

ON THE GRAMMAR OF PAIN (1998)

The lexicogrammar of every natural language is (among other things) a theory of human experience, a resource whereby experience is transformed into meaning. One of the most challenging areas of human experience is that of pain. If we investigate the grammar of pain in modern English, using evidence from a corpus, a short text, and paradigms of typical expressions in everyday speech, we find that pain is categorized in varying ways, as process, quality and thing, and construed as various different kinds of process. This variation constructs pain as a uniquely complex domain of experience, one that cannot be located within any simply defined region of semantic space.

1 Introduction

An early version of this paper, or perhaps rather a forerunner to it, was given at a COBUILD Seminar at the University of Birmingham in December 1991. On that occasion I was examining expressions of pain using material available from the first COBUILD corpus of 20 million words (Sinclair, 1987): quantitative data on the frequencies of lexical items, and concordance data showing their lexical (collocational) and grammatical environments. I wanted to find out how pain was construed in the grammar, and so had analysed clauses concerned with pain in terms of their transitivity (Halliday, 1967–68 [this vol, Chs 1–3], 1985/94; Davidse, 1992a, 1992b, 1992c, 1999; cf. Martin, 1992; Matthiessen, 1995b). A revised and expanded

‘On the grammar of pain’ from *Functions of Language*, 5, 1, 1998, pp. 1–32. With kind permission of John Benjamins Publishing Company, Amsterdam/Philadelphia. www.benjamins.com

version was subsequently presented at the Fourth International Symposium on Critical Discourse Analysis held at the University of Athens in December 1995. On this second occasion I was interested in how certain aspects of human experience are construed in the common-sense grammar of daily life, seeing this as an important component in the overall enterprise of critical discourse analysis as envisaged by Fairclough and others (Fairclough, 1992). To hark back to Fairclough's earlier title, *Language and Power* (1989), it seems to me that the language of power depends on the power of language; and if we seek to understand how language has evolved the power to do all the prodigious things we readily ascribe to it (or accuse it of), we need to analyse in considerable detail how we as a species make sense of our daily experience by construing it in language. We transform experience into meaning (Halliday and Matthiessen, 1999), so creating the categories and relationships that constitute our assumed reality. The powerhouse of a language is its grammar – grammar is the source of energy for our semiotic encounters with each other and with our environment; observing the grammar at work helps to provide some of the perspective that critical discourse analysis demands.

The present version of the paper combines these two concerns. On the one hand, I am considering the topic of pain as something that is distinctive and important in itself, as a uniquely problematic domain of human experience. It is very much a feature of our ordinary everyday life; but at the same time it challenges¹ the grammar's common-sense construction of reality. The grammar of every natural language is a theory of human experience, and it is a powerful theory in that it covers every aspect of that experience both real and imaginary; yet pain does not fit easily and naturally into the phenomenological model the grammar provides, despite the fact that it has obviously been a part of it from the beginning. But, on the other hand, and for that very reason, I think it is important to locate the grammar of pain in the context of the lexicogrammar as a whole, to see it as an aspect of the overall construal of experience. Whether by analysing the grammar we could in any way contribute to the practical alleviation and management of pain I do not know. It might seem odd even to raise such a possibility. But I do believe that in order to understand any complex aspect of the human condition it is helpful to think about it grammatically. The boundary between the semiotic and the material worlds is by no means totally impermeable.

2 The textual grammar of pain

Pain is among the most complex, and at the same time the most threatening, of all the domains of ordinary human experience. In a well-known passage on the topic, Wittgenstein remarked (1953: 92e, 257) on the importance of locating the words used to name ‘pain’ within their grammatical environment:

When one says “He gave a name to his sensation” one forgets that a great deal of stage setting in the language is presupposed if the mere act of naming is to make sense. And when we speak of someone’s having given a name to pain, what is presupposed is the existence of the grammar of the word “pain”; it shows the post where the new word is stationed.

But despite the attention that pain has received from psychologists and philosophers, I am not aware of any extensive study of the language of pain. What follows here is, obviously, only a tiny fragment of the picture: a few observations about the grammar of pain in English, in which I shall begin with a small example of its *textual* grammar, relating it to the thematic system of the clause, and then go on to consider its *experiential* grammar, which will bring us back to considerations of transitivity and process types.

Let us imagine that you are looking a bit unhappy, and someone asks you “What’s the matter? Aren’t you feeling well?” You say, in explanation, “I have a headache.” How has the grammar construed your unfortunate condition? Of course, you might say, **you** construed it, using your grammatical potential; that is so – but the point is that you did so quite unconsciously, and in the same way that millions of other speakers of English have done on millions of other such unhappy occasions. So it is reasonable to say that your condition has been construed for you by the grammar (meaning, as always, the *lexicogrammar*, the whole stratum of wording in language).

Consider the wording *I have a headache*. Here the grammar constructs an entity, a kind of thing, called an *ache*; it then uses a part of the body to assign this ache to a class, *head* + *ache*, which it constructs into a composite thing called a *headache*. This *headache* is a complex entity, and it forms part of a taxonomy of aches, including *stomachache*, *backache*, *toothache* and various others. Not all the parts of the body come into this schema, however; you cannot have a *footache*, an *armache* or a *chestache*. (In the smaller, twenty million word COBUILD corpus at the University of Birmingham, there

are no occurrences of any of these three; contrast *stomachache* (23), *backache* (130), *toothache* (147), *neckache* (3).) The grammar then sets up a structural configuration of possession (process type “relational: possessive”). Some person (usually the speaker) becomes the owner of this thing – or rather, of one member of this class of things, *a headache*; and someone else can then ask *how’s your headache?*, with *you* as possessive Deictic. Note that this is not a prototypical form of possession; the possessor does not want the thing possessed, but cannot get rid of it – you can be given a headache (e.g. *that’s given me a headache*), but you cannot give it away, or put it back wherever it came from.

Why does the grammar favour *I have a headache*, rather than *my head aches*, or *my head’s aching*? In these wordings, the ache is construed as a process rather than as a thing, and the entity involved in that process is not me but my head. (In *my head’s aching*, I am treating it more as a physical, material process; whereas if I say *my head aches* I view it rather as a state of my own consciousness: see Section 7 below.) These are perfectly good clauses in English and the grammar has no trouble in constructing them; nevertheless they are not the most usual way in which the experience comes to be worded (as is confirmed from the same corpus). The reason has to be sought in the textual component of the grammar.

In English (as in many other languages, though not all), there is a particular meaning associated with first position in the clause. Whatever element is put in initial position is being construed by the speaker as the *theme* of the message: it is the setting for the information that is presented in the remainder of the clause (Halliday, 1985/94: ch. 5; Fries, 1981, 1992, 1995; Hasan and Fries, 1995; Ghadessy, 1995; Matthiessen, 1995a). Now if I say *my head aches*, or *my head’s aching*, the first element in that clause is *my head*; I have constructed a message in which my head is presented as the Theme. But this is not the way the situation presents itself to me. Where I start from, what I feel to be the setting of this unpleasant experience, is not my head, it is me – myself, as a whole. So the grammatical Theme of the clause ought to be ‘me’. Therefore, since it is the first element of clause structure (the whole of the group or phrase in first position) that is thematic, this ‘me’ has to figure by itself as a nominal group; and the unmarked way of getting a nominal group into thematic position in English, given that the clause is declarative, is to map it on to the Subject. Hence, the preferred form of expression will be that with Subject *I*.

