos who have been in the United States for given times or intervals, or those who claim a stronger or weaker ethnic identity.

Another limitation to this study is that the list of words from which the children selected were generated from a group of ethnically diverse children from San Francisco Bay Area schools about ten years ago when the proportion of Pilipinos and other Asians was not as high as it is today. Thus, the list of words do not include representative samples reflecting the ethnic distribution of the Bay Area.

Implications for Nursing

The results of this study indicate that nurses should recognize that children from different ethnic groups use different words to describe their pain. Most ethnic groups may use the same words, but caution should be taken when using the same words across all age, gender, language, and ethnicities. Therefore, nurses and other health care professionals need to investigate the meanings associated with specific words. Nurses can also augment assessment to use fewer pain words by using those that were identified as most frequently chosen in all the categories in this study: sensory words "aching," "beating," "biting," "blister," "burning," "cramping," "crushing," "cutting," "dizzy," "hot," "hurting," "itching," "like a hurt," "like a ache," "like a pin," "like a pinch," "like a scratch," "like a sharp knife," "like

a sting," and "numb;" affective words "awful," "crying," and "killing;" evaluative words "bad," "horrible," "miserable," and "never go away."

Conclusion

In conclusion, both Pilipino-American and Pilipino children chose more sensory words. Although there were 4 words that were significantly different, there were no differences in word class. When compared by gender, Pilipino-American and Pilipino boys and girls equally reported more words from the sensory domain to describe pain. Finally, the Pilipino group chose more words and from the sensory domain than did the Whites, Blacks, Chinese, or Hispanics.

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Appendix

Pain Descriptors by Language and Gender in the Pilipino Culture and by Ethnicity

Words	Word class	English 1st lang (Pilipino)	English 2nd lang (Pilipino)	Boy (Pilipino)	Girl (Pilipino)	Pilipino	White	Black	Chinese	Hispanic
Aching	S	✓	✓	✓	✓	✓	✓	✓	✓	✓
Agonizing	E	✓		✓		✓	✓	✓		
Alone	M									
Always there	M				✓			✓		
Angry	M	✓		✓		✓		✓		
Annoying	E	✓	✓	✓	✓	✓	✓	✓		
Anxious	M									
Awesome	M									
Awful	A	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bad	E	✓	✓	✓	✓	✓	✓	✓	✓	✓
Beating	S	✓	✓	✓	✓	✓	✓	✓	✓	✓
Biting	S	✓	✓	✓	✓	✓	✓	✓	✓	✓
Blister	S	✓	✓	✓	✓	✓	✓	✓	✓	✓
Blunt	M									
Bulldozer	M									
Burning	S	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cold	M							✓		
Constant	M	✓				✓	✓			
Cramping	S	✓	✓	✓	✓	✓	✓	✓	✓	✓
Crippling	M	✓	✓	✓	✓	✓				
Cruel	A									✓
Crushing	S	✓	✓	✓	✓	✓	✓	✓	✓	✓
Crying	A	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cutting	S	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dark	M									
Deadening	M									

(table continues)

Words	Word class	English 1st lang (Pilipino)	English 2nd lang (Pilipino)	Boy (Pilipino)	Girl (Pilipino)	Pilipino	White	Black	Chinese	Hispanic
Deadly	A	✓	✓	✓	✓	✓	✓		✓	✓
Deep	M	✓			✓	✓				
Depressing	M	✓	✓		✓	✓				✓
Disappointing	M									
Disjointed	M									
Dizzy	S	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dreadful	A	✓	✓	✓	✓	✓	✓			✓
Drilling	S	✓		✓		✓	✓	✓		
Dull	S									
Dying	A	✓	✓		✓	✓	✓	✓	✓	✓
Embarrassing	M									
Exhausting	A	✓	✓		✓	✓				✓
Fainting	M									✓
Fear	A	✓	✓	✓	✓	✓			✓	✓
Flatten	M									
Forever	M									
Frightening	A	✓			✓	✓	✓	✓	✓	✓
Frustrating	E	✓	✓		✓	✓	✓	✓		
Gagging	M						✓			
Gnawing	S									
Hard	M		✓					✓		✓
Hateful	M									
Hitting	S	✓		✓	✓	✓	✓	✓	✓	✓
Horrible	E	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hot	S	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hurting	S	✓	✓	✓	✓	✓	✓	✓	✓	✓
Inhibiting	M									
Intense	E	✓		✓		✓	✓			
Itching	S	✓	✓	✓	✓	✓	✓	✓	✓	✓
Killing	A	✓	✓	✓	✓	✓	✓	✓	✓	✓

