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# THE MPQ AND ITS RENDITIONS INTO DUTCH AND POLISH

The McGill Pain Questionnaire (MPQ), a tool used by specialists to let their patients describe the pain they (have) experience(d), has been rendered into different languages. Most renditions are either literal translations or cultural adaptations. Two examples include the Polish version offered by Sedlak and the Dutch-language version(s) respectively. By drawing on Fleck's theory of scientific facts and thought collectives, an attempt is made to describe how the aforementioned renditions were created and what influence the chosen approach has on the final version. Also, a detailed comparison of the Dutch-language version(s) and Sedlak's Polish version of the MPQ with the original MPQ gives an invaluable insight into the 'while-rendition processes' that regulate modifications made to the form and content of the translated/adapted text.

## 1. Introduction

The McGill Pain Questionnaire (MPQ) is a self-report measure developed by R. Melzack and W. Torgerson at McGill University, Canada, in 1971. Used by patients to subjectively rate their pain, the questionnaire consists of 78 pain descriptors (descriptive adjectives) divided into 3 main categories and 20 subcategories:

> The classes are: a) words describing *sensory qualities* in terms of temporal, spatial, pressure, thermal, and other properties, e.g. beating, flashing, scalding, and stinging, b) words describing *affective qualities*, i.e. negative emotional reactions, in terms of tension, fear, and autonomic properties, e.g. suffocating, frightful, and vicious, and c) *evaluative words* describing the subjective overall intensity of pain, e.g. annoying, intense, and unbearable (Lascaratou 2007: 113-114; italics ours).

With the subcategories ranging from flickering/beating through tiring/exhausting to annoying/unbearable, respondents are asked to select those words which best describe the pain they experience or are experiencing, which then gives the specialist (doctor, psychologist, therapist) quantitative measures of clinical pain. Since the MPQ is quite an extensive list and may therefore take a substantial amount of time to complete, short(er) forms have also been developed, including the SF-MPQ (Short Form McGill Questionnaire).

The MPQ has been rendered into various languages. Most renditions are of one of two kinds, namely literal translations or cultural adaptations, the Polish version by Sedlak (1990) being a good illustration of the former and the Dutch-language version(s) of the latter. It is these two renditions, along with the original (English-language) MPQ, that are the focal point of analysis in the present paper. By adopting a comparative stance, an attempt is made to single out similarities and differences at the interface of these three languages and, even more so, at the interface of both the creation processes and the renditions.

To be able to not only better depict how the aforementioned renditions were structured and crystalised but also to demonstrate the interconnectedness of the various (esoteric and exoteric) circles of people involved in that process, we draw on Fleck's theory of scientific facts and thought collectives (1935/1979). By doing so, we illustrate how the presence or absence of, for instance, patients or medical experts in the process of creating a pain questionnaire may influence the choice of whether to faithfully translate or culturally adapt the text, and hence determine the final shape of the rendered version.

## 2. Methodological underpinnings of MPQ renditions

MPQ versions appearing in various countries and 'language zones' differ considerably due to diverse methodological assumptions that underlie the process of translation. On the whole, it can be stated that some authors strive to reconstruct the methodological rules adopted by Melzack and Torgerson (just to mention a French version from 1988 or the Italian pain questionnaire from 1988), whereas others attempt to accurately translate pain lexis (as is the case in another French MPQ version from 1988, the Italian version of the McGill Pain Questionnaire from 1985, or the German counterpart to MPQ from 1988) (see Table 1). There seems, however, to be a certain tug-of-war between the proponents of these two extreme translatorial approaches to dealing with the MPQ. In large measure, the discrepancies emerging while adjusting MPQ to various languages stem from differing geo-cultural factors, the corollary of which being that culture-oriented translations, or rather adaptations, are structured. This is, for instance, the case with the two existing Norwegian translations designed with an emphasis on cultural specificity and actually representing new versions rather than direct translations of the MPQ. As such, they prove useful for studying pain within a single language or culture. Still, as Kim et al. stress, "for pur-

poses of cross-linguistic and cross-cultural comparisons, there remains a need for more direct translations that preserve the denotation and connotation and numerical value of the original MPQ in order to provide for the study of universal aspects of pain and its management" (1995: 422). Thus, the authors of the paper quoted report on a Norwegian translation of the MPQ (NMPQ), which is, in fact, meant to facilitate cross-cultural comparative studies of pain.

A somehow opposite stance is represented by Varoli and Pedrazzi (2006), who elaborate on the processes accompanying the translation of the MPQ into Brazilian Portuguese. Though the authors initially admit that it would be convenient for people in different countries and with different cultures to use the same words to describe pain, they add that developing an MPQ version by simply translating the words seems unrealistic. This is due to the fact "that pain descriptors have semantic connotations specific to a particular sociocultural context [and a] simple translation can hardly express all the semantic nuances of the original pain descriptors" (ibid.: 329). Thus, according to them, it is valid and justifiable that the original pain descriptors be adjusted to common Brazilian Portuguese vocabulary and their intensity values adapted to the Brazilian culture. In the same vein, Adelmanesh et al. (2011) describe the translation and adaptation of the Iranian Short-Form McGill Pain Questionnaire (I-SF-MPQ), concluding that culturally adapting the questionnaire to Farsi speakers is a success, since "[t]he results of [their] study indicate that the Iranian version of the SF-MPQ is a reliable questionnaire and responsive to changes in the subscale and total pain scores in Persian chronic pain patients over time" (ibid.: 1). Last but not least, one may also mention the process of creating the Spanish version of the MPQ, which is again a cultural adaptation of the original, an adaptation that "can be clinically applicable in Spanish-speaking countries as it was developed solely on the basis of the original lexicon of our language" (Ruiz-López et al. 2011: 92; translation ours).[1]

In the light of the above considerations, one may venture a claim that the three Dutch-language versions[2] and the Polish version offered by Sedlak (1990)[3], all of which are subjected to analysis in the present article, aptly illustrate the two opposing tendencies when it comes to tackling the MPQ cross-linguistically,

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[1] …puede ser clínicamente aplicable en los países de habla espa*ñola ya que se investigó únicamente a partir de léxico original en nuestro idioma*. (Ruiz-López et al. 2011 in Badia 2011).

[2] The three Dutch-language versions of the MPQ are: the MPQ-L(eiden), the MPQ-DV (devised in Leuven, Belgium), and a hybrid of the two former – a standardised Dutch-language version called the MPQ-DLV (Dutch Language Version).

[3] Another Polish version of the MPQ, proposed by Szczudlik (1983, 1984), seems to considerably diverge from the original, since it only partially overlaps with Melzack and Torgerson's classification. Besides, we can find there only 13 groups of pain descriptors, as opposed to the original 20 classes present in the MPQ. Thus, if we take into account the structure of the MPQ as well as the pain metaphorisations, the questionnaire prepared by Szczudlik should be viewed as a diagnostic instrument merely inspired by the McGill Pain Questionnaire and hence is not considered for analysis in the present article.

namely cultural adaptation and literal/faithful translation respectively. What follows is a more detailed discussion on and juxtaposition of these equivalents of the MPQ to ascertain in what way and to what extent they exemplify the aforementioned translation methods (a term employed by Newmark 1988). This will be attained by two-fold analysis: an analysis of how the renditions in question came into being conducted through the lens of the Fleckian theory of scientific facts and thought collectives (Fleck 1935, 1979) and a comparative investigation of the links (similarities and differences) between the MPQ and the Polish and Dutch-language equivalents.

Table 1. An overview of renditions of the MPQ

| **Attempts at socio-cultural adaptations** | **Attempts to accurately translate pain lexis** |
|---|---|
| the Brazilian Portuguese version of the McGill Pain Questionnaire (2006) | a French MPQ version from 1988 |
| another French MPQ version (1988) | the German counterpart to MPQ from 1988 |
| the Italian pain questionnaire (1988) | the Italian version of the McGill Pain Questionnaire from 1985 |
| the Iranian Short-Form McGill Pain Questionnaire (2011) | the two existing Norwegian translations of the MPQ (1995) |
| the Spanish version of the MPQ (1994) | |
| the Greek version of the MPQ (2000/2001) | |

## 3. Fleck's theory of scientific facts and thought collectives

Polish bacteriologist and immunologist Ludwig Fleck (1896-1961) is today considered by many to be the pioneer of the sociology of scientific knowledge. His theories were eloquently described in his main theoretical work *Genesis and Development of a Scientific Fact* (1935/1979; see References below). Fleck's ground-breaking assertion consists in the idea that scientific facts are developed and moulded by individuals and the surrounding community in certain ways, since knowledge is produced while being entangled with sociological and historical aspects. In short, such an innovative relativistic attitude allows him to view scientific facts as collectively structured constructs not bound by a priori pre-existing contexts but rather determined by historico-sociological ideas and procedures. A crucial role in this Fleckian theory is ascribed to the so-called 'thought collective', a dynamic entity defined as something that "exists whenever two or more persons are actually exchanging thoughts" (in van Rijn-van Tongeren 1997: 46). As Fleck further clarifies,

> every thought collective of science consists of two concentric circles: a small esoteric circle of experts and a larger exoteric circle of laymen. In between are more concentric circles which form a more graded system of circles. An individual belongs to the circle which corresponds to his grade of initiation into the particular field of knowledge. Many people belong to several exoteric circles, but only to one or a few esoteric circles, while there may be people who do not belong to any esoteric circle at all (ibid.: 47).