What about the remainder of the clause? The main item of news that I want you to have, and to attend to, is this complex thesis consisting of ‘head’ combined with ‘pain’. In English, the typical place for focusing new information is at the end; so I need a complex construction, again a single element of clause structure, which will get this ‘head’ + ‘pain’ into the culminative position. I could say (1) *a sore head*, (2) *a pain in the head*, or (3) *a headache*. Any of these would do – but notice that they are all different in meaning. In *a sore head*, *head* is the Thing, and it carries an Epithet *sore*; in *a pain in the head*, *pain* is the Thing, and it is defined by a Qualifier *in the head*; in *a headache*, *head* and *ache* have become a single composite Thing. But whichever I choose, it will come at the end, in the focus of information (assuming the clause stands as an information unit on its own); and it is ascribed, by possession, to ‘me’.

We may compare this with what happens in certain other languages which share with English the same general thematic principle, of signalling a Theme by first position in the clause: for example, French, Russian, and Chinese. In French, one could say *ma tête me fait mal*; but French favours a structure of personal Subject with possession, just as in English: *j’ai mal à la tête*. French then has a further resource, that of detaching the Theme altogether from the structure of the clause and announcing it as a kind of key signature at the beginning: *moi, j’ai mal à la tête*. In Russian, again, it is perfectly possible to say (*moya golova bolit* ‘(my) head aches’; but this is not the preferred form. Russian, however, has a different pattern; the typical wording is *u menya golova bolit* which is more like ‘at me the head aches’ – once again with ‘me’ as the thematic element in the clause. And likewise in Chinese: one can say *wǒdī tóu téng* ‘my head aches’, but this has the same problem as *ma tête*, (*moya golova* – it makes ‘my head’ into a single element and therefore Theme of the clause. So Chinese prefers *wǒ tóu téng* ‘me + the head + aches’; this detaches the ‘head’ (*tóu*) from the personal form, so that there are two separate nominal elements ‘me’ and ‘head’, of which only the first one, ‘me’ (*wǒ*), remains thematic. In all these languages it is the person rather than the body part which is typically selected as Theme in expressions of pain.

At this point we might think once more of the unfortunate sufferer and say to him or her: I’m sorry you’ve got a headache. But try reconstruing this in the grammar, rewording it as *my head’s aching*. This is rather less self-centred: it is no longer a fact about me – it has become a fact about my head. This won’t make the

headache go away; but it does put it in its place. It has now become a problem of my head, which is just one part of my total physical make up. We might suggest this as a form of logotherapy – a kind of grammatical acupuncture. At the very least, it will illustrate the principle of “thinking grammatically” about the experiences of daily life.

3 Key lexical items and collocations in a corpus of written data

So let me move on, at this point, to some remarks about the grammar of pain in general. Here are some of the key lexical items, with frequencies from the 18 million word written component of the first COBULID corpus:

<i>pain</i>	1302	<i>pains</i>	250	<i>painful</i>	510	=	2062
<i>hurt</i>	1009	<i>hurts</i>	117	<i>hurting</i>	114	=	1240
<i>ache</i>	87	<i>aches</i>	40	<i>aching</i>	106	=	233
<i>sore</i>	248					=	248
							3783

Thus *pain*, *hurt*, *ache* and *sore*, together with their derivations, account for about one word in five thousand in this corpus (the figure should be slightly higher than it is, since the past tense *ached* was omitted in error). I shall not take too much account of these figures, since the sample consisted only of written texts; and a large proportion of these were from narrative fiction, where many of the occurrences are metaphorical or highly generalized (I come back to these below). But where the words are used in their congruent senses as construing physical pain, some typical collocations are as follows:

parts of body	abdom-en/-inal	back	calves	chest	feet
	finger	hand	head	heart	joint
	knee	leg	limb	muscles	spine
	stomach	tendon	thighs	throat	
kinds of pain	burning	inflam-ed/-mation	mental		
	neuralgi-a/-c	physical	rheumatic	throbbing	
degrees of pain	bad/worse	intolerable	mild	severe	terrible
causes of pain	accident	bruise	disease	mumps	sunburn
	ulcer	wound	fall	hit	rupture
	slap	whack			

other symptoms	bleeding	fatigue	fever	stiffness	tension	
	vomiting					
environment	hospital	sickroom	bandages	needles		
feeling pain	bear	experience	feel	suffer	groan	shriek
	yell					
relieving pain	alleviate	check	deaden	-killers	numb	
	relieve					

These are taken from within a span of four lexical items preceding or following the 'pain' word selected as the node.

As noted earlier, some body parts are prone to *aching*, whereas others are sources of *pain*; so here, in the sample studied, *eyes* and *shoulders ache*, and so do *bones* and *muscles* (there is no collocation of any of these with *pain*), whereas *heads*, *stomachs*, *teeth*, while they also characteristically *ache*, are equally likely to collocate with some expression of *pain*. The most common environment of *ache* is, in fact, *aches and pains*, accounting for 16 out of its 40 occurrences. The context of narrative fiction strongly favours 'pain' as an emotional construct; but there is remarkably little collocational pattern associated with such instances – perhaps writers of fiction tend to strive more for verbal originality! There are regular associations such as *hurt + feelings*, and *pain / pleasure*, as well as common expressions like *take pains*, *be at pains to*, *a sore point*; but many of the occurrences of these words are in metaphorical contexts such as the following:

- *The tragic thing about human beings is that they need pain and hardship.*
- *He's a very eminent scholar. – He's a very eminent pain in the arse.*
- *You did quite a job with that fortune. – Sore about it?*
- *The existing networks need not be hurt by the cable revolution.*
- *One makes the mistake of expecting singers to be people of aching sensitivity.*

But for 'pain' in the grammar of daily life one would need to use a corpus of spontaneous spoken language, and this I have not yet been able to attempt. So let me turn instead to the consideration of one particular text: the transcript of a consultation between a doctor and a young patient, for which I am indebted to Ann

Cowling. Those portions of the text that have to do with pain are reproduced here; they comprise about one third of the total text.

- Doctor: Yes, come on in. There we are. Seat yourselves over there. Now – it's Paul, is it?
- Patient: Yes.
- Doctor: And you're eleven. What have you been doing, getting some pains in the tummy, have you? How long for?
- Patient: Oh, about five months; but it's started to get worse.
- Doctor: Has it? Oh, that's no good. It's been worse over the last few days, has it?
-
- Mother: He ... sort of kept, er ... vomiting a bit.
- Doctor: Em, I suppose that made your pain worse, did it?
- Patient: Yes. I got a – I had a bad ache this morning. It still aches now.
- Doctor: Does it? What is the pain like: burning? Or aching?
- Patient: It's just aching.
- Mother: Sometimes it gets worse, though, doesn't it?
-
- Doctor: Have you had a headache?
- Patient: Yeah, I've had a headache.
- Doctor: Have you? And you've got a sore throat too, have you? This has just been when – over the last few days?
- Patient: Er, my sore throat –
- Mother: He didn't even complain about it. We just found out about it when we went to Dr M- (Patient talking quietly to Doctor meanwhile.)
- Doctor: Yes ... have you? Sorry – so the tummy's the main problem, is it?
-
- Doctor: (during examination) You show me where it's sore. All round there, is it? Do you get the pain anywhere else?
-
- Doctor: Er, look: I don't think you can rule out an appendix there. Just – you know, number one: he's got no pain just there, and he's sore there; and I think he's probably just got something blocking the appendix and it's just giving him this constant pain and trouble. So seeing that you've had it for some time, and seeing that he's been worse lately, I think it certainly would be wise to think about having it done. Not a must; but, you know – in view of the fact that it's giving him trouble ...