(table continues)

Words	Word class	English 1st lang (Pilipino)	English 2nd lang (Pilipino)	Boy (Pilipino)	Girl (Pilipino)	Filipino	White	Black	Chinese	Hispanic
Like a bullet	S	✓			✓	✓	✓	✓	✓	✓
Like a hurt	S	✓	✓	✓	✓	✓	✓	✓	✓	✓
Like an ache	S	✓	✓	✓	✓	✓	✓	✓	✓	✓
Like a pin	S	✓	✓	✓	✓	✓	✓	✓	✓	✓
Like a pinch	S	✓	✓	✓	✓	✓	✓	✓	✓	✓
Like a scratch	S	✓	✓	✓	✓	✓	✓	✓	✓	✓
Like a sharp knife	S	✓	✓	✓	✓	✓	✓	✓	✓	✓
Like a sting	S	✓	✓	✓	✓	✓	✓	✓	✓	✓
Loneliness	M									
Loss	M									
Lost	M									
Mad	M	✓	✓	✓	✓	✓		✓		✓
Miserable	E	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nagging	A							✓		
Nauseating	A						✓			
Nervous	M				✓				✓	✓
Never go away	E	✓	✓	✓	✓	✓	✓	✓	✓	✓
Numb	S	✓	✓	✓	✓	✓	✓	✓	✓	✓
Paralyzing	A	✓	✓	✓	✓	✓	✓	✓		✓
Piercing	S	✓	✓	✓	✓	✓	✓			✓
Pinching	S	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pin like	S	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pounding	S	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pressure	S	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pricking	S	✓				✓	✓			
Pulling	S			✓			✓	✓		
Pulsating	S									
Punching	S	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pushing	M							✓		
Quiet	M									
Radiating	S									
Remorse	M									

(table continues)

Words	Word class	English 1st lang (Pilipino)	English 2nd lang (Pilipino)	Boy (Pilipino)	Girl (Pilipino)	Pilipino	White	Black	Chinese	Hispanic
Sad	A				✓			✓	✓	✓
Scary	M	✓			✓	✓			✓	✓
Scratching	S	✓	✓	✓	✓	✓	✓	✓	✓	✓
Screaming	A	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sharp	S	✓	✓	✓	✓	✓	✓	✓	✓	✓
Shattering	M									
Shocking	S	✓	✓	✓	✓	✓	✓	✓	✓	✓
Shooting	S				✓		✓	✓	✓	✓
Sickening	A	✓	✓		✓	✓	✓	✓	✓	✓
Smarting	S									
Sore	S	✓	✓	✓	✓	✓	✓	✓	✓	✓
Soulless	M									
Splitting	S	✓	✓	✓	✓	✓	✓	✓		✓
Stabbing	S	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stiff	S	✓	✓	✓	✓	✓	✓	✓		
Stinging	S	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stuffy	M									
Stunning	M									✓
Stupid	M									
Suffocating	A	✓	✓	✓	✓	✓	✓	✓	✓	✓
Suicidal	M									
Swollen	S	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tearing	S	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tension	M						✓	✓		
Terrible	E	✓	✓	✓	✓	✓	✓	✓	✓	✓
Terrify	A	✓	✓		✓	✓		✓	✓	
Throbbing	S	✓		✓	✓	✓	✓	✓		✓
Tight	S	✓	✓	✓	✓	✓	✓	✓		✓
Tingling	S						✓			
Tiring	A									
Torturing	A	✓	✓	✓	✓	✓	✓		✓	✓

(table continues)

Words	Word class	English 1st lang (Pilipino)	English 2nd lang (Pilipino)	Boy (Pilipino)	Girl (Pilipino)	Pilipino	White	Black	Chinese	Hispanic
Trapped	M									✓
Troubled	E		✓		✓					
Tugging	S							✓		
Unbearable	E	✓		✓	✓	✓	✓			
Uncomfortable	E	✓	✓	✓	✓	✓	✓	✓	✓	✓
Uncontrollable	E	✓	✓	✓	✓	✓		✓	✓	✓
Unyielding	M									
Vomiting	M						✓			
Weird	M									
Worried	M							✓	✓	✓

Note. ✓ = words selected by 50% or more of the sample.

Word class: S=sensory, A=affective, E=evaluative, M=miscellaneous.