Pain as process in Modern Greek*

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This paper presents the results of a pilot study of the verbal expression of pain in Modern Greek and forms part of an on-going, large-scale, corpus-based investigation. On the basis of a first taxonomy of lexico-phraseological forms and syntactic structures derived from authentic doctor–patient dialogues, it will be shown that, in Greek, pain is primarily viewed as process, secondarily as participant and only marginally as quality. In the light of Halliday's (1985/1994) functional analysis, we shall focus on the wording of pain through the verb *ponao* 'hurt', viewed from the standpoint of transitivity. On the strength of our spoken data, it will be argued that in Greek there is a clear tendency for pain to be predominantly configured as an intransitive personal process, with the body part only rarely being construed as the locus of pain. This tendency reveals that pain is understood as residing in the sufferer's self as a whole rather than in just some part of the body.

Keywords: pain language, Greek, doctor–patient corpus, process vs. participant, transitivity, locus of pain, involvement of self

1. Introduction

It is the theoretical question addressed by M. A. K. Halliday (1998: 11), namely, whether language construes pain as process (worded as a verb), participant (worded as a noun), or quality (worded as an adjective), that has served as our point of departure. Our central hypothesis is that it is the degree of involvement of the patient's self in the painful experience which strongly determines the choice of particular linguistic configurations among a large number of seemingly interchangeable ones. Thus, far from being redundant, the lexicogrammatical diversity and complexity of the pain language paradigm serves the purpose of directly reflecting the complicated nature of this domain of human experience.

2. Language in pain

Pain, this ‘central and ubiquitous part of human experience’, as Aldrich & Eccleston (2000: 1631) remark, has been the object of scrutiny from a medical perspective,¹ a social science perspective,² and a philosophical and historical perspective.³ However, from a linguistic point of view, pain has yet to be comprehensively investigated within and across languages. Though the literature of pain language comprises some very insightful accounts mainly based on experiments on pain expressions used by patients and medical/nursing staff with a view to measuring and assessing pain,⁴ they are not purely linguistic studies. To our knowledge, the only systematic linguistic account of the construal of pain by language is to be found in Halliday (1998), where a paradigm of English pain expressions is proposed from the standpoint of transitivity. It is precisely this functional account that is adopted as our theoretical framework for the analysis of Greek data.

The questions that naturally arise in a study, which proposes to shed light on the verbal expression of pain, are:

- What is pain?
- What is language for pain?
- What is pain for language?

Though it is primarily this last question that calls for an answer in our analysis, it is considered necessary to briefly mention how the first two have also been treated.

So, what is the nature of pain? Is it a physical or a psychological event? Is it a private or a public experience?

In 1979, the following, currently accepted, definition of pain was published by the International Association for the Study of Pain (IASP): ‘An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage’. Based on a definition originally devised by Merskey in 1964, it essentially specifies that ‘pain [...] is always a psychological state, even though we may well appreciate that pain most often has an approximate physical cause’ (Merskey 1994: S74). Along the same lines, Walters (1963), as reported in Merskey (1994: S74), had claimed that bodily pain should not be identified with its physical side — the sense data — but rather with the perceptual experience of discomfort in a spot in the body, which is a private subjective experience. Thus, the IASP definition of pain has provided researchers with a brief, yet rigorously phrased, and comprehensive answer concerning the problematic nature of pain. Still, the duality of pain involved in

this definition, namely, its sensory–emotional aspect, allows for different interpretations. The IASP definition, due precisely to both its rigour and the allowances it makes, lends itself as a primitive in our linguistic analysis.⁵

It is the distinction between ‘private’ and ‘public’ pain which introduces the relation of language to pain. For Wittgenstein (1953/1999:89), pain is private in the sense that ‘only I can know whether I am really in pain; another person can only surmise it.’ Moreover, in relation to inner sensations and private experience in general, he claims that the essential thing is that nobody knows whether other people also have the same exemplar as their own or something else. According to Engel (1950), verbal declaration is what marks the transition from private to public pain. Therefore, when expressed verbally, pain becomes part of a social relationship.⁶

Furthermore, Wittgenstein’s insights into the interrelation of pain and language are captured in his philosophical concept of private language. ‘And sounds which no one else understands but which I “*appear to understand*” might be called a “private language”’ (Wittgenstein 1953/1999:94). He argues that if we could imagine a private language in which a person could express his inner experiences, it would also be private in the sense of being understood by only that person. Such a private language, however, could not be used in a game of naming sensations as part of a public behavior, namely the expression of pain. Only our ordinary language can serve the purpose of publicly expressing and legitimizing pain. This leads to the assumption that pain which is not verbally expressed remains private and as such cannot be treated as part of social reality. ‘There is no pain [...] without pain behavior’ (Wittgenstein 1953/1999:97).