-
- Mother: And it wouldn't have any connection with his throat?
- Doctor: I don't think so. He's had the tummy pains for longer, hasn't he?
- Mother: Er, yes although, you know, I mean, occasionally he would say something about stomachache but not really constantly or otherwise we would have done something, you know, before now.
-
- Doctor: Well you can get that [swollen stomach glands], but er ... he's just a bit more tender than what I would expect with just glands, you see; so I do favour more appendix than glands.

4 Key lexical items and collocations in spontaneous spoken language

The medical consultation in the preceding section enables us to compare the lexical items, and their collocation, with those from the corpus; and also, more importantly, to look into the grammar of pain. It is of course located in a specific environment, a medical specialist's consulting rooms; and it involves specific interactants: a doctor (surgeon), a patient (a boy of 11), and the patient's mother – so it will illustrate spontaneous spoken dialogue in that particular kind of setting. It is very short; but it contains a remarkable amount of variation within a small number of instances, and that in itself is a critical feature of the way that pain comes to be construed.

Here are the lexical items used by the three interactants:

- [patient] ache (n.) ache (v.) aching headache sore
- [doctor] pain pains burning aching headache sore
trouble tender
- [mother] stomachache sore tender

These enter into collocations as follows:

- parts of body tummy pains sore stomach sore throat
(where ... sore? pain there tender there)
- kinds of pain burning aching (pain ... what like?)
- degrees of pain bad ache pain worse constant pain and trouble
- extent five months over the last few days
(pain ... how long?)

location	ache this morning (sore throat ... when?)		
possessing and acquiring	getting ... pains	made ... pain worse	
	had a headache	give ... constant pain	your pain
	my sore throat	had the tummy pains	for longer

Here we find many of the motifs that were present in the corpus; and if we go beyond the immediate grammatical environment of the ‘pain’ words (but still within the span of four lexical items) we find also:

causes of pain	appendix	blocking the appendix
	[swollen] glands	
other symptoms	vomiting	

In addition there is one motif which did not stand out in the corpus, namely location and extent in time. We can notice also that a number of the motifs are explicitly probed by the doctor in the form of interrogatives; and that, in associating the pain with a particular part of a body, the reference may be exophoric – the probe becomes a prod.

It may be helpful to summarize the generic structure of the complete text. Immediately following the *opening*, there is a phase of *investigation*, with the doctor questioning the patient about symptoms (and the mother interpolating); then *examination*, with very little talk; then a brief phase of *diagnosis*; and finally suggested *treatment*, including the two components of *negotiation* and *reassurance*. This last phase, the discussion of treatment, occupies about half of the text; it is interesting as a typical manifestation of the complex power relationship that obtains between professional and client, construed in the grammar by shifts in mood, with the mother and the doctor alternating in the role of interrogator, by modality and by various other features. But it makes little reference to pain, and so I am not examining it here. Of the extracts cited, all but the last two come from the first half of the text (investigation, examination and diagnosis).

In the grammar of daily life, as we know, “moments”, or “quanta”, of experience are construed as configurations of a small number of elements belonging to different category types: primarily processes, participants and circumstances. These are characteristic of very many languages, perhaps all (I do not know whether they are a necessary feature of human language as such); and, again in very many languages (of which English is a typical specimen), they

are construed in the grammar, congruently, as major grammatical classes – verbs, nouns, and the rest, where in English “the rest” means (i) adverbs and (ii) prepositional phrases. There are two other category types, again very characteristic, which need to be added: qualities, typically construed in English as adjectives (and hence as qualities of participants, the adjective being a kind of noun); and relators, which construe relations between one configuration and another. Circumstantial elements often contain a participant, one that is only indirectly, obliquely related to the process through the mediation of a preposition. So we should be able to ask: what type of element is ‘pain’? Is it process, participant, or circumstance? Is it a quality of something? If participant, or quality, is it construed circumstantially? Does it involve the relationship between one process configuration and another? And, in terms of any of these elements, is it simple or complex? And is it consistently construed in one way, or does it vary among different modes of construal? In other words, where does pain fit in to the configuration of everyday experience?

An example of a figure illustrating the different types of element, taken from the text, would be the following:

you	've been getting	some bad pains	in the tummy						
participant 1	process	<table border="1"> <tr> <td>quality</td> <td>thing</td> </tr> </table> participant 2	quality	thing	<table border="1"> <tr> <td>location</td> <td>oblique</td> </tr> <tr> <td></td> <td>participant</td> </tr> </table> circumstance	location	oblique		participant
quality	thing								
location	oblique								
	participant								

5 The construal of pain in the grammar of daily life

Let us see, then, how ‘pain’ is construed in the course of these few short extracts from one interview between a doctor and his patient.

5.1 Pain as thing

We find ‘pain’ being worded as a noun, as in *getting some pains in the tummy*. In other words, it is construed as a participant, and more specifically as the Thing: the entity that persists through time and takes part in various processes. We can note seven different grammatical properties that are associated with pain as a participant.

First, it may be a bounded thing (realized as count noun), as here in *some pains*, or an unbounded thing (realized as mass noun), as in *he's got no pain just there*. Note also that the patient responds to *getting some pains in the tummy, have you?* by saying *it's started to get worse*, not *they've started*, thus shifting it from one category to the other. Most nouns in English are assigned to one of these two categories; *pain* belongs to both – as also does *ache*, although in a rather complex fashion: it is countable in *aches and pains, a headache*, but we say *backache* rather than *a backache*, treating this as a mass noun. Clearly 'pain' is a complex entity that has to be construed both as bounded and as unbounded.

Second, it is a thing which is possessed: you acquire it (*getting some pains*), or are given it (*giving him this constant pain*), after which you continue to own it (*you've got a sore throat*). You can, however, lose it again; the possession may be in the past (*I had a bad ache this morning*). Acquiring pain, like acquisition generally, is construed in the grammar as a material, 'doing' process; and it can even be probed as *do + what* (*what have you been doing, getting some pains in the tummy?*).

Third, it has temporality: location in time, and duration (*I had a bad ache this morning. It still aches now.*). The extent in time may be specified (*How long for? – About five months*), and used to compare different intensities of pain (*it's been worse over the last few days*) or the timing of different pains (*he's had the tummy pains for longer*). The extent in time may be construed metaphorically as a quality, in the function of Epithet (*this constant pain and trouble*).

Fourth, the 'pain' has variable intensity; this is represented in the grammar by an adjective functioning as Epithet (*a bad ache*) or as Attribute (*it gets worse*). There may be an external agency bringing about the degree of intensity (*that [vomiting] made your pain worse*).

Fifth, this thing called (*a*) *pain*, (*an*) *ache* etc. also has variable location – siting within the body. This may be construed circumstantially as a locative of place (*getting some pains in your tummy; do you get the pain anywhere else?*); that this refers to physical location is shown by the exophoric reference (*he's got no pain just there*; cf. with 'pain' as quality, *he's sore there*). But the location can also be construed as a *class* of pain (Classifier in the nominal group), as in *tummy pains*; and, as we saw from the corpus, such Classifier + Thing constructions become bonded into single complex things (compound nouns), of which there are two common ones in this short text, *headache* and *stomachache*. These are no longer different

classes of the same thing, but are construed rather as different things (just as *football*, *netball* are different things rather than different classes of one unitary thing).

