



Review article

A critical and interpretive literature review of birthing women's non-elicited pain language



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ABSTRACT

Background: Standardised pain assessment i.e. the McGill Pain Questionnaire provide an elicited pain language. Midwives observe spontaneous non-elicited pain language to guide their assessment of how a woman is coping with labour. This paper examined the labour pain experience using the questions: What type of pain language do women use? Do any of the words match the descriptors of standardised pain assessments? What type of information do verbal and non-verbal cues provide to the midwife?

Methods: A literature search was conducted in 2013. Studies were included if they had pain as the primary outcome and examined non-elicited pain language from the maternal perspective. A total of 12 articles were included. Findings: The analysis revealed six categories in which labour pain can be viewed: 'positive', 'negative', 'physical', 'emotional', 'transcendent' and 'natural'. Women's language comprised i.e. prefixes and suffixes, which indicate the qualities of pain, and figurative language. Language indicated location of pain, gave insight into other life phenomena i.e. death, and shared similarities with standardised pain assessment descriptors. Labour cues were 'functional', 'dysfunctional', or 'neutral' (part of the physiological childbirth process), and were verbal, non-verbal, emotional, psychological, physical behaviour or reactions, or tactile.

Conclusion: Labour can bring about a spectrum of sensations and therefore emotions from happiness and pleasure to suffering and grief. Spontaneous pain language comprises verbal language and non-verbal behaviour. Narratives are an effective form of pain communication in that they provide details regarding the quality, nature and dimensions of pain, and details not captured in quantitative data.

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Statement of significance

Issue

There is a need for an in-depth analysis of the spontaneous non-elicited pain language of childbirth/maternal pain narratives.

What is already known

Standardised pain assessment tools i.e. the McGill Pain Questionnaire (MPQ) elicit maternal language. Midwives observe verbal and non-verbal cues of labour to guide their assessment of how a woman is coping with the sensations of labour.

What this paper adds

Labour can bring about a spectrum of sensations and 'positive' or 'negative' emotions. Non-elicited pain language comprises verbal, non-verbal, physical reactions and behaviours, which fall under 'functional', 'dysfunctional' or 'physiological' cues. Maternal narratives capture details of the quality, nature and dimensions of pain.

1. Background

Across cultures the experience of labour is a life-defining moment in which particular sensations may be felt emotionally, energetically, psychologically, spiritually, and at its most primal, physically. A woman can 'dance'¹ her way through labour or curse,

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she can travel into another world unaware of her environment, or remain completely present and converse with those around her. Maternal endogenous oxytocin levels gradually rise during labour and bring about involuntary rhythmic muscular contractions.^{2, p. 28} At a subcortical level, adrenaline and noradrenaline facilitate the instinctive 'fight or flight' response.^{2, p. xvi} Moderate levels of beta endorphin create an 'otherworldly' feeling or an altered state of consciousness, which may assist women in coping with their labour pain in a non-medicated birth.²

Pain is a conscious experience that motivates the individual to do something to protect the tissues that their brain perceives to be under threat.^{3, p. 44} However, despite the sensations of labour being likened to an acute pain, the expression of pain varies according to the individual birthing woman. The neocortex plays an important role in pain cognition and communication during labour, as Odent explains, it "enables us to be rational, scientific and to communicate through language",^{4, p. 22} yet relying on language is problematic. The categorisation of pain is language specific and not all pain terms have an equivalent term across cultures.⁵

Standardised pain assessment tools such as the McGill Pain Questionnaire (MPQ) and the Visual Analogue Scale (VAS) *elicit* maternal language during labour or they may elicit language postpartum regarding maternal recall of the sensations of labour. This is referred to as an *elicited* pain language.⁶ Clinicians are often obliged to assess and treat pain according to whatever the individual expresses, particularly if the individual is suffering, however this does not take into consideration the difference between the self-report of pain and the actual pain experienced.⁷ Thus pain may resist linguistic treatment:

One cannot reproduce a given pain [. . .] *one can only elicit an observer's memories of a pain* or produce a new pain [. . .]. Pain also resists language because it is invisible, and cannot be measured or ascertained apart from the sufferer's affirmation of its presence (*italics added*; ^{8, p. 175}).