This inevitably leads us to the next question: How can public language represent a sensation, which is only privately experienced within the individual’s body? Wittgenstein’s answer is that individuals, as children, are taught, somewhat artificially, to use particular words as labels for subjective painful experiences, so as to replace crying and other primitive, natural, expressions. Thus, for him ‘the verbal expression of pain replaces crying and does not describe it’ (Wittgenstein 1953/1999:89), essentially forming part of the pain experience itself.

Wittgenstein’s view raises the issue of the basic role of pain language, i.e. its function as an expressive and/or descriptive device. The linguistic manifestation of pain may, for instance, be understood primarily as an expression of this sensation (ibid.), or as also potentially entailing a description (see Kenny 1973:199 and Gustafson 1979:154–155). These functions could be graphically

represented in terms of an integrating continuum which would cover manifestations of pain ranging from the primitive cry — through automatic and impulsive verbal expressions — to descriptive, reportive and objectifying linguistic configurations. Evidence in support of the suggested schematic representation of pain language will be provided in our subsequent data analysis. It will be claimed that, due to their predominantly intransitive personal character, *ponao* verb constructions profile pain as a holistic experience, and thus relate to the more expressive side of the spectrum, often approximating the primitive cry. On the other hand, the opposite pole of the continuum can be seen as featuring *ponos* nominal constructions, which, as Lascaratou & Marmaridou (forth.) argue, are systematically motivated by conceptual metaphors, lending themselves to the objectification of pain, hence enabling the sufferer to formulate explicit descriptions of the experience.

There is, however, some contradiction involved in the public manifestation of pain through language: it relates inner sensations and emotions that are strictly private, on the one hand, to linguistic expressions which are assumed to be understood by all the members of a linguistic society, on the other. How is this link effected? What is the basis of this delicate and obscure relationship? The most plausible interpretation is expressed in Merskey's (1994:S72) assumption that in pain, as in other subjective conditions, there are 'common phenomena which seem to be the same from person to person or case to case.' That is, despite its private, subjective, and invisible nature, pain constitutes a common domain of human experience. It is precisely the assumption of regularities matched with variation in the pain experience which reconciles the contradictory, dual character of pain language: by virtue of its ability to express the regularities of the experience, pain language acquires its public function, while its use as a means of expressing individual variation allows it to retain its inherently private aspect.

How is, then, the mapping of the regularities and variation of pain onto language effected? The encoding of pain in language does not simply involve the attachment of words as labels to painful sensations, but most importantly the construal of this domain of unpleasant experience in terms of structural configurations. What is more, as Wittgenstein (1953/1999: 92) very insightfully points out, even the mere act of naming (pain) presupposes the existence of grammar, which, by means of the stage-setting it creates, 'shews the post where the new word is stationed.' Or, in Halliday's (1998: 23–24) words,

If we try to reflect casually in 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.

Thus, ultimately, it is through our lexicogrammatical potential that pain is transformed into language.

Before we finally move on to the central question addressed in this study, namely, ‘what is pain for language?’, and, in particular, ‘how does Greek construe pain?’, we should briefly present our corpus and our mode of data collection.

3. Corpus design and data collection

In order to capture the diversity of linguistic realizations of the complex and highly subjective phenomenon of pain, a corpus of pain-related speech produced in an authentic communicative situation is indispensable. The corpus used in the present study⁷ comprises conversations between pain-suffering patients and health care professionals (doctors, physiotherapists and psychologists). It includes not only speech produced while patients are relating their painful experiences, but also spontaneous verbal reactions to the infliction of pain at the time of the recording, e.g. during a physiotherapy session. Strong *post hoc* confirmation for the initial assumption that such dialogues can yield useful and relevant data for the investigation of our main hypothesis was provided by the fact that, in our corpus, the form *ponai* ‘it hurts’ is the most frequent lexical word and the most frequent verb after the delexical *ine* ‘is/are’, while the form *ponos* ‘pain’ is the most frequent noun.⁸