Sixth, likewise, ‘pain’ has different qualities; these may be probed by the use of an interrogative circumstance of comparison: *what is the pain like?* Here the doctor offers a set of possible responses: *burning, or aching?* Are these part of a clearly defined taxonomy? I asked a recently qualified doctor, and he told me that, as a medical student, he had learnt that there was a recognized listing of types of pain used by doctors in probing the symptoms of patients, which included *burning, aching, throbbing, stabbing, shooting, acute, chronic, dull, sharp*. This is clearly not a closed system; but it is of particular interest because it lies at the intersection of the technical register of medical practice with the non-technical register of the everyday discussion of personal ailments.

Finally, ‘pain’ has conditions; the doctor probes these too, for example, in the following passage (not included in the extracts given here):

- Mother: Sometimes it [the pain] gets worse, though, doesn't it?
 Patient: Yeah.
 Doctor: When you're doing something, or ... any old time?
 Patient: When I stand up.
 Doctor: When you're standing up? Does it?

This is construed as a temporal nexus, showing accompanying (simultaneous) circumstances. Interestingly, the doctor interprets *when I stand up* as a behavioural process (‘when I am in a standing posture’), whereas it might have been meant as a habitual material process (‘whenever I straighten up my body’).

These are all properties of ‘pain’ as expressed in the grammar in those cases where ‘pain’ is construed as an entity, a ‘thing’ that participates in processes. But pain may also be construed in other ways. We find it in the text construed both as a quality (of a participant) and as a process.

5.2 Pain as quality

Pain may be worded as an adjective, realizing a quality; the text contains the words *sore* and *tender*. What is it a quality of?

First, it may be a quality assigned to a part of the body. Here the adjective functions either (i) as Epithet, as in *a sore stomach* – such a

body part may of course be possessed, as in *my sore throat*; or (ii) as Attribute, as in *it [the stomach] didn't seem to be particularly tender*.

Second, it may be a quality assigned to the whole person, as in *he's sore there, he's just a bit more tender*. Here it functions only as Attribute; one is perhaps less likely to talk about *a sore boy*, at least in a medical context.

Third, the quality may be assigned, as Attribute, to a general setting, with impersonal *it* and often with a spatial location: *it's tender there, show me where it's sore* (and compare *it hurts*, which I shall return to below). It is not always certain whether *it* is functioning in this way, with the clause as an existential attributive (cf. the weather, as in *it's cloudy today*), or is anaphoric to a previous *pain* or *ache*; but such instances seem to be blends rather than ambiguities – a listener does not need to resolve them one way or the other.

5.3 Pain as process

'Pain' may be worded as a verb, as in *it aches*. Here it is being construed neither as an entity, nor as a quality of some entity, but as a process. There are only two examples of this in the text: *it still aches now*, and *it's just aching* – and the second of these is ambiguous, since *aching* could be an Attribute, 'the pain is just of the aching kind'. So in order to explore this further we shall have to go outside the text. But let me first remark on the striking amount of variation we have found among these very few instances.

5.4 Summary

There are only 24 clauses in the text which contain the motif of pain (this includes those like *when I stand up*, where the 'pain' is present only via ellipsis); yet pain is construed sometimes as process, sometimes as quality, sometimes as thing, and in a considerable range of different grammatical environments. Here is the summary of these, in terms of the semantic features associated with 'pain':

- 1 pain as entity
(core element of participant; grammatical class: noun)
 - (a) bounded or unbounded
 - (b) possessed: acquired, received, owned
 - (c) having temporal location and extent
 - (d) varying in intensity (degree)

- (e) having location within the body
- (f) varying in quality (kind)
- (g) having accompanying circumstances
- 2 pain as quality
(associated feature of participant; grammatical class: adjective)
 - (a) of part of body
 - (b) of whole person
 - (c) of (impersonal) setting
- 3 pain as process
(grammatical class: verb)

6 Expressions of pain: towards a paradigm

Let me return for a moment to the COBUILD corpus, considering just those instances where the reference is to physical pain: we find a comparable range of grammatical environments, with *pain* and *ache* occurring typically as nouns, *ache* also as verb (*you ache, you begin to ache*), and with *sore* as a commonly occurring adjective. There are also frequent occurrences of *painful* in the function of Epithet modifying things like *movements, wound, disease*. But one verb which did not occur in the text, namely *hurt*, is found in the corpus with a wide variety of different constructions: ‘X is hurt’, ‘Y hurts X’, ‘X gets hurt’, ‘X hurts self’; ‘it hurt’, where *it* may be event (e.g. *blow*), thing (e.g. *trap*) or behaviour (e.g. *exercise*); ‘it hurts’, with *it* as impersonal setting; ‘head, stomach etc. hurts’; many instances with “present in present” tense, ‘Y is hurting X’, ‘it is hurting X’, ‘finger, hand, face, throat is hurting’; and non-finite expressions such as ‘without hurting X’, ‘risk of hurting self’ and so on. These call to mind the expressions of pain which anyone living in a family with adults and small children around might hear almost any day of their lives.

In section 7, I will organize these into a working paradigm – that is, into a pre-systemic form which makes it possible to compare and contrast them systematically in terms of their grammatical features. People do not speak in paradigms (an obvious point, but one that is easily forgotten when you are investigating language!); but they are a necessary working resource for grammarians, whose task is to bring out the potential that lies behind what people say. The purpose of this particular paradigmatic display is to examine expressions of pain from the standpoint of transitivity. What type

of process is ‘pain’? What part does the ‘pain’ element play in the total configuration by which the process is construed?

I shall first set out the paradigm in summary form (cf. Table 12.1), including (a) the ‘pain’ expression; (b) a brief analysis of the expression, showing (i) the type of process, (ii) the relevant structural functions; and (c) an agnate expression from some other semantic domain. In those cases where the pattern of intonation is not the one that is typical for English (that is, where the tonic prominence is **not** in its “unmarked” place, on the final lexicalized element), the element that carries the prominence is shown in **bold**. The ‘pain’ expression, in each case, is a typical form of wording, representative of one grammatical construction whereby ‘pain’ is commonly talked about in ordinary dialogue. The analysis suggests the transitivity category to which it approximates most closely – its primary address in this region of the grammar; in some instances a secondary interpretation has been offered, enclosed between square brackets. The agnate expression is one that shares the same primary grammatical features.

Following this summary paradigm I shall add a few paragraphs of commentary, discussing aspects of the grammatical interpretation of each of the expression types (for the general theory of transitivity, and description of the English transitivity system, see Halliday, 1985/94: ch. 5; Davidse, 1992a; Matthiessen, 1995b: ch. 4). In the final section I shall try to present a general picture of ‘pain’ as a realm of meaning, deriving closely from the grammar but reinterpreted in semantic terms (for the semantic analysis on which this discussion is based, see Halliday and Matthiessen, 1999). In an earlier draft of this paper I had tried to confine the analysis and discussion to the lexicogrammatical level, with the thought that this would make it simpler; but in the event it proved to be too constraining, and hence more complicated than allowing myself to move to the higher stratum. Semantic categories are indicated by single quotes.

7 Notes on the grammar

7.1 *Pain as process*

1 *my knee hurts*

Here ‘pain’ is functioning (as throughout nos 1–11) as Process in the structure of the clause; with the part of the body as (active) Subject.