The central tenets of Fleck's theories delineated above will be woven into the subsequent discussion on how the Dutch-language and the Polish-language versions of the MPQ were crystallising and coming into being.

## 4. Rendition of the MPQ into Dutch and Polish – on how these counterparts were created

It has already been suggested that the Dutch-language versions and the Polish version offered by Sedlak represent two extremes in terms of the methodological assumptions that underlie the process of translation. Apparently, the Dutch and the Flemish (Belgians from Flanders) had different ideas and motivations in mind while creating their versions from those by their Polish colleagues, but this may probably be accounted for to some extent by the more complex geographic, social and cultural conditioning of the Dutch and the Flemish. The socio-cultural interdependencies which underlie constructing the Dutch-language MPQs and the Polish-language MPQ are presented in Tables 2 and 3 respectively.

What benefits do the authors of the Dutch-language pain questionnaires[4] draw from ignoring the original structure of the MPQ, mixing descriptors and shifting them to different classes, and from omitting many of them? For certain, they present a 'downsized' version of the MPQ-based questionnaire, a fact that could in itself be considered an asset, since this diagnostic tool may be rendered more transparent and accessible for the diagnosed, that is patients. The very process of gradually eliminating certain pain words with a view to creating an efficacious pain questionnaire was expanded in time and scope, as is described in van der Kloot and Vertommen (1989). The authors meticulously present subsequent phases of composing three Dutch-language versions of the MPQ, namely the MPQ-L(eiden), the MPQ-DV (devised in Leuven, Belgium), and a hybrid of the two former – a standardised Dutch-language version called the MPQ-DLV (Dutch Language Version).

[4] When the final MPQ-DLV was compiled from the Dutch MPQ-L (Verkes, Van der Kloot, Van der Meij) and the Belgian MPQ-DV (Vanderiet, Vertommen, Adriaensen), its authors published a booklet containing the original studies behind the three versions of the MPQ-DLV, as well as the scoring rules and an application in cancer research.

It is, in our view, worthwhile to examine the very process of constructing the Dutch-language versions of the MPQ not so much by accounting for the pain metaphors emergent from them but, perhaps even more importantly, in terms of what specific groups of people are involved and contribute to their final shape. Since the particular stages/criteria of constructing the Dutch MPQs differ, for the sake of clarity and overview, we present them in Table 2, concentrating on the involvement of the aforementioned groups and omitting certain medical/scientific details. The aim of juxtaposing these phases/criteria 'community-wise' is to demonstrate that those who participate in crystallising pain questionnaires belong to communities whose social, cultural, physical and psychological set-up is relevant and valid when it comes to making these questionnaires diagnostically efficient. It also seems that the processes in question correlate with and may be discussed through the lens of Fleck's theory of scientific facts and thought collectives (1935, 1979). Thus, the terminology employed by Fleck is incorporated in Table 2, and parts of his theory are clarified insofar as it is necessary for the investigation to unfold. Also, parenthesised Arabic numerals next to descriptions of sub-stages are to mark their chronological succession as well as research-oriented interaction among the circles (in the Fleckian understanding). The same procedures are applied in Table 3.

Table 2. Participation of and contribution to the stage-by-stage construction of the MPQ's Dutch-language versions

| **Version of the Dutch-language MPQ** | **Stages/ phases/ criteria of constructing the Dutch-language MPQs** | **The groups involved in constructing the Dutch-language MPQs** | | |
|---|---|---|---|---|
| | | **Esoteric circles (EsC)** | **In-between circles (InC)** | **Exoteric circles (ExC)** |
| The MPQ-L (Leiden) | Stage 1 – An empirical study into the classification of pain descriptors: collection of words used in Dutch to describe pain; | **(1)** During 2 weeks, 48 doctors, physical therapists and nurses noted down words their patients used to describe their pain; **(1)** A number of medical books were consulted in search of appropriate words. | **(1)** The adjectives from the original MPQ and the study by Melzack and Torgerson (1971) were translated by 7 university and high school teachers of English. | **(1)** In the waiting rooms to 10 doctors and physical therapists there were lists on which patients were asked to describe their pain. |

Table 2.

| Version of the Dutch-language MPQ | Stages/ phases/ criteria of constructing the Dutch-language MPQs | The groups involved in constructing the Dutch-language MPQs | | |
|---|---|---|---|---|
| | | Esoteric circles (EsC) | In-between circles (InC) | Exoteric circles (ExC) |
| The MPQ-L (Leiden) | assessment of words describing pain intensity. | **(3)** The data were analysed with the use of the computer programme HOMALS – a programme with multiple correspondence analysis). **(3)** To simplify analysis, the centroid method (Norusis 1985) (a hierarchical cluster analysis) was conducted to measure the distance between the 176 adjectives; **(5)** The intensity scores for the words assessed by the students were subjected to PRINCALS (non-linear principle component analysis) to test for important individual differences and to external analysis: PREFMAP-II (a computer programme which makes it possible to research whether intensity can be portrayed within a givenconfiguration of pain words, either as direction or as a point). | **(2)** 53 students were asked to sort the adjectives, which were written on separate pieces of paper, based on meaning; **(4)** 77 students assessed the intensity by using a scale from 0 (no pain) to 10 (unbearable pain). | **(2)** Randomly chosen inhabitants of Leiden were asked to state which words they did not understand or which ones they could not imagine as being used as pain descriptors. |

Table 2.

| Version of the Dutch-language MPQ | Stages/ phases/ criteria of constructing the Dutch-language MPQs | The groups involved in constructing the Dutch-language MPQs | | |
|---|---|---|---|---|
| | | **Esoteric circles (EsC)** | **In-between circles (InC)** | **Exoteric circles (ExC)** |
| | Stage 2 – The construction of a Dutch-language version of the MPQ. | Based on the same idea that lay behind the original MPQ, numerous subscales were formed according to the following criteria: each subscale is formed with 3 or 4 words from the same cluster in a structure of 32 clusters; those 3 or 4 words belonging to 1 subscale need to be significantly different as far as intensity is concerned ($p < .01$; Wilcoxon's signed-rank test and the Wilcoxon rank-sum test). | | |
| | Stage 3 – an empirical study into the questionnaire's validity and internal consistency. | **(2)**. PRI and NWC scores were calculated for each patient, and correlations were found between the various PRI (Pain Rating Indices) scores, NWC (Number of Words Chosen) scores and VAS (Visual Analogue Scale) scores for the measurement of pain intensity. | | **(1)** The questionnaire was given to people with pain (120 patients of a variety of practices). |

Table 2.

| **Version of the Dutch-language MPQ** | **Stages/ phases/ criteria of constructing the Dutch-language MPQs** | **The groups involved in constructing the Dutch-language MPQs** | | |
|---|---|---|---|---|
| | | **Esoteric circles (EsC)** | **In-between circles (InC)** | **Exoteric circles (ExC)** |
| The MPQ-DV (Leuven) | Phase 1 – inventory of pain descriptions. | | | 50 pain patients (either admitted at an academic hospital or treated through ambulatory care at the Pain Clinic of Leuven Catholic University) were first asked to describe their pain in their own words. Afterwards, they were given a list with 104 words in alphabetical order (taken from 2 existing translations of the MPQ – Marck, Sharp and Dohme & Dr. J. Lahousse – both unpublished documents) and told to tick the words they think could describe pain (disregarding their own pain). |
| | Phase 2 – categorization of pain descriptions according to pain quality. | After 124 descriptions had been divided into different categories (with three main categories: sensory, affective and evaluative), and adapted to the Dutch language (therefore in addition to the 14 categorical counterparts of the original MPQ, there were 3 extra categories), they were assessed by 2 groups of people: | | |

Table 2.