Pain's inexpressibility and its resistance to language is part of the essence of the phenomenon of pain.⁹ Pain transcends culture⁹ and is more than an anatomical and physiological understanding, often acknowledged as sitting on the cusp of the physiological, the cognitive and the cultural.¹⁰ From the secretive 'inhuman silence',^{10, p. 3} writers can, "tell a story about pain that differs significantly from the traditional medical account and helps to reveal its limitations," ^{10, p. 3} and from this story writers thread together remnants of a voice.

Semi-structured accounts and unstructured accounts of labour also provide insight into the quality, nature and dimensions of pain. Personal narratives can, for example, demonstrate a person's feelings, relay a story usually in a sequence of experienced events, and share meaning about the person's life with others.¹¹ The birthing woman thus creates her own narrative using *non-elicited* pain language (NEPL) based on how she *experiences* pain during childbirth.¹² This narrative has its own linguistic and cultural framework. Therefore childbirth narratives may be considered an effective form of pain communication in that they offer details not otherwise captured in standardised pain assessment. NEPL may be verbal and comprise, for example, adjectives, metaphors, idioms, and it may include non-verbal behaviour such as facial expressions when someone winces in pain or physical reactions such as vomiting; it may also include paralinguistic, for example, moaning, and emotional responses such as crying that offer rich descriptive data. Further, an individual can generate images, gestures, rituals, symbols, actions and words through their pain communication.¹³

Until recently, pain has been examined broadly from health or social science perspectives, which often inform pain management, pain treatment or health policies.¹⁴ However, in midwifery the pain

of labour is theorised differently to other acute pain events. Moreover, childbirth narratives are often examined thematically but are seldom examined linguistically. There is a growing body of midwifery knowledge that contributes to an in-depth examination of pain^{15,16,17,18} yet there is a need for an in-depth analysis of pain language, which goes beyond general pain descriptors. Maternal language can provide insight into the intimate pain experience of labour.

1.1. Research aim

The purpose of this review is to explore the literature to examine women's NEPL (non-verbal and verbal expressions of self-reported pain) in labour which were captured by semi-structured or unstructured interviews. The framework for the analysis is inspired by Bestetti and Regalia¹² who examined physiological, pathological and iatrogenic pain and the quality of pain in women's experiences.

1.2. Research question

This literature review addressed the research question: What type of language is used in women's labour pain narratives?

2. Methods

2.1. Approach

This review is guided by an applied linguistics approach. A linguistic approach means the researcher identifies and extracts language data, whereas in an applied linguistic approach the researcher examines language data within a real world context¹⁹; thus in this paper we focussed on the understanding and application of pain language in a childbirth context. In examining how language is applied in a labour pain context, further research questions emerged: Do any of the descriptors reported match the elicited pain language found in standardised pain assessments? And what type of information do verbal and non-verbal cues (NEPL) provide to the midwife?

2.2. Search strategy

A search of research articles from January 1950 to April 2013 was conducted in the following databases: CINAHL and Medline via EBSCOhost, Scopus, Embase, and PsycInfo. Keywords from three general groups were utilised: *qualitative*, including *qualitative, phenomenological, (birth) narrative, interview, and (birth) story*; *childbirth*, including *childbirth, birth, parturition, and parturient, mothers, women, often used in combination with birthing*; and *pain*, including *pain, labor, labour, contractions, sensations, and combined terms such as obstetric pain, labour pain or labor pain*. Other terms related to childbirth narrative included *language, linguistic*, communicat*, narrat*, descript**, expression and response. The terms were also used in combination, for example, *pain perception, pain expression, pain description, and pain communication*.

In order to capture all studies relevant to an applied linguistic approach, the search strategy was extended to include Trove, Anthropology Plus, MLA International Bibliography, and Linguistics and Language Behaviour Abstract. The resultant abstracts, keywords and titles were reviewed. Articles were then retrieved from their full text format online, via a document request service, or via a manual search of print journals.

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