ANALYSES

Table 12.1 Paradigm of pain expressions

	(a) 'pain' expression	(b.i) type of process	(b.ii) structural functions	(c) agnate expression
A Pain as process	1 my knee hurts / aches	relational: attributive	body part = Carrier Attribute / Process	the ground slopes the paint sticks ('is sticky')
	2 my knee's hurting / aching	material: middle [existential: occurring]	body part = Medium [body part = Setting]	my nose is bleeding the roof's leaking
	3 I hurt / ache (here)	relational: attributive [behavioural]	person = Carrier Attribute / Process [person = Behaver]	I sympathize [I grieve, I worry]
	4 I'm hurting / aching (here)	material: middle [existential: occurring] [behavioural]	person = Medium [person = Setting] [person = Behaver]	I'm falling [I'm peeling] [I'm trembling]
	5 it hurts / aches (here)	existential: existing	impersonal Setting	it echoes
	6 it's hurting / aching (here)	existential: occurring	impersonal Setting	it's raining
	7 my knee's hurting me	mental: impacting	body part = Phenomenon / Agent person = Senser	the heat's bothering me
	8 you're hurting me	material: effective	person = Goal; other (person/object) = Actor	you're pushing me
	9 I've hurt my knee	material: effective	person = Actor; body part = Goal	I've broken my glasses
	10 I've hurt myself (on the knee)	material: effective / reflexive	person = Actor; body part = Location	I've ruined myself
	11 that hurts	relational: attributive / agentive	Attribute / Process; other (object/process) = Agent	that dirties ('causes things to be dirty')
B Pain as quality	12 my throat feels sore	relational: attributive	'pain' = Attribute; body part = Carrier	the meat smells bad
	13 my throat's feeling sore	(as no. 12)	(as no. 12)	your face is looking thin
	14 I feel sore (here)	(as no. 12)	'pain' = Attribute; person = Carrier	I feel sad
	15 I'm feeling sore (here)	(as no. 12)	(as no. 14)	I'm feeling sad
	16 it's sore (here)	existential: existing	impersonal Setting	it's cold outside
	17 the wound is painful	relational: attributive	'pain' = Attribute; other (object/process) = Carrier	the climate's healthy
	C Pain as thing	18 I've got a headache / a pain in my neck	relational: attributive / possessive	'pain' = Attribute (possessed); person = Carrier
19 that gives me a headache		relational: attributive / possessive / agentive	(as no. 18) other (object/process) = Agent	that gives me a thought
20 that's giving me a headache		material: effective: benefactive	'pain' = Goal; person = Beneficiary; other = Actor	that's giving me a lot of help
21 do you feel any pain?		mental: scope-defining	'pain' = Phenomenon; person = Senser	do you see any smoke?
22 my pain is bad (today)		relational: attributive	'pain' = Carrier; quality = Attribute	my hopes are high
23 are you in (great) pain?		relational: attributive / circumstantial	'pain' = (circumstantial) Attribute; person = Carrier	are you in great suspense?
24 the pain suggests (that) ...		verbal	'pain' = Sayer	the damp suggests that ...

The tense is simple present; but not in the sense of ‘habitual’ that is has with material processes.² The tonic prominence is on the Subject – here, the body part (this is the “marked” option; the unmarked would have prominence on the final lexical item *hurts*); this marked informational structure means something like ‘despite being configured as participant plus process, this is a single integrated phenomenon’, cf. *the ground slopes*, *the roof leaks*. It is plausible to analyse these as relational: attributive processes with the Attribute conflated with the Process and the Carrier as a kind of setting (for the Setting as a function in the clause see Davidse, 1992b, 1992c); compare the agnate forms *the ground is sloping*, *the roof is leaky*. See no. 7 below for a further example of this kind of marked intonational prominence.

2 *my knee’s hurting*

The pattern is analogous to no. 1, but with present-in-present instead of simple present tense. This is the unmarked form of the present tense in material processes, which typically have clear beginnings and endings. (The structuralist description of this tense as “present continuous” is curiously off the mark. What this tense does is to take primary (deictic) present as its point of reference and then select a further feature of “present” within that time frame; for example, *Does it rain? – A lot of the time, yes; but it’s not raining now*. The one thing this tense is not is continuous!) The interpretation as material process is also suggested by the probe, *How’s your knee doing?*, also with the body part functioning as Actor / Medium. This type of material process, where the Medium is somewhat like a Setting, then shades into relational processes of the existential: occurring type, as in *the roof’s leaking* (cf. *there’s a leak in the roof*), *the colours are fading*; hence some of them (though not all) pair off in the same way as nos 1 and 2 with *hurt*.

3 *I hurt (here)*

These are analogous to no. 1 above, again with the ‘pain’ Process in simple present tense but non-habitual; the primary interpretation remains as relational: attributive, with the Process in conflation with the Attribute (cf. *I sympathize* ‘I am sympathetic’). Here, on the other hand, the Carrier is not a part of the body but the person: almost always *I* in the declarative mood, *you* in the interrogative,

and with some accompanying expression of bodily location (*Where do you ache? – I ache all over*). With the person as Subject there could be a secondary interpretation as a behavioural process, of the type that is agnate to mental: emotive clauses (cf. *I tremble (at the thought that ...)*).

4 *I'm hurting (here)*

This is the fourth term in the proportional series *it hurts: I hurt: it's hurting: I'm hurting*. Like no. 2, it can be interpreted as a material: middle process – one of 'doing' but not 'doing to (anyone or anything)'. Since the Medium is a person, the closest agnates tend to be clauses expressing other bodily processes: *I'm bleeding, you're burning* ('in the sun'). Again like no. 2, this could be interpreted secondarily as relational: existential, but with the person as Setting; and also, like no. 3, as behavioural (cf. *I'm trembling*; it is a characteristic of behavioural processes of this type that both simple present and present-in-present occur as variants of unmarked present tense: cf. *she misses / is missing (her mother)*).

5 *it hurts (here)*

The personal pronouns *it / they* may occur in nos 1 and 2 as anaphoric to the body parts *my knee, my legs* etc.; but here the *it* is not anaphoric. Instead, it is functioning as an impersonal Setting (and *they* is not a possible variant). The simple present tense is again non-habitual. The 'pain' is construed as an existential process of the 'existing' type, with the sense of 'there's (a) pain (here)'; cf. *it stinks* 'there's something fishy here', *it echoes* 'there's an echo here'.

6 *it's hurting (here)*

These are closely agnate to no. 5, with the distinction between simple present and present-in-present tenses proportional to that in nos 1 and 2, and in nos 3 and 4. Here the 'pain' is construed as an existential process of the 'occurring' type. These are a little closer to the material – somewhat analogous to meteorological processes like *it's raining, it's thawing*, as if the pain was a kind of weather going on inside the body.

7 *my knee's hurting me*

Here the process of 'pain' is configured as a two-participant clause structure in which the body part is 'doing something to' its owner. As in no. 1 above, the tonic prominence is marked; this suggests another type of clause of which this feature is characteristic, those of mental process of the 'impacting' kind like *is the noise upsetting you?* With this sense of 'doing something mental to' they have affinities with material processes, and hence can appear in either form of unmarked present tense (cf. *does the noise upset you?*). Those of 'pain' seem to be always present-in-present; and, while they can be predicated of any person (e.g. *her knee seems to be hurting her*), they cannot be passivized with the body part as Agent (we don't say *I'm being hurt by my knee*; the personal pronoun has more of a circumstantial function, somewhat like 'at me' or 'on me').