| Version of the Dutch-language MPQ | Stages/ phases/ criteria of constructing the Dutch-language MPQs | | The groups involved in constructing the Dutch-language MPQs | | |
|---|---|---|---|---|---|
| | | | **Esoteric circles (EsC)** | **In-between circles (InC)** | **Exoteric circles (ExC)** |
| | | | **(1)** 20 pain experts (11 doctors, 5 nurses and 4 psychologists (mean age 30). | **(1)** 22 university students (mean age 19.5). | |
| | | | Their task was to study the classification and decide whether words fit, cross them out if this was not the case, possibly suggest which category they should be in, divide and/or merge categories, and add a new category if need be. Results were counted separately for each group. | | |
| | Phase 3 – pain assessment according to its intensity. | Part 1 – verbal | | **(1)** Basing themselves on the original MPQ intensity scale, 70 university students were asked to assess 22 pain descriptors on a 7-point scale (1=least pain & 7=the most pain you can imagine). | |
| | | Part 2 | **(1)** Parallel to the categorization phase 2, with the same | | |
| | | | experts used. | students used. | |
| | | | These two groups were asked to assess the different pain descriptors on the verbal-numeric intensity scale (and to do that independently from the assessment they had given before). | | |

Table 2.

| Version of the Dutch-language MPQ | Stages/ phases/ criteria of constructing the Dutch-language MPQs | The groups involved in constructing the Dutch-language MPQs | | |
|---|---|---|---|---|
| | | Esoteric circles (EsC) | In-between circles (InC) | Exoteric circles (ExC) |
| | | | **(2)** To obtain more trustworthy results, the group of students was expanded by a group of 48 university students. | **(2)** Pain patients were also asked to get involved. As the list was quite extensive, it was divided into three parts (each group of 20 pain patients received 1/3 of the list). Only 12 of those 60 patients had a higher education (most were waiters and waitresses, blue-collar workers, housewives). |
| | | The level of education between the pain patients and the experts differed substantially. | | The level of education between the pain patients and the experts differed substantially. |
| | Phase 4 – questionnaire testing for reliability and validity. | | | Twofold study was conducted to test for reliability and validity: 1 – questionnaire was given to 50 pain patients; 2 – questionnaire was given to 20 pain patients before and after applying local anaesthetics. |

Table 2.

| Version of the Dutch-language MPQ | Stages/ phases/ criteria of constructing the Dutch-language MPQs | The groups involved in constructing the Dutch-language MPQs | | |
|---|---|---|---|---|
| | | Esoteric circles (EsC) | In-between circles (InC) | Exoteric circles (ExC) |
| The MPQ-DLV | Pre-stage 1 – Categories. | In the Leuven study, the words were assigned to categories taken from the original MPQ (with a few exceptions – some proved useless and 2 new ones were added). In the end, there were 17 categories (11 sensory, 5 affective and 2 evaluative). The Leiden study did not make use of specified a priori categories – participants were free to divide the words into as many categories as they pleased (on condition they were grouped according to meaning). Based on the division, it was decided there were 5 main clusters with 32 subclusters (= categories; also sensory, affective and evaluative). These two questionnaires were then compared in different ways to look for common features | | |

Table 2.

| Version of the Dutch-language MPQ | Stages/ phases/ criteria of constructing the Dutch-language MPQs | The groups involved in constructing the Dutch-language MPQs | | |
|---|---|---|---|---|
| | | Esoteric circles (EsC) | In-between circles (InC) | Exoteric circles (ExC) |
| | | (categories, how the words were assigned, etc.). Next, *kappa* and *phi* coefficients were used to test for agreement. | | |
| | Pre-stage 2 – Intensity. | Different methods were used when assessing intensity for the MPQ-DV (a 5-point scale) and the MPQ-L (an 11-point scale – from 0 to 10). To standardize, the Leuven study scores were recalculated using the Leiden study scale of 0 to 10. | | |
| | Structuring criterion 1 | Words that appeared in both of the earlier versions. | | |
| | Structuring criterion 2 | Words within one new subscale are supposed to belong to the relevant category, according to the data from both studies. | | |
| | Structuring criterion 3 | Words within one subscale are supposed to show a clear increase in intensity (in both previous studies). | | |

Table 2.

| Version of the Dutch-language MPQ | Stages/ phases/ criteria of constructing the Dutch-language MPQs | The groups involved in constructing the Dutch-language MPQs | | |
|---|---|---|---|---|
| | | Esoteric circles (EsC) | In-between circles (InC) | Exoteric circles (ExC) |
| | Structuring criterion 4 | If more words could be selected based on the criteria mentioned above, then the word was selected which, based on previous research, had been expected to be chosen by patients and whose intensity differed the most from other words. | | If more words could be selected based on the criteria mentioned above, then the word was selected which, based on previous research, had been expected to be chosen by patients and whose intensity differed the most from other words. |
| | Final stage | In the end, a list of 20 subscales was devised: 12 sensory, 5 affective and 3 evaluative. The list is preceded by instructions on how to complete the questionnaire. Besides, the authors added a few questions, which they thought should be mandatory in research whose aim it is to measure the earnest of pain. Apart from the basic background questions (name, age, sex, date of birth), some questions concerning the chronology, localisation and spreading of the pain were included. These questions, however, do not always have to be asked/ answered. Also, the Visual Analogue Scale is used in the questionnaire to measure the pain on a graphic scale. In fact, two such scales are used: one to measure the pain now and one to indicate the minimal and maximum pain experienced before. These VAS-scales precede the list with adjectives. Finally, there are also some Quality of Life questions to determine how the pain influences the person's life negatively (these questions concern aspect such as duration, influence on daily activities, etc. during the time directly prior to filling in the questionnaire – e.g. 'yesterday', 'last night' and 'this morning'). | | |

Irrespective of the variable number of stages during which the Dutch-language versions of the MPQ were designed, one can discern a similar alternating pattern as concerns the scholarly communication among the clearly delineated groups actively participating in the creation of these questionnaires. Thus, the incipient stage is associated with the activities of the esoteric circles (EsC; broadly understood medical experts) who turn with their thoughts (ideas, theories, hypotheses, and the like) to the in-between circles (InC; university students) and especially to the exoteric circles (ExC; pain patients and members of the general public), the two last circles then giving feedback to the former, and the cycle being repeated from the start if 'scientific need' be.

If we take a closer look at involvement of particular circles in the development of the MPQ-L, we may note that at the beginning of Stage 1 all circles (EsC, InC, and Exc) are equally engaged, then the emphasis is laid on the activities of InC and ExC, whose results are in turn relayed to the analysis conducted by EsC, then members of InC are asked to assess data, and finally those belonging to EsC undertake highly specialised analyses. The scientific tasks within Stage 2 also belong to EsC. Stage 3, in turn, is initiated by ExC, whose members provide feedback to EsC, and – quite predictably – the latter has the final say in composing the MPQ-L.

Phase 1 of developing the MPQ-DV is solely based on the participation of ExC, working on the material provided by EsC. Phase 2, in turn, hinges exclusively on the joint effort of EsC and InC. Part 1 of Phase 3 commences with the active presence of InC, whereas Part 2 of Phase 3 is expanded by EsC (present in previous Phase 2). Towards the completion of Phase 3 we witness the further expansion of circles, with new members joining InC and ExC being added. Final Phase 4 prioritises the role of ExC, whose members are consulted to validate the questionnaire and make it more reliable.

Last but not least, the process of constructing the MPQ-DLV seems to be predominantly EsC-oriented, something that should probably be attributed to the fact that this MPQ version builds upon and draws substantially from its predecessors – the MPQ-L and the MPQ-DV. This also means that van der Kloot and Vertommen (1989) fully acknowledge the significance of the other circles (InC and ExC) in the creation of the MPQ-DLV by looking back at earlier investigations and the role of pain patients in them (hence, for instance, the formulations 'according to the data from both studies, 'in both previous studies', 'based on previous research', 'the earlier versions', 'the Leiden study', 'the Leuven study', and 'the word … expected to be chosen by patients'; see Table 2 in its part devoted to the MPQ-DLV).

Analogically to Table 2, Table 3 aspires to present the intercommunicative processes underlying the creation of the Polish pain questionnaire based on the MPQ by Sedlak (1990, 2004). The data come from an unpublished article *Polska wersja McGill Pain Questionnaire* (Sedlak 1990) and from Dobrogowski and Sedlak (1996).