The material acquired and upon which the following discussion is based amounts to 47,464 words. It consists of 85 different naturally occurring dialogues recorded between January 2000 and March 2001, and involves 85 different patients and 8 medical professionals representing 5 hospitals and practices in Athens. All recordings were *visible* (Gibbon, Moore & Winski 1998), i.e. all participants were informed in advance that the session would be recorded and gave their consent. Clandestine recording was ruled out as unethical (Holmes 1996). Of course, the linguistic authenticity of non-surreptitiously recorded language is potentially subject to distortion, mainly due to the effect of two variables (McBurney 1994: 29), that of *good subject tendency*, where informants tend ‘to act according to what they think the [researcher] wants’, and that of *evaluation apprehension*, where informants tend to ‘alter their

behaviour in order to appear as socially desirable as possible'. In order to minimize the effects of these variables, a distracting technique was employed (cf. Edwards & Pearce 1994), i.e. health carers were instructed to explain to patients that the sessions were being taped solely for medical purposes. Moreover, the highly personal and emotional nature of the subject is believed to have increased the naturalness of the language produced even at the presence of the recording device (Gibbon, Moore & Winski 1998).

It should be noted that it has been impossible to amass a random sample of conversations according to a pre-established demographic design (Crowdy 1993), for a number of reasons. The first concerns the general unwillingness to cooperate on the part of medical personnel, which drastically reduced our chances of being selective in the area of informant recruitment; the second relates to the fact, that it was impossible for a participating health professional to select his/her patients according to demographic criteria, or for us to exercise control over the time or duration of his/her recordings. In order to achieve the highest possible degree of representativeness, care was taken to include as large a number of participants as possible, and thus avoid the skewing normally caused by low speaker variation (Biber 1993; Gibbon, Moore & Winski 1998). Recordings were transcribed orthographically, whilst no prosodic or other annotation was added.

4. Data analysis and discussion

In what follows, on the basis of our Greek corpus, and our native speaker intuitions, we will attempt to answer the questions as they are posed by Halliday (1998:11): 'What type of element is "pain"? Is it process, participant, or circumstance? Is it a quality of something? And, in terms of any of these elements, is it simple or complex? 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?'

Suppose I have a pain in my arm. Here are some of the typical wordings I can use to express my painful condition:

- (1) to xeri mu ponai
 the arm-NOM my hurt-PRES.3SG
 'my arm hurts/is hurting'

- (2) *ponao sto xeri*
hurt-PRES.1SG in-the arm-ACC
'I hurt/I'm hurting in the (my) arm'
- (3) *ponai (edo)*
hurt-PRES.3SG.IMPERS (here)
'it hurts/it's hurting (here)'
- (4) *to xeri mu me ponai*
the arm-NOM my me-ACC.CLIT.1SG hurt-PRES.3SG
'my arm is hurting me'
- (5) *mu ponai to xeri mu*
me-GEN.MALEFACT.CLIT.1SG hurt-PRES.3SG the arm-NOM my
'my arm is hurting (in) me'
- (6) *ponao (edo)*
hurt-PRES.1SG (here)
'I hurt/I'm hurting (here)'
- (7) *exo enan pono sto xeri*
have-PRES.1SG a pain-ACC in-the arm-ACC
'I've got a pain in the (my) arm'
- (8) *ime me pono sto xeri*
am-PRES.1SG with pain-ACC in-the arm-ACC
'I am with pain in the (my) arm'
- (9) *m' epiase ponos sto xeri*
me-ACC.CLIT.1SG catch-PAST.3SG pain-NOM in-the arm-ACC
'A pain got my arm'
- (10) *mu dini pono to xeri*
me-GEN.CLIT.1SG give-PRES.3SG pain-ACC the arm-ACC
'the (my) arm gives me pain'
- (11) *esθanome pono sto xeri*
feel-PRES.1SG pain-ACC in-the arm-ACC
'I feel pain in the (my) arm'
- (12) *to xeri mu ine ponemeno*
the arm-NOM my is-PRES.3SG sore-NOM
'my arm is sore'

If it were another part of the body there might also be a compound word, such as *ponolemos* 'sore throat', *ponodondos* 'toothache', *ponokefalos* 'headache', *stomaxoponos* 'stomach-ache', etc. This is not, by any means, an exhaustive list

of the possible lexicophraseological items and structural configurations of pain but it is suggestive enough of their variety and complexity.