8 *you're hurting me*

These are ordinary material processes of the effective / dispositive kind, with the person as Medium / Goal, and some other person or entity as Actor. The process is typically non-volitional (cf. *you're blocking me; my shoes are hurting me*), although not necessarily so: we may have *I'm going to hurt you*, spoken as a threat. These clauses occur regularly in the passive, as in *I got hurt by the flying glass*.

9 *I've hurt my knee*

Here again the process is material, with the body part as Medium / Goal, and the person as (non-volitional) Actor; cf. *I've broken my glasses*. The probe is *What have you done to your knee?* The structure is untypical however in that, although it does passivize, as in *my knee's been hurt* (cf. *I've injured my knee / my knee's been injured*), the Actor cannot appear in the passive clause as the Agent. This reflects the fact that these are closely agnate to the next.

10 *I've hurt myself (on the knee)*

This is a regular material process of the reflexive type; with the person as Actor and the body part, if present, occurring in a circumstance of Location. Since it is reflexive, it does not passivize as it stands; but the effect of selecting the passive (i.e. getting the

focus of information on the Agent) is achieved simply by shifting the tonic prominence on to the reflexive pronoun: “active” *I hurt myself*, “passive” (*Who hurt you?* –) *I hurt myself*.

11 *that hurts*

This is the agentive agnate of no. 1: an attributive process in which the quality ‘painful’ is construed as the conflation of Process with Attribute and additionally there is an Agent. The Agent is typically some entity or nominalized process (the *that* in the example no doubt refers to this exophorically! – ‘what you just did to me’). The sense is ‘that makes ... hurt’. Note that the expression ... *is painful* may be agnate either to no. 1, as in *my knee’s painful*, or to no. 11, as in *that needle’s painful*.

7.2 Pain as quality

12 *my throat feels sore*

These are relational: attributive processes, with the ‘pain’ construed as Attribute and a part of the body as Carrier. The verb *feel* here is one of the class of verbs that occur in clauses of this sub-type of ‘appearance’; cf. *it feels rough (to me)* – other verbs in this class are *look, sound, appear, smell, taste*. (Contrast this with *feel* in nos 14 and 21 below, where in each case it is a member of a different class.)

13 *my throat’s feeling sore*

These are like no. 12 above, but with present-in-present instead of simple present tense. This tense occurs in attributive clauses with the more behavioural type of Attribute, as in *you’re being silly*; such an Attribute can occur with a non-conscious Carrier, in examples such as *the lock’s being troublesome*; but this is clearly assigning behavioural characteristics to *the lock*, whereas there is no such connotation here (and *my throat’s being sore* is very unlikely). The analogy here is rather with an attributive clause such as *your face is looking better*, where the present-in-present tense is foregrounding ‘as of now’.

14 *I feel sore*

Again these are relational processes of the attributive kind, in simple present tense (like no. 12) – but with the person as Carrier.

Thus they are not clauses of the ‘appearance’ type; the verb *feel* is in a different paradigmatic context, having the sense of a mental attribute (as in *he felt angry*), where it is in fact the unique member of its class.

15 *I’m feeling sore (here)*

This is the fourth term in the proportionality set up by nos 12–14; the sense of the present-in-present tense is the same as in no. 13 above. The variant *I’m feeling hurt* seems to be the only type in which *hurt* regularly occurs adjectivally in the sense of ‘in pain’ (here it is ambiguous; elsewhere *feel* + *hurt* occurs only in the sense of ‘be offended’).

16 *it’s sore (here)*

This is the type in which the *it* is not anaphoric but is functioning as an impersonal Setting, as in no. 5 above. These are closely agnate to meteorological processes such as *it’s cold (today)*.

17 *the wound is painful*

Again these are relational: attributive processes, like no. 12 above. Here however *painful* is agnate to the ‘agentive’ clause type, with the sense of ‘the wound makes (me) feel pain’.

7.3 *Pain as thing*

18 *I’ve got a headache*

This is a relational: attributive clause of the ‘possessive’ type, where the Attribute (here *a headache*) has the sense of ‘thing possessed’.

19 *that gives me a headache*

Processes of giving and obtaining, in English, are situated on the borderline of the relational and the material. The simple present tense locates this one on the relational side, where *gives* construes the sense of ‘causes X to have ...’. This therefore can be interpreted as the ‘agentive’ agnate of no. 18, with *that* functioning as the Agent.

20 *that's giving me a headache*

By contrast, this type falls on the material side of the borderline, having present-in-present tense in place of the simple present as in no. 19. (Note that the simple present in no. 19 is non-habitual; this tense could also occur as the 'habitual' agnate of no. 20: cf. the footnote to no. 1 above.) Here *me* is Beneficiary and *a headache* is the Goal; *is giving* construes the sense of 'is disposing of ... to X'.

21 *do you feel any pain?*

Here 'pain' is Phenomenon / Range in a mental clause of perception, of the 'scope-defining' type (the type of *I like it*, as opposed to the 'impacting' type of *it pleases me*). The verb *feel* here belongs in yet a third distinct class, that of 'perception' verbs along with *see*, *hear*, *smell*, *taste*. The person (here *you*) functions as the Senser – a function that is restricted to, and hence defines, the category of conscious beings.

22 *my pain is bad (today)*

In this type 'pain', as the thing, becomes itself the Carrier of an Attribute in a relational: attributive clause. Typically the Attribute describes the intensity of the pain, but other qualities may also be assigned to it, often combining the degree of intensity with some other feature (e.g. *the pain is relentless* 'intense and unremitting').

23 *are you in (great) pain?*

Here the thing called *pain* is constructed into a prepositional phrase, where it functions as the Range in a circumstantial element of the clause. The circumstance is one of abstract Location, typical of the expression of mental states and conditions (cf. *in doubt*, *in rapture(s)*; *under illusion*, *beyond caring*).

24 *the pain suggests (that) ...*

Here the 'pain' is being construed as the Sayer in a clause of verbal process. It is being interpreted as a source of information, which may be projected as "indirect speech", as in *the pain suggests that it may be appendicitis*, or simply presented in the form of a nominal

group functioning as Verbiage of the ‘content’ kind, as in *the pain suggests appendicitis*. Clauses of this type typically occur as part of the assessment of symptoms in a medical diagnosis.

It is not suggested, of course, that these are the only forms of wording in which expressions of pain are found to occur. They are representative examples of clause types that are commonly used by people who are sharing experiences, and very often exchanging sympathy and reassurance, with ‘pain’ as the central motif. I shall range over these once more in the concluding section of the paper.

8 Conclusion

So what do we learn from this kind of enquiry about the phenomenon of pain? If we analyse the language of any experiential domain in lexicogrammatical terms, provided the categories used are not *ad hoc* but are part of a general theory-based description of the language, we are able to see how this domain is construed semantically – how the experience is transformed, by the grammar, into meaning. This might take us into the rarefied language of a scientific theory: we might be using the theory of grammar (the “grammatics”) to investigate some domain of scientific knowledge, asking how this domain is organized as a (more or less) coherent semantic system. But the principle is no less valid when applied to the common-sense domains of our experience of daily life; and in some ways the result is more interesting, because these are below the level of our conscious awareness. If we try to reflect casually on the language used to construe such everyday domains, we may come up with a few lexical items – single words, and perhaps a common phrase or two; but we will not be able to comprehend how the real work of making meaning is done unless we probe more deeply, into the vaults of the grammar. Grammar is the source of energy, the semogenic powerhouse of language. It is in grammar that our world takes shape.