Table 3. Participation of and contribution to the stage-by-stage construction of the MPQ's Polish-language version

| **Stages/phases/criteria of constructing the Polish-language MPQs** | **The groups involved in constructing the Polish-language MPQs** | | |
|---|---|---|---|
| | **Esoteric circles (EsC)** | **In-between circles (InC)** | **Exoteric circles (ExC)** |
| Stage 1 – The collection of words used in Polish to describe pain. | | | Chronic pain patients and healthy people were asked to write down the words that they had ever employed to characterise their pain. The pain dictionary which was compiled in this way contained over 200 adjectives. |
| Stage 2 – The translation of English lexis from the MPQ in to Polish. | English lexis from the original MPQ was translated into Polish. It turned out that almost all translated expressions also feature in the Polish dictionary of pain (mentioned in Stage 1). | | |
| Stage 3 – Arranging vocabulary. | **(1)** The fact that each English adjective usually had a few Polish equivalent expressions, infrequently differing in terms of semantics, necessitated the process of ordering the vocabulary. It was made sure that Polish equivalents describe the same quality of pain as the English adjectives do, and that they match the general name of a category that a given group of words belong to. | | |

Table 3.

| Stages/phases/criteria of constructing the Polish-language MPQs | The groups involved in constructing the Polish-language MPQs | | |
|---|---|---|---|
| | Esoteric circles (EsC) | In-between circles (InC) | Exoteric circles (ExC) |
| | **(2)** The majority of Polish adjectives constituting the Polish version of the MPQ were translated in accordance with their dictionary meaning. It is only with reference to a few words that their dictionary meaning was slightly altered, as they were replaced with synonymous expressions from the Polish dictionary of pain. Synonyms were employed when the Polish meaning of a given adjective did not match the general named of a group or a category. With reference to group 9, which describes dullness of pain, it was decided not to translate it as – according to the author – there exists an incongruity between the group name and the dictionary meaning of the pain adjectives. For this reason, Sedlak replaces 3 English adjectives with words taken from the Polish dictionary of pain, thus reducing the number of pain | | |

Table 3.

| Stages/phases/criteria of constructing the Polish-language MPQs | The groups involved in constructing the Polish-language MPQs | | |
|---|---|---|---|
| | **Esoteric circles (EsC)** | **In-between circles (InC)** | **Exoteric circles (ExC)** |
| | descriptors in the dullness group from 5 to 4. As Sedlak purports, the Polish pain descriptors employed correspond with the general name of group 9 and – analogically to the MPQ – depict various intensity levels of dull pain. Similarly, group 2 (Spatial), group 5 (Constrictive pressure), and group 7 (Thermal) were also deprived of one descriptor each as no Polish equivalents were found. In this way, Sedlak's equivalent of the MPQ was only minimally shortened by four words, and consists of 74 descriptors, as compared to the original 78 pain adjectives. | | |
| Stage 4 – Ascribing pain intensity values to the translated Polish adjectival descriptors. | After it had been translated, the questionnaire was given to 24 doctors so that they should ascribe certain intensity to each adjective by means of a six-point numerical rating scale. The results obtained enabled Sedlak to finally classify the pain descriptors within | | After it had been translated, the questionnaire was given to 28 patients so that they should ascribe certain intensity to each adjective by means of a six-point numerical rating scale. The results obtained enabled Sedlak to finally classify the pain descriptors within |

Table 3.

| Stages/phases/criteria of constructing the Polish-language MPQs | The groups involved in constructing the Polish-language MPQs | | |
|---|---|---|---|
| | Esoteric circles (EsC) | In-between circles (InC) | Exoteric circles (ExC) |
| | each group, according to the order that was decided by the informants providing the feedback. In this respect, the author patterned himself on Melzack and Torgerson (1971). | | each group, according to the order that was decided by the informants providing the feedback. In this respect, the author patterned himself on Melzack and Torgerson (1971). |

In contrast to initial stages of composing the Dutch versions of the MPQ (where all circles seem to be equally involved), the beginning of structuring the Polish version of this questionnaire zeroes in on the role of ExC, with a view to compiling the so-called Polish dictionary of pain. It can be stated, then, that Stage 1 is solely ExC-based. Stages 2 and 3, in turn, rely exclusively on the scholarly expertise of the author and other researchers, in tderms of translating and arranging pain vocabulary. The emphasis is again shifted at Stage 4, where other members of EsC join in (doctors), but additionally patients are asked to perform the same task (intensity value ascription), which means that ExC contributes again at the final stage. It is clear, then, that in the case of Sedlak's questionnaire, its structuring commences and terminates with substantial involvement of ExC.

Presence of EsC and ExC in creating the Dutch- and the Polish-speaking version of the MPQ, even though at different stages and to a differing degree, may still be perceived as similarity. However, there appears to be a significant discrepancy between the ways the Dutch and the Polish MPQ versions were coming into being as it concerns the involvement of InC. One may easily notice that whereas the Dutch scholars had teachers of English, students, or university students involved at certain stages of composing pain questionnaires, their Polish counterparts decided not to engage these groups and only stick to 'extremes' – to consult those who experience pain or have experienced it at some point of their lives (ExC) and those who deal with it professionally (EsC). It may be hypothesised at this point that exploiting the potential of the groups straddling EsC and ExC while building a certain pain questionnaire may improve its efficacy as a diagnostic tool (as is the case with the Dutch-language MPQ versions); it is probable that while critically reassessing the processing underlying the creation of the Polish MPQ, Sedlak implies that rejuvenating it, or perhaps even constructing it anew, should include more variegated 'circles', not only strictly esoteric and exoteric ones.

A conclusion of general nature that seems to suggest itself after analysing the methods of building MPQ-based Dutch- and Polish-language questionnaires

is that their final shape is determined by communication and exchange among two broadly understood circles of people – esoteric and exoteric, with the addition of a few more 'in-between' concentric circles. Though the most central role is apparently ascribed to the esoteric circle of experts, it can be noted that all the circles cross-fertilise one another as their members strive for better understanding of pain, especially in diagnostic terms. The above considerations correspond with Fleckian deliberations concerning scientific development:

> In addition to the intracollective communication of ideas from the esoteric circle throughout the exoteric circle and the feedback of the ideas, reinforced and collectivized, [there is also] an intercollective exchange … [t]he *change* of thought style [opening up] "new possibilities for discovery [and creation] of new facts. This is the most important epistemological significance of the intercollective communication of thoughts" (chap.4, sec.3). … [T]he esoteric circle of the thought collective of science, with its symmetrical exchange, is democratically dependent upon public opinion from the exoteric circle. … Discovery in science, whether modification or transformation, and whether of a theory or its thought style, is a complex, socially conditioned product of collective effort. (Trenn and Merton 1979: 162; italics original)

One may, of course, be sceptical about the idea that scientific 'conversation' between medical experts and patients is something bordering on scientific discovery. On the other hand, as Fleck asserts, scientific discovery may also be about modification and thought style (not only focused on transformation and a theory), and thus negotiating and adjusting various ways of describing pain and discoursing about it is, after all, a kind of scientific modification, and a certain thought style crystallises in these processes via (metaphoric) language.

## 5. An overview of the similarities and differences between the selected renditions of the MPQ

When conducting a one-to-one comparison of the original MPQ with the MPQ-DLV (see Table 4), it is evident that the former underwent considerable changes when rendered into the Dutch-language version: most categories have fewer equivalents and in most cases the equivalents within the same groups are not direct translations of the English adjectives (a cursory glance at Table 4 will suffice to notice this; after all, translations of the Dutch pain descriptors in the fifth column are only given if the word in the MPQ-DLV means something different from the English pain descriptor in the original MPQ). In fact, some of the groups include pain descriptors that have nothing in common with their counterpart in the other version. Group 8 serves as a good example because the English adjectives *tingling*, *itchy*, *smarting* and *stinging* from the original MPQ are *broeiend* (*hot*), *gloeiend* (*glowing, red-hot, boiling hot*) and *verschroeiend* (*scorching, searing*) in the MPQ-DLV.