The frequency counts derived from our data provide an indisputable answer to the questions addressed by Halliday (ibid.), namely, that in the configuration of everyday experience Greek construes pain primarily as process (worded as a verb), secondarily as participant (worded as a noun), and only marginally as quality (worded as an adjective):

Pain configurations	
Type	Frequency
Process (verb)	615
Participant (noun)	348
Quality (adjective)	19

We shall now focus on the Greek structural configurations of pain as process. With appropriate modifications for Greek, our working paradigm will be the one proposed by Halliday (1998: 16–17) according to the general theory of transitivity and the description of the English transitivity system presented in Halliday 1985/94, chap. 5 and Matthiessen 1995, chap. 4. For ease of presentation, both Halliday’s paradigm of English pain expressions and the corresponding Greek ones are to be found in the Appendix. Examples 12 to 14 represent additional Greek structures that were observed in our data. It is beyond the scope of the present paper to elaborate on the details of the type of process (b.i) and structural functions (b.ii) associated with every expression. It is worth noting that, due to the absence of a simple present — present continuous morphological distinction in Greek, the expression *to xeri mu ponai* corresponds to both ‘my arm hurts’ and ‘my arm is hurting’, *ponao* stands for ‘I hurt’ and ‘I’m hurting’, while the impersonal *ponai* realises both ‘it hurts’ and ‘it’s hurting’. This suggests that one must rely heavily on the context to interpret these Greek expressions, which are essentially ‘blends’ lending themselves to multiple functional analyses. In relation to pain, this formal conflation could be seen as obscuring the real-life distinction between chronic and acute pain. Note that in our subsequent computations it was considered more appropriate to treat them as blends. Moreover, all instances of subjectless structures were included under their corresponding subjectful ones. These amendments provide us with the following expressions, as they were observed in both patients’ and doctors’ data in descending order of frequency:

Verb configurations				
Pain expression	Type of structure	Pat %	Doc %	Total %
ponao (εδο) 'I hurt/I'm hurting here'	intransitive – personal	33.21	40.83	36.01
ponai (εδο) 'it hurts/it's hurting (here)'	intransitive – impersonal	29.45	27.81	28.85
to xeri mu (mu) ponai 'my arm hurts (in me)'	intransitive + body part	14.04	10.06	12.58
to xeri mu me ponai 'my arm hurts me'	transitive + body part	10.27	5.32	8.46
me ponai (εδο) 'it hurts me (here)'	transitive – impersonal	6.16	8.28	6.94
afto ponai 'that hurts'	intransitive – agentive (<i>afto</i> other than body part)	4.79	1.77	3.69
afto me ponai 'that hurts me'	transitive (<i>afto</i> other than body part)	2.05	5.92	3.47

It is revealing to examine the total of the observed forms on the basis of two dimensions, namely, their transitive/intransitive nature and their personal/impersonal character. Thus, our data demonstrate that, in the overwhelming majority (77.44%) of Greek expressions, pain is construed as an intransitive process, e.g., *ponao (εδο)*, *ponai (εδο)*, *to xeri mu ponai*, this very high frequency being almost equal in both patients' and doctors' data (76.71% and 78.70%). Moreover, pain constructions are also predominantly 'personal' (64.21%), e.g., *to xeri mu me ponai*, *afto ponai*, *ponas (εδο)*, the frequencies in patients' and doctors' subcorpora being again almost identical (64.38% and 63.90%, respectively). The consistently very high frequencies of the 'intransitive' and 'personal' values of these dimensions indisputably show that in Greek there is a clear tendency for pain to be primarily configured as an intransitive personal process. Of these two characteristics, it is the intransitive nature of pain expressions that is more prevalent. This dual character of pain configurations will be further analysed and interpreted in our subsequent discussion, in which we shall focus on the four most frequently occurring verb expressions in our corpus.

By far the most frequent form, amounting to over one third (36%) of the relevant data, is the intransitive personal *ponao* in the declarative mood and *ponas*, obviously in the interrogative in the doctors' data. The next most

frequently observed form is the intransitive impersonal *ponai*, representing almost one more third of the data, i.e. 28.85%. Both the personal *ponao/ponas* and the impersonal *ponai* are usually accompanied by some expression of bodily location, e.g., *pu ponas/eki ponai*? ‘where are you hurting’/‘is it hurting there?’, *ponao pandu/edo ponai*, ‘I am hurting everywhere’/‘it is hurting here’. In only one fifth (21.04%) of the pain expressions is the body part expressed, in the majority as the subject of an intransitive process, while in the minority as the subject of a transitive one.

Let us now look at each one of these four pain expressions separately and see what they reveal to us about how Greek construes pain. Our discussion is illustrated by representative examples drawn from the corpus.

- (13) *ponao* (*edo*)
hurt-PRES.1SG (here)
‘I hurt/I’m hurting (here)’

Dialogue A

D: *pos ton periyrafis ton pono: suvlia,*
how it-ACC describe-