The motif of ‘pain’ is one such domain of everyday experience. It is also, of course, the target of numerous scientific theories; and it would be instructive to analyse the language used by doctors and medical researchers, and by psychologists, philosophers and other specialists, in their systematic enquiries into pain. I have not attempted anything of this kind (cf. Asher, 1994: entries under

“Doctor – patient language” and “Medical language”). I have just taken a glance at the grammar of ‘pain’ as we talk about it in our daily lives, drawing on information derived from three sources: (1) a corpus of written texts, including both fiction and non-fiction; (2) a spoken text, consisting of one recorded interview between a doctor and a patient; (3) a paradigm (actually a set of paradigms) of typical wordings culled from my own experience as a speaker of the language. Taken together these provide a reasonable database for a small-scale study such as this.

We have seen that pain is construed, in the lexicogrammar of English, as some constituent of a clause – semantically, it comprises one “element” in a “figure”. As far as its grammatical class is concerned, pain may be worded as verb, as adjective, or as noun; the category meanings of these classes are, respectively, ‘process’, ‘quality’ and ‘thing’ – so ‘pain’ takes on the meaning of all of these phenomenal types.

(A) As a verb, out of the four primary types of figure, ‘doing and happening’, ‘sensing’, ‘saying’ and ‘being and having’, pain enters into three:

- *I’ve hurt my knee* (‘doing’)
- *my knee’s hurting me* (‘sensing’)
- *my knee hurts* (‘being’, reconstrued from ‘be + painful’).

(B) As an adjective (‘quality’), pain may either be ‘ascribed’ to some ‘thing’, in a figure of ‘being’; or else it may combine with a ‘thing’ to form a single element:

- *my throat is sore* (ascribed to ‘thing’)
- *(I’ve got) a sore throat* (combining with ‘thing’).

(C) As a noun (‘thing’), pain may either enter directly as a ‘participant’ into a figure; or it may enter indirectly into a figure, as ‘participant’ within a ‘circumstance’:

- *I have a (bad) pain* (directly in figure)
- *I woke up in (great) pain* (in ‘circumstance’; indirectly in figure).

The figure may be of any kind:

- *that will suppress the pain / the pain has subsided* (‘doing and happening’)
- *I don’t feel any pain* (‘sensing’)

- *the pain suggests (that you have) an infection* ('saying')
- *my pain is chronic / I have chronic pain* ('being and having').

Let me summarize what we have observed about these different presentations of pain, but expressing it in semantic terms, and reversing the order: pain as 'thing', pain as 'quality', pain as 'process'.

(C) If pain is construed as a 'thing', it can be an 'entity' ('bounded', as in (*getting*) *some pains / a pain*) or 'substance' ('unbounded', as in (*suffered*) *great pain / no pain (there)*); in either of these guises, 'pain' may be compounded with a 'body part' into a single 'thing' (*a headache, backache*; these thus become two distinct 'things', rather than two 'classes' of one and the same 'thing'). However, this possibility is taken up only with the lexical item *ache*, not with *pain*; and only certain 'body parts' go with *ache* – those 'body parts' that are associated with *pain* figure as a 'locus', not as a component of a complex phenomenon 'body part + pain' (*pains in the chest*).

When pain is a 'thing', what qualities can be attached to it? Typically, we find 'kinds' of pain (*a burning pain*), 'degrees (of intensity)' of pain (*a bad ache*), and 'duration' of pain (*constant pain*). There are two interesting features of these: (1) they are not clearly distinct categories – thus *chronic pain* combines 'kind' and 'duration', *acute pain* combines 'kind' and 'degree', *dull ache* combines 'degree' and 'duration'; (2) they tend to be intermediate between 'quality as property of thing' and 'quality as class of thing' – often being interpreted as 'properties of pain' by the (lay) sufferer but as 'classes of pain' by the specialist (all the above examples).

We noted that pain as 'thing' typically occurs in certain types of figure: primarily those of 'being and having', where it is ascribed to a person either as an attribute that one possesses or as a circumstance in which one finds oneself (*I've got a bad ache*; *I'm in great pain*); or else it has some quality ascribed to it (*if the pains are severe*). The motif of 'possession' can also be construed deictically within the element itself: *my pain, your headache* etc. Other than these, it occurs in figures of 'doing', as an (unwanted!) gift; in figures of 'sensing', as that which a person perceives; and in figures of 'saying', as something which acts symbolically as a source of information.

(B) If pain is a 'quality', then it is typically assigned either to a person or to a part of the body. If it is assigned to a person, the quality stands as an element on its own, and the figure is a figure

of 'being' of the 'ascribing' type (*I'm sore*); if it is assigned to a body part, the same may apply (*my knee's sore*), or else the quality may be attached as a feature to the body part, the two together constituting a single element (*a sore knee, a painful throat*). Alternatively, it may simply be said to be present in some more or less specific location, as an element in a figure of 'being' of the 'existing' type (*it's sore here*).

In such instances the quality is that of 'being painful'. However, the pain may also be assigned as a quality to some other 'thing' (including a 'process' treated metaphorically as a 'thing'), in which case the quality is that of 'causing to be painful' (*a painful wound, the biopsy is painful*).

In all contexts, the pain 'quality' may itself be further characterized as being more or less intense: *very sore, unbearably painful*.

(A) If pain is a 'process', then it can function as 'process' element in figures of various kinds: 'doing and happening', 'sensing' or 'being and having'. Let me start with those of the clearly 'doing' kind. (i) The pain may be done (caused) to a person (a) by another person, voluntarily or involuntarily (*you're hurting me*), or (b) by some non-conscious entity (*my shoes are hurting me*). (ii) The pain may be caused to a person, or to a body part, involuntarily by that person's own self (*I've hurt myself, I've hurt my knee*). (iii) The pain may be done to a person by a part of that person's body (*my knee's hurting me*). All of these are somewhat indeterminate as between 'doing' and 'sensing'; where the sense is 'injure', they are clearly figures of 'doing', but where the sense is 'cause pain' they lie more towards 'sensing' of the 'impacting' type (*that hurts me, like that upsets me*).

On the other hand, the pain may be 'happening' to a person or to a part of a person's body; and in that case the figure is at the other end of the 'doing' continuum, where 'doing and happening' merges into 'being' in the sense of 'occurring'. (i) The pain may be happening to a person, with either the person or a body part as the locus where it is actualized (*I'm aching, my knee's hurting*). (ii) The pain may simply be occurring, with no specific locus but just an abstract or virtual setting (*it's hurting*). Then, related closely to (ii), (iii) the pain may be presented as something that merely exists, in a figure of 'being' of the 'existing' type (*it hurts*), where the simple present tense indicates greater persistence through time – compare the difference between *it echoes* 'there's an echo here' and *it's echoing* ('at the moment'). Next, parallel to (i) above, (iv) the pain may

be a state of being, again with either the person or a body part as the one that is in that state, in a figure of ‘being’ of the ‘ascribing’ type (*I ache, my knee aches*). Here the pain is being treated more as a ‘quality’ in the guise of a ‘process’; these are the closest to those where it is actually being presented as a quality (cf. (B) above), like *I’m sore, my knee’s painful*. Finally, (v) the pain may be caused from outside, by some applied pressure, accidental impact and so on; here again it is being treated as a quality in the guise of a process, but in an ‘agentive’ type of ‘ascribing’ figure (*that hurts*) – like the causative quality in *that (biopsy) is painful*. This then brings us round to something close to the ‘impacting’ type of ‘sensing’ as in *that hurts me* referred to above.

These different ways of semanticizing pain could be summarized diagrammatically as in Figure 12.1 (p. 335).

Common to all these diverse construals of pain, however, there remains the sufferer. The one who suffers pain is always a conscious being, even if the entity in which the pain is actualized is merely a part of the sufferer’s body. Pain is ascribed precisely to the category of beings that are referred to pronominally in the grammar as *he / she*, not as *it*. (The exception to this is in those instances where the verb *hurt* alternates with *injure*: we do say *don’t hurt it, it’s hurt its wing*, for example, to refer to a butterfly. But these are only on the borderline of expressions of pain.) So while, unsurprisingly, the most frequent colligates of pain are the speech roles, ‘me’ and ‘you’, we carry in our grammar the principle that those who experience pain are people, pets and domestic animals – together with any creature that is being endowed, instantially, with human-like consciousness. In fact it is enough to put such a creature into a discursive environment of ‘pain’ (as Medium in any clause realizing one of the figures presented here) for it to become ‘+ consciousness’ for the occasion; for example (child watching a fisherman trying to catch an octopus with a baited hook) *Will the octopus feel any pain?* In that respect all these figures carry a prosody of ‘sensing’. The different configurations of doing and happening, of saying, and of being and having, in which pain is constructed semantically all as it were retain an affiliation with what Matthiessen (1993) calls the “conscious centre”, as speakers explore this highly complex domain of human experience by mapping it into figures of more or less every possible type.

It would probably be hard to find another domain of experience, comparable in scope, which is semanticized in so many different

ways. Some of the diversity is achieved lexically; there are of course many other less common words for ‘pain’ which I have not taken into account. Yet on the other hand it is noticeable, in everyday references to pain, how few different words are typically used – in contrast, for example, with the proliferation of terms for other symptoms of disorder. What is striking, rather, is the diversity in the grammar: how a small number of very frequent words, such as *pain*, *ache*, *sore*, *hurt*, are deployed in a great variety of different grammatical environments.

It is the construal of pain in the grammar that marks it out as a uniquely complex area of human experience: one that is unlike anything else – precisely because it is like almost everything else, at least in some respect. Not only is it complex – it is also very threatening; so we struggle hard to understand it, to assimilate it to other, more domesticated patterns of experience. And most of all it is unpleasant, distressing, in the end potentially life-destroying. To the sufferer it is arbitrary and ruthless: an enemy that lurks and strikes apparently at random, so has to be fought against and resisted. The grammar construes ‘pain’ as something that is different from every other class of human experiences **because it shares features of them all**. If it’s a process, then it’s a bit like doing something, or something being done, or simply happening; but it’s also a bit like just being – occurring, or perhaps existing; with undertones of sensing, throughout. And it is actualized in a person, or in some part of their body – though it may or may not be brought about by some external agency. But it may instead be a quality, that is ascribed (again perhaps by some agent); or else it may even be a thing, acquired and kept (though unwanted), or perhaps received from a giver – but not something that can be given away again. From one point of view, the figures that make up this multiple complementarity are all metaphors for each other; but the metaphor is so deeply encrypted that no variant seems more, or less, congruent than any other – and small children (to whom pain is the most problematic of all, because they have no sense that it is ever going to end) come very early to control a wide range of these different kinds of wording for the experience of ‘pain’.

When we investigate such features in the grammar of daily life, we are trying to understand the underlying construction of human experience: how, through language, **experience is transformed into meaning**. It is this transformation of experience into meaning which enables human beings to transcend what Edelman (1992)

	doing: doing to = causing to sense	7	'(my body's) hurting me'
	doing: doing to (by other)	8	'(something) is hurting me'
	doing: doing to (self)	9, 10	'(I) have hurt (myself, my body)'
pain as process	doing: happening	2, 4	'(I'm) hurting'
	being: occurring	6	'(it's) hurting'
	being: existing	5	'(it) hurts'
	being: ascribing	1, 3	'(I) hurt'
	being: coming to be ascribed	11	'(that) hurts'
pain as quality	being: existing	16	'(it) is painful'
	being: ascribing	12-15	'be/feel painful'
	being: causing to be ascribed	17	'be pain-causing'
	being: ascribing	22	'pain is (bad)'
	being: causing to be ascribed	23	'be in pain'
	being: ascribing	18	'have pain'
	being: ascribing (circumstance)	19	'cause to have pain'
	being: ascribing (possession)	20	'give pain'
pain as thing	being: causing to be ascribed (possessed)	21	'feel pain'
	doing: giving to	24	'pain says'
	sensing		
	saying		

Figure 12.1: How pain is transformed into meaning ('semanticized')

calls “the tyranny of the remembered present”.³ We often speak of language having the power to “heighten” experience – recognizing this as an achievement of poetry, or other highly valued modes of language use. But experience could not be “heightened” by

language if it had not been construed in language in the first place. If we proclaim the power of language in social and political life, this power rests on its ability to systematize our everyday encounters with the world: enabling us to talk about them to each other, giving them value, and so helping us to “make sense” of things that we still, for all our cleverness, cannot control.⁴

Notes

- 1 Note that I am using *challenge* here in its earlier sense of ‘confront with a difficult task’, not in its post-modern sense of ‘demonstrate to be inadequate’.
- 2 Note that *it hurts* (simple present) can also occur as the ‘habitual’ agnate of no. 2 *it’s hurting*, as in *it hurts if you touch it*. The difference between the two with simple present becomes clear with the verb *ache*: *ache* typically expresses ‘pain which is continuous (but non-recurrent)’, hence while we may have *it hurts all the time / it aches all the time* (both non-habitual, as in no. 1), the ‘habitual’ reading of *aches*, as in *it aches if you touch it*, is much less likely.
- 3 It might be argued that the basic expression of pain is an involuntary, non-symbolic act – crying, or sobbing, or screaming. I have not discussed this here, since I am concerned with how the experience of pain is transformed into meaning. I should have noted, however, that pain is expressed in protolanguage – or rather (since it is not, in fact, a normal feature of infants’ protolanguage; infants express pain by crying), in a form that is transitional between protolanguage and language (e.g. *ow!*, *ouch!* with English speakers, *aya!*, *oyo!* with Chinese speakers, and so on); and that these semi-linguistic construals of pain persist throughout adult life.
- 4 There are of course some more specialized conditions of pain which have their own distinctive collocational environments. The following are examples of one such specialized discourse, that concerned with the phenomenon of pain in “phantom limbs” (limbs that have been removed by amputation):

About 30% of amputees using lower limb prostheses developed complications, of which stump pain, pressure ulcers and stump infection were the most common in descending order. Stump pain occurred even in the absence of ulcerations or infection, and was attributed to “phantom limb pain”. Eighteen percent of all our amputees developed phantom limb pain. (Chan and Tan, 1990: 815)

The phenomenon of phantom limbs is common. So is the occurrence of terrible pain in these invisible appendages. ... Naturally, of all the sensations in phantom limbs, pain ... is the most frightening and disturbing.

The oldest explanation for phantom limbs and their associated pain is that the remaining nerves in the stump ... continue to generate impulses. ... On the basis of this explanation, treatments for pain have attempted to halt the transmission of impulses at every level of the somatosensory ... system. ... Alterations in this system cannot account for phantoms and their pain.

But what exactly causes the pain in phantom limbs? ... An experimental treatment called the DREZ (dorsal root entry zone) procedure selectively abolishes phantom-limb pain. (Melzack, 1992)