Table 4. A one-to-one comparison of the different groups of the MPQ with those of the MPQ-DLV

| MPQ | group; rank | MPQ-DLV | group; rank | Translations[a] (and comments) |
|---|---|---|---|---|
| flickering | 1 ; 1/6 | kloppend | 1 ; 1/3 | *beating, knocking, tapping* |
| quivering | 1 ; 2/6 | bonzend | 1 ; 2/3 | *banging, hammering, pounding* |
| pulsing | 1 ; 3/6 | barstend | 1 ; 3/3 | *splitting* |
| throbbing | 1 ; 4/6 | x | x | x |
| beating | 1 ; 5/6 | x | x | x |
| pounding | 1 ; 6/6 | x | x | x |
| jumping | 2 ; 1/3 | opflikkerend | 2 ; 1/3 | *flickering (candle)* |
| flashing | 2 ; 2/3 | flitsend | 2 ; 2/3 | x |
| shooting | 2 ; 3/3 | schietend | 2 ; 3/3 | x |
| pricking | 3 ; 1/5 | prikkend | 3 ; 1/3 | x |
| boring | 3 ; 2/5 | stekend | 3 ; 2/3 | *stinging, stabbing* |
| drilling | 3 ; 3/5 | doorborend | 3 ; 3/3 | x |
| stabbing | 3 ; 4/5 | x | x | x |
| lancinating | 3 ; 5/5 | x | x | x |
| sharp | 4 ; 1/3 | scherp | 4 ; 1/3 | x |
| cutting | 4 ; 2/3 | snijdend | 4 ; 2/3 | x |
| lacerating | 4 ; 3/3 | messcherp | 4 ; 3/3 | *sharp as a knife* |
| pinching | 5 ; 1/5 | drukkend | 5 ; 1/5 | *oppressive, pushing (down)* |
| pressing | 5 ; 2/5 | knellend | 5 ; 2/5 | *squeezing, pressing* |
| gnawing | 5 ; 3/5 | snoeiend | 5 ; 3/5 | *pruning, trimming* |
| cramping | 5 ; 4/5 | x | x | x |
| crushing | 5 ; 5/5 | x | x | x |
| tugging | 6 ; 1/3 | trekkend | 6 ; 1/3 | x |
| pulling | 6 ; 2/3 | splijtend | 6 ; 2/3 | *splitting* |
| wrenching | 6 ; 3/3 | scheurend | 6 ; 3/3 | *tearing* |
| hot | 7 ; 1/4 | branderig | 7 ; 1/4 | *burning* |
| burning | 7 ; 2/4 | brandend | 7 ; 2/4 | *(also burning)* |
| scalding | 7 ; 3/4 | vlammend | 7 ; 3/4 | *flaming, burning (pain – searing)* |
| searing | 7 ; 4/4 | x | x | x |
| tingling | 8 ; 1/4 | broeiend | 8 ; 1/3 | *hot* |
| itchy | 8 ; 2/4 | gloeiend | 8 ; 2/3 | *glowing, red-hot, boiling hot* |

Table 4.

| MPQ | group; rank | MPQ-DLV | group; rank | Translations[a] (and comments) |
|---|---|---|---|---|
| smarting | 8 ; 3/4 | verschro-eiend | 8 ; 3/3 | *scorching / searing* |
| stinging | 8 ; 4/4 | x | x | x |
| dull | 9 ; 1/5 | koud | 9 ; 1/3 | *cold* |
| sore | 9 ; 2/5 | ijskoud | 9 ; 2/3 | *ice-cold* |
| hurting | 9 ; 3/5 | vriezend | 9 ; 3/3 | *freezing* |
| aching | 9 ; 4/5 | x | x | x |
| heavy | 9 ; 5/5 | x | x | x |
| tender | 10 ; 1/4 | tintelend | 10 ; 1/3 | *tingling* |
| taut | 10 ; 2/4 | jeukend | 10 ; 2/3 | *itchy* |
| rasping | 10 ; 3/4 | electrisch | 10 ; 3/3 | *electric (new spelling rules: elektrisch)* |
| splitting | 10 ; 4/4 | x | x | x |
| tiring | 11 ; 1/2 | stijf | 11 ; 1/3 | *stiff, rigid* |
| exhausting | 11 ; 2/2 | strak | 11 ; 2/3 | *tight, rigid* |
| x | x | krampend | 11 ; 3/3 | *'cramping'* |
| sickening | 12 ; 1/2 | zeurend | 12 ; 1/3 | *nagging* |
| suffocating | 12 ; 2/2 | knagend | 12 ; 2/3 | *gnawing* |
| x | x | hardnekking | 12 ; 2/3 | *persistent* |
| fearful | 13 ; 1/3 | vermoeiend | 13 ; 1/3 | x |
| frightful | 13 ; 2/3 | uitputtend | 13 ; 3/3 | *wear down* |
| terrifying | 13 ; 3/3 | afmattend | 13 ; 2/3 | x |
| punishing | 14 ; 1/5 | chagrijning | 14 ; 1/3 | *miserable, grouchy* |
| gruelling | 14 ; 2/5 | deprimerend | 14 ; 2/3 | *depressing, disheartening* |
| cruel | 14 ; 3/5 | ziekmakend | 14 ; 3/3 | *nauseating, sickening* |
| vicious | 14 ; 4/5 | x | x | x |
| killing | 14 ; 5/5 | x | x | x |
| wretched | 15 ; 1/2 | gespannen | 15 ; 1/3 | *tense, taut, nervous* |
| blinding | 15 ; 2/2 | benauwend | 15 ; 2/3 | *upsetting, scary* |
| x | x | verstikkend | 15 ; 3/3 | *suffocating, choking, smothering* |
| annoying | 16 ; 1/5 | verontru-stend | 16 ; 1/3 | *alarming, worrying, disturbing* |
| troublesome | 16 ; 2/5 | beangstigend | 16 ; 2/3 | *frightening, alarming* |

Table 4.

| MPQ | group; rank | MPQ-DLV | group; rank | Translations[a] (and comments) |
|---|---|---|---|---|
| miserable | 16 ; 3/5 | angstaanja-gend | 16 ; 3/3 | *terrifying, frightening* |
| intense | 16 ; 4/5 | x | x | x |
| unbearable | 16 ; 5/5 | x | x | x |
| spreading | 17 ; 1/4 | treiterend | 17 ; 1/3 | *tormenting* |
| radiating | 17 ; 2/4 | kwellend | 17 ; 2/3 | *tormenting, agonizing, torturing* |
| penetrating | 17 ; 3/4 | martelend | 17 ; 3/3 | *torturing* |
| piercing | 17 ; 4/4 | x | x | x |
| tight | 18 ; 1/5 | licht | 18 ; 1/4 | *light* |
| numb | 18 ; 2/5 | matig | 18 ; 2/4 | *mediocre* |
| drawing | 18 ; 3/5 | erg | 18 ; 3/4 | *bad(ly)* |
| squeezing | 18 ; 4/5 | enorm | 18 ; 4/4 | *enormous(ly)* |
| tearing | 18 ; 5/5 | x | x | x |
| cool | 19 ; 1/3 | draaglijk | 19 ; 1/4 | *bearable* |
| cold | 19 ; 2/3 | hinderlijk | 19 ; 2/4 | *annoying, irritating, unpleasant* |
| freezing | 19 ; 3/3 | ontzettend | 19 ; 3/4 | *immense, tremendous* |
| x | x | onhoudbaar | 19 ; 4/4 | *unbearable, intolerable, unstop-pable* |
| nagging | 20 ; 1/5 | vervelend | 20 ; 1/4 | *boring, dull, annoying, tedious* |
| nauseating | 20 ; 2/5 | ellendig | 20 ; 2/4 | *awful, dreadful, wretched, mise-rable* |
| agonizing | 20 ; 3/5 | vreselijk | 20 ; 3/4 | *terrible* |
| dreadful | 20 ; 4/5 | afgrijselijk | 20 ; 4/4 | *horrible, atrocious, ghastly* |
| torturing | 20 ; 5/5 | x | x | x |

[a] Translations are only given if the word in the Dutch-language version (MPQ-DLV) means something different from the English pain descriptor in the original MPQ.

Other idiosyncrasies include the use of compound adjectives in the MPQ-DLV (for instance in group 4 – *messcherp*, which means *sharp as a knife*, as an equivalent of *lacerating*), nuanced differences in the strength of some pain descriptors[5] (*branderig* and *brandend*, both meaning *burning*, in group 7) as well

[5] What the two versions do seem to have in common, however, is that at least to some extent they both follow the adopted 'rule' that the pain descriptors are ordered from weak(er) to strong(er).

as the use of the Dutch *bonzend* (ranked second in group 1), which, as a direct equivalent of *quivering* in the original MPQ, can mean, among others, *pounding*, which happens to be the sixth, and highest-ranked, pain descriptor in the same group in the MPQ.

Finally, Table 4 shows clearly that some of the pain descriptors do overlap but not within the same group or category (for instance *gnawing*, which is ranked third out of five in group 5 of the MPQ, and *knagend*, which is ranked second out of three in group 12 of the MPQ-DLV), so to better understand to what extent the authors of the MPQ-DLV altered the original MPQ by adapting rather than translating it, it seems worthwhile to also juxtapose the pain descriptors by meaning (see Table 5) instead of only by groups, as was done in Table 4.

Table 5. The original MPQ and the MPQ-DLV – selected pain descriptors as matched according to meaning

| MPQ | group; rank | MPQ-DLV | group; rank | Translations (and comments) |
|---|---|---|---|---|
| flickering | 1 ; 1/6 | kloppend | 1 ; 1/3 | *beating, knocking, tapping* |
| quivering | 1 ; 2/6 | bonzend | 1 ; 2/3 | *banging, hammering,* ***pounding*** |
| pulsing | 1 ; 3/6 | barstend | 1 ; 3/3 | *splitting* |
| throbbing | 1 ; 4/6 | x | x | x |
| beating | 1 ; 5/6 | x | x | x |
| pounding | 1 ; 6/6 | x | x | x |
| jumping | 2 ; 1/3 | opflikkerend | 2 ; 1/3 | *flickering (candle)* |
| flashing | 2 ; 2/3 | flitsend | 2 ; 2/3 | x |
| shooting | 2 ; 3/3 | schietend | 2 ; 3/3 | x |
| pricking | 3 ; 1/5 | prikkend | 3 ; 1/3 | x |
| boring | 3 ; 2/5 | stekend | 3 ; 2/3 | *stinging, stabbing* |
| drilling | 3 ; 3/5 | doorborend | 3 ; 3/3 | x |
| stabbing | 3 ; 4/5 | x | x | x |
| lancinating | 3 ; 5/5 | x | x | x |
| sharp | 4 ; 1/3 | scherp | 4 ; 1/3 | x |
| cutting | 4 ; 2/3 | snijdend | 4 ; 2/3 | x |
| lacerating | 4 ; 3/3 | messcherp | 4 ; 3/3 | *sharp as a knife* |
| pinching | 5 ; 1/5 | drukkend | 5 ; 1/5 | *heavy/burdensome, oppressive, pushing (down)* |
| pressing | 5 ; 2/5 | knellend | 5 ; 2/5 | *squeezing, pressing, opressive* |

Table 5.

| MPQ | group; rank | MPQ-DLV | group; rank | Translations (and comments) |
|---|---|---|---|---|
| gnawing | 5 ; 3/5 | knagend | 12 ; 2/3 | x |
| cramping | 5 ; 4/5 | x | x | x |
| crushing | 5 ; 5/5 | x | x | x |
| tugging | 6 ; 1/3 | trekkend | 6 ; 1/3 | x |
| pulling | 6 ; 2/3 | x | x | x |
| wrenching | 6 ; 3/3 | x | x | x |
| *searing* | ***7 ; 4/4*** | x | x | x |
| tingling | 8 ; 1/4 | tintelend | 10 ; 1/3 | x |
| itchy | 8 ; 2/4 | jeukend | 10 ; 2/3 | x |
| smarting | 8 ; 3/4 | electrisch | 10 ; 3/3 | *electric (new spelling rules: elektrisch)* |
| stinging | 8 ; 4/4 | x | x | x |
| dull | 9 ; 1/5 | x | x | x |
| sore | 9 ; 2/5 | x | x | x |
| hurting | 9 ; 3/5 | x | x | x |
| aching | 9 ; 4/5 | x | x | x |
| heavy | 9 ; 5/5 | x | x | x |
| tender | 10 ; 1/4 | x | x | x |
| taut | 10 ; 2/4 | gespannen | 15 ; 1/3 | x |
| rasping | 10 ; 3/4 | x | x | x |
| splitting | 10 ; 4/4 | splijtend | 6 ; 2/3 | x |
| tiring | 11 ; 1/2 | vermoeiend | 13 ; 1/3 | x |
| exhausting | 11 ; 2/2 | afmattend | 13 ; 2/3 | x |
| x | x | uitputtend | 13 ; 3/3 | x |
| sickening | 12 ; 1/2 | ziekmakend | 14 ; 3/3 | x |
| suffocating | 12 ; 2/2 | verstikkend | 15 ; 3/3 | x |
| fearful | 13 ; 1/3 | verontrustend | 16 ; 1/3 | *alarming, worrying, disturbing* |
| frightful | 13 ; 2/3 | beangstigend | 16 ; 2/3 | *frightening, alarming* |
| terrifying | 13 ; 3/3 | angstaanja-gend | 16 ; 3/3 | *terrifying, frightening* |
| punishing | 14 ; 1/5 | x | x | x |
| gruelling | 14 ; 2/5 | x | x | x |

Table 5.

| MPQ | group; rank | MPQ-DLV | group; rank | Translations (and comments) |
|---|---|---|---|---|
| cruel | 14 ; 3/5 | x | x | x |
| vicious | 14 ; 4/5 | x | x | x |
| killing | 14 ; 5/5 | x | x | x |
| wretched | 15 ; 1/2 | ellendig | 20 ; 2/4 | *awful, dreadful, wretched, miserable* |
| blinding | 15 ; 2/2 | x | x | x |
| annoying | 16 ; 1/5 | x | x | x |
| troublesome | 16 ; 2/5 | x | x | x |
| miserable | 16 ; 3/5 | x | x | x |
| intense | 16 ; 4/5 | x | x | x |
| unbearable | 16 ; 5/5 | onhoudbaar | 19 ; 4/4 | x |
| spreading | 17 ; 1/4 | x | x | x |
| radiating | 17 ; 2/4 | x | x | x |
| penetrating | 17 ; 3/4 | x | x | x |
| piercing | 17 ; 4/4 | x | x | x |
| tight | 18 ; 1/5 | x | x | x |
| numb | 18 ; 2/5 | x | x | x |
| drawing | 18 ; 3/5 | x | x | x |
| squeezing | 18 ; 4/5 | x | x | x |
| tearing | 18 ; 5/5 | scheurend | 6 ; 3/3 | x |
| cool | 19 ; 1/3 | koud | 9 ; 1/3 | *cold* |
| cold | 19 ; 2/3 | ijskoud | 9 ; 2/3 | *ice-cold* |
| freezing | 19 ; 3/3 | vriezend | 9 ; 3/3 | x |
| nagging | 20 ; 1/5 | zeurend | 12 ; 1/3 | x |
| nauseating | 20 ; 2/5 | ziekmakend | 14 ; 3/3 | x |
| agonizing | 20 ; 3/5 | x | x | x |
| dreadful | 20 ; 4/5 | x | x | x |
| torturing | 20 ; 5/5 | martelend | 17 ; 3/3 | x |

One of the palpable differences between the MPQ and the MPQ-DLV is that many of the English pain descriptors are nowhere to be found in the Dutch-language version, not even in other categories/groups. There are, however, a number of notable exceptions, as was mentioned above. Apart from *gnawing* and *knagend*, these also include, among others, *tingling* (group 8, rank 1 out of 4 in

the MPQ) vs. *tintelend* (group 10, rank 1 out of 3 in the MPQ-DLV), *taut* (10; 2/4) vs. *gespannen* (15; 1/3), *splitting* (10; 4/4) vs. *splijtend* (6; 2/3), *tiring* (11; 1/2) vs. *vermoeiend* (13; 1/3), *wretched* (15; 1/2) vs. *ellendig* (20; 2/4), *unbearable* (16; 5/5) vs. *onhoudbaar* (19; 4/4), and *tearing* (18; 5/5) vs. *scheurend* (6; 3/3).

Interestingly, even when the pain descriptors are regrouped, they do seem to be ranked similarly, if not the same, in the two language versions. Except for the aforementioned examples, *nagging* (20; 1/5) vs. *zeurend* (12; 1/3) and *torturing* (20; 5/5) vs. *martelend* (17; 2/3) also illustrate this point well.

Another observation that can be made when scrutinizing Tables 4 and 5 is that even if some categories/groups include one pain descriptor that is identical in both language versions, they are then supplemented with other adjectives describing pain. For instance, group 6 in the MPQ-DLV comprises the Dutch equivalent of the first-ranked *tugging* (6; 1/3), namely *trekkend* (also 6; 1/3) but also *splijtend* (6; 2/3) and *scheurend* (6; 3/3), the last two of which are respectively *splitting* (10; 4/4) and *tearing* (18; 5/5) in the original MPQ.

Furthermore, there are other nuanced differences in groups which are apparent equivalents, albeit in a different category numerically. To illustrate, group 13 from the original MPQ and group 16 of the MPQ-DLV seem to cover the same category of metaphors referring to fear. However, there is little variation between the adjectives, even more so when looking at the (back-)translations of the Dutch pain descriptors (see Table 6).

Table 6. Pain descriptors relating to fear in the MPQ and the MPQ-DLV

| MPQ | group; rank | MPQ-DLV | group; rank | Translations |
|---|---|---|---|---|
| fearful | 13 ; 1/3 | verontrustend | 16 ; 1/3 | *alarming, worrying, disturbing* |
| frightful | 13 ; 2/3 | beangstigend | 16 ; 2/3 | *frightening, alarming* |
| terrifying | 13 ; 3/3 | angstaanja-gend | 16 ; 3/3 | *terrifying, frightening* |

Finally, group 8 of the MPQ-DLV could readily be either an extension of group 7 (rather than a separate group) or, better so, a direct equivalent of group 7 from the original MPQ (see Table 7).

As stated before, Sedlak's (Polish-language) version of the MPQ is an attempt at an accurate rendition of the MPQ (see Table 8). The author is anxious to preserve both the structure of the original and its lexical content (in terms of semantic and metaphoric import). Therefore he adheres to the original 3 categories and 20 groups within which, with very few exceptions, he places the same number of Polish pain descriptors as it is the case in the MPQ. It is only with reference to group 9, which describes dullness of pain, that Sedlak resolves not to translate it as – according to the author – there exists an incongruity between the group name and the dictionary meaning of the pain adjectives. For this reason,

he replaces 3 English adjectives with words taken from the Polish Dictionary of Pain (compiled by a group of chronic pain patients and healthy people), thus reducing the number of pain descriptors in the dullness group from 5 to 4. As Sedlak purports, the Polish pain descriptors employed correspond with the general name of group 9 and – analogically to the MPQ – depict various intensity levels of dull pain. Similarly, group 2 (Spatial), group 5 (Constrictive pressure), and group 7 (Thermal) were also deprived of one descriptor each as no Polish equivalents were found. In this way, Sedlak's equivalent of the MPQ was only minimally shortened by four words, and consists of 74 descriptors, as compared to the original 78 pain adjectives.

Table 7. Group 7 from the MPQ versus groups 7 and 8 from the MPQ-DLV

| **EN** | **group; rank** | **NL** | **group; rank** | **translation** | **alternative (better equivalent?)** | **group; rank** | **translation** |
|---|---|---|---|---|---|---|---|
| hot | 7 ; 1/4 | branderig | *7 ; 1/4* | *burning* | broeiend | *8 ; 1/3* | *hot* |
| burning | 7 ; 2/4 | brandend | *7 ; 2/4* | *burning* | gloeiend | *8 ; 2/3* | *glowing, red-hot, boiling hot* |
| scalding | 7 ; 3/4 | vlam-mend | *7 ; 3/4* | *ablaze, flaming, burning (pain – searing)* | verschro-eiend | *8 ; 3/3* | *scorching / searing* |

Table 8. A comparison of the original MPQ and the Polish MPQ

| **MPQ** | **group; rank** | **group; rank** | **MPQ – Polish version** |
|---|---|---|---|
| flickering | 1 ; 1/6 | 1 ; 1/6 | migocący |
| quivering | 1 ; 2/6 | 1 ; 2/6 | drgający |
| pulsing | 1 ; 3/6 | 1 ; 3/6 | pulsujący |
| throbbing | 1 ; 4/6 | 1 ; 4/6 | tętniący |
| beating | 1 ; 5/6 | 1 ; 5/6 | uderzający |
| pounding | 1 ; 6/6 | 1 ; 6/6 | łomoczący |
| *jumping* | 2 ; 1/3 | 2 ; 1/2 | przenikający |
| *flashing* | 2 ; 2/3 | x | x |
| shooting | 2 ; 3/3 | 2 ; 2/2 | *przeszywający* |
| pricking | 3 ; 1/5 | 3 ; 1/5 | kolący |

Table 8.

| MPQ | group; rank | group; rank | MPQ – Polish version |
|---|---|---|---|
| boring | 3 ; 2/5 | 3 ; 2/5 | kłujący |
| drilling | 3 ; 3/5 | 3 ; 3/5 | drążący |
| stabbing | 3 ; 4/5 | 3 ; 4/5 | dźgający |
| lancinating | 3 ; 5/5 | 3 ; 5/5 | świdrujący |
| sharp | 4 ; 1/3 | 4 ; 1/3 | wrzynający się |
| cutting | 4 ; 2/3 | 4 ; 2/3 | tnący |
| lacerating | 4 ; 3/3 | 4 ; 3/3 | rozcinający |
| pinching | 5 ; 1/5 | x | x |
| pressing | 5 ; 2/5 | 5 ; 1/4 | uciskający |
| gnawing | 5 ; 3/5 | 5 ; 2/4 | ściskający |
| cramping | 5 ; 4/5 | 5 ; 3/4 | zgniatający |
| crushing | 5 ; 5/5 | 5 ; 4/4 | miażdżący |
| tugging | 6 ; 1/3 | 6 ; 1/3 | rozciągający |
| pulling | 6 ; 2/3 | 6 ; 2/3 | rozrywający |
| wrenching | 6 ; 3/3 | 6 ; 3/3 | rozdzierający |
| hot | 7 ; 1/4 | 7 ; 1/3 | gorący |
| burning | 7 ; 2/4 | 7 ; 2/3 | parzący |
| scalding | 7 ; 3/4 | 7 ; 3/3 | palący |
| searing | 7 ; 4/4 | x | x |
| tingling | 8 ; 1/4 | 8 ; 1/4 | mrowiący |
| itchy | 8 ; 2/4 | 8 ; 2/4 | swędzący |
| smarting | 8 ; 3/4 | 8 ; 3/4 | szczypiący |
| stinging | 8 ; 4/4 | 8 ; 4/4 | piekący |
| *dull* | *9 ; 1/5* | 9 ; 1/5 | przyćmiony |
| *sore* | *9 ; 2/5* | 9 ; 2/5 | przytłumiony |
| *hurting* | *9 ; 3/5* | 9 ; 3/5 | przytępiony |
| *aching* | *9 ; 4/5* | 9 ; 4/5 | tępy |
| *heavy* | *9 ; 5/5* | x | x |
| tender | 10 ; 1/4 | 10 ; 1/4 | spinający |
| taut | 10 ; 2/4 | 10 ; 2/4 | łamiący |
| rasping | 10 ; 3/4 | 10 ; 3/4 | piłujący |
| splitting | 10 ; 4/4 | 10 ; 4/4 | rozłupujący |

Table 8.

| MPQ | group; rank | group; rank | MPQ – Polish version |
|---|---|---|---|
| tiring | 11 ; 1/2 | 11 ; 1/2 | nużący |
| exhausting | 11 ; 2/2 | 11 ; 2/2 | męczący |
| sickening | 12 ; 1/2 | 12 ; 1/2 | mdlący |
| suffocating | 12 ; 2/2 | 12 ; 2/2 | duszący |
| fearful | 13 ; 1/3 | 13 ; 1/3 | straszny |
| frightful | 13 ; 2/3 | 13 ; 2/3 | niesamowity |
| terrifying | 13 ; 3/3 | 13 ; 3/3 | przerażający * |
| *punishing* | *14 ; 1/5* | 14 ; 1/5 | nękający |
| *gruelling* | *14 ; 2/5* | 14 ; 2/5 | dręczący |
| *cruel* | *14 ; 3/5* | 14 ; 3/5 | maltretujący |
| *vicious* | *14 ; 4/5* | 14 ; 4/5 | okrutny |
| *killing* | *14 ; 5/5* | 14 ; 5/5 | zabójczy |
| wretched | 15 ; 1/2 | 15 ; 2/2 | przerażający * |
| blinding | 15 ; 2/2 | 15 ; 1/2 | oślepiający |
| annoying | 16 ; 1/5 | 16 ; 1/5 | nieprzyjemny |
| troublesome | 16 ; 2/5 | 16 ; 2/5 | przykry |
| miserable | 16 ; 3/5 | 16 ; 3/5 | uciążliwy |
| intense | 16 ; 4/5 | 16 ; 4/5 | okropny |
| unbearable | 16 ; 5/5 | 16 ; 5/5 | nie do zniesienia |
| spreading | 17 ; 1/4 | 17 ; 1/4 | rozszerzający się |
| radiating | 17 ; 2/4 | 17 ; 2/4 | promieniujący |
| penetrating | 17 ; 3/4 | 17 ; 3/4 | wciskający się |
| piercing | 17 ; 4/4 | 17 ; 4/4 | wdzierający się |
| *tight* | *18 ; 1/5* | 18 ; 1/5 | napinający |
| *numb* | *18 ; 2/5* | 18 ; 2/5 | ciągnący |
| *drawing* | *18 ; 3/5* | 18 ; 3/5 | odrętwiający |
| *squeezing* | *18 ; 4/5* | 18 ; 4/5 | zaciskający |
| tearing | *18 ; 5/5* | 18 ; 5/5 | szarpiący |
| cool | 19 ; 1/3 | 19 ; 1/3 | chłodny |
| cold | 19 ; 2/3 | 19 ; 2/3 | zimny |
| freezing | 19 ; 3/3 | 19 ; 3/3 | lodowaty |
| *nagging* | *20 ; 1/5* | 20 ; 1/5 | dokuczliwy |

Table 8.

| MPQ | group; rank | group; rank | MPQ – Polish version |
|---|---|---|---|
| *nauseating* | *20 ; 2/5* | 20 ; 2/5 | obrzydliwy |
| *agonizing* | *20 ; 3/5* | 20 ; 3/5 | wstrętny |
| *dreadful* | *20 ; 4/5* | 20 ; 4/5 | nieznośny |
| *torturing* | *20 ; 5/5* | 20 ; 5/5 | torturujący |

## 6. Concluding remarks

The aim of the present paper was to familiarise the reader with characteristic features of the McGill Pain Questionnaire, a tool developed in Canada in the seventies of the 20th century with a view to meeting demands of the broadly understood medical community (patients, doctors, and medical experts alike). On the wave of its popularity and success, numerous national versions of the MPQ started to arise, and at the set-up stages, their authors followed the paths of either faithful or free translation.

However, what all these renditions have in common is that the pain descriptors they contain are metaphor-based. Thus, the metaphoric character of MPQ pain adjectives is one of the initial assumptions of the present study (something already well documented and validated by previous research; see, for instance, Lascaratou 2007 or Palka 2013). Another preliminary hypothesis hinges on logic and common sense, and is down to stating that 'undertaking' various translatorial approaches while dealing with the MPQ presupposes in large part diverse metaphoric outcomes. This hypothesis is, in fact, confirmed when we look at data analyses based on Tables 4-8.

Still, in counterpoint to the previously formulated thesis, it should also be fairly admitted that the human touch of pain metaphorisations makes them to a large extent similar and universal across languages, even though the processes and procedures leading to the creation of the MPQ and its national versions involve a sizeable amount of creativity, consisting in consulting diverse groups of patients, doctors, experts and scholars, in forward-backward translations, in pilot testing and the like. Most of us would agree, guided by intuition or sound reason, that, after all, the basis for experiencing physical pain is common for all humans. In fact, there is no need to rely solely on intuitions since the pervasive universalism of multiple pain metaphors is corroborated by linguistic research. While comparing the adjectives present in the MPQ and its shortened Greek version (GR-SFMPQ), Lascaratou asserts:

> In both languages, however, the descriptors have an analogy 'as if' meaning, i.e. they are figures of speech whereby, by virtue of a particular quality, the pain sensation is likened to the mode of (or the instrument / means used in) an unpleas-

> ant, harmful, or aggressive action potentially producing injury or pain. Thus, for example, the term *stabbing* and its Greek translation *san maxeria* are not intended to literally refer to a sensation caused by actual stabbing but, rather, to a sensation that the patient could imagine to approximate to (be as if) one evoked by stabbing. … As Fernandez and Towery (1996: 32) point out, unless metaphorically understood, "the word *stabbing*… would have little if any place in the vocabulary of a pain patient who had never been stabbed before." In fact, for some of the most extreme categories of pain, such as *splitting* in *splitting headache*, or *shooting* and *stabbing*, it is, obviously, rather unlikely that the patient providing the descriptor could ever have undergone an actual related experience. (2007: 118; italics original)

In our view, Lascaratou's observations seem to be of a more general and universal nature, so they may well apply to the comparison of many configurations of pain adjectival descriptors, be it Polish and English, Dutch and English, or Polish and Dutch. Speaking of Polish and English adjectival descriptors, it is telling that the most popular source domains are destructive artefacts and living creatures, followed by substances and natural phenomena (Palka and de Louw; in preparation). In connection with the previous thought, Lascaratou (2007) also concludes that "by means of sensory pain descriptors, the various qualities of the pain sensation are metaphorically represented in terms of a range of metonymically derived (physical) causes, the general metonymic relationship instrument / means for action / event forming their metonymic basis" (ibid.: 119).

Moreover, this human universalist dimension of pain experiences coupled with the plethora of groups and methods present during MPQs' creation implies that the lexis appearing in the MPQ and its translations is not artificial, purely academic and hermetic; on the contrary, it stems from authentic contexts of flesh-and-blood human beings.

Alongside with *what* happens in MPQs, we also focused on *how* specific national MPQ versions were coming into existence (in our case, the Polish and Dutch versions of the said questionnaire). With a view to uncovering at least some of these (mostly socio-cultural) processes, we resolved to resort to the Fleckian theories of scientific fact and thought collectives inasmuch as it served our purposes. Fleck's theories, treated as a methodological apparatus, were then applied to and woven into considerations stemming from Tables 2 and 3. We assert, then, that – whether translated or adapted – MPQs, including the original, *can* be analysed in terms of the aforementioned theories.

Furthermore, the processes illustrated in Tables 2 and 3 aspire to demonstrate intra- and inter-collective interaction among diverse groups that aim at reaching a consensus, or rather a compromise, in terms of metaphoric language employed to more precisely describe and diagnose pain. Medical experts, university students and pain patients complement one another, and the ways in which they communicate have traces of socio-cultural and discursive adjustment. However, when employing a cultural adaptation approach to rendition, as

is the case with the MPQ-DLV, this cooperation seems even more crucial than when a text is translated literally. To illustrate, while the authors of the Dutch-language version included all three circles in their preparation of the MPQ-DLV, the author of the Polish version of the MPQ (Sedlak 1990, 2004), being himself a member of the esoteric circle, harnesses the potential of pain patients as members of the exoteric circle but somewhat neglects the role of 'in-between' circles. This is, however, hardly surprising since Sedlak, as was stated before, was anxious to construct a relatively faithful translation of the original MPQ, the corollary of which is that he had to be strict both about the form (in terms of the distribution of pain descriptors in certain groups/categories) and the content (in terms of preserving almost all equivalents of pain descriptors featuring in the MPQ). This is why he attempted to steer a middle course between being faithful to the original and appreciative of the role non-experts perform in the questionnaire set-up. In hindsight, however, Sedlak critically concedes that he would have resolved certain issues differently, maybe with the involvement of the aforementioned InC (Sedlak, personal communication).

As we believe, culture (as well as specific cultures) has already assimilated pain to a large degree, and numerous 'combinatory possibilities and semantic couplings' have already been invented and anticipated by the code (after Eco 1984: 69)[6]; however, it should be borne in mind that pain language is not set once and for all, and neither are scientific findings. As van Rijn-van Tongeren clarifies Fleckian ideas: "If science were explained as an evolutionary process, one would realize that current ideas are not definite, not the ultimate truth" (1997: 52). It looks like the lexico-cognitive image of pain is not carved in stone either, which is why any pain-diagnostic tool exploiting language needs to be constantly perfected and negotiated in the ways this paper aspires to partly present. These ways, however, are themselves subject to change, because "[w e cannot … predefine a set of tasks …, since these must be specifically discovered, learned about, and understood through intercommunicative processes" (Fischer and Forester 1993: 241).

Last but not least, we hope to have demonstrated that the Polish and Dutch MPQ versions differ substantially in terms of how they came into being, the number of pain descriptors, the distribution of pain descriptors, and the various complex phenomena, mostly of socio-cultural nature, identified while analysing the ways they were *being* structured. These differences attest to the view that

[6] Indeed, Eco's reflections may serve as an apt summary of the two strands of research exemplified in this study, namely the lexico-cognitive and the socio-cultural: "The majority of our messages, in everyday life or in academic philosophy, are lined with metaphors. The problem of the creativity of language emerges, not only in the privileged domain of poetic discourse, but each time that language – in order to designate something that culture has not yet assimilated (and this 'something' may be external or internal to the circle of semiosis) – must *invent* combinatory possibilities or semantic couplings not anticipated by the code. … In this sense… [metaphor] assumes a value in regard to communication and, indirectly, to knowledge. (Eco 1984: 69; italics original)

the approach selected for rendition of a text, be it literal translation or cultural adaptation, may have, and in the case of the MPQ and its renditions into Dutch and Polish has had, a huge effect on the final 'product'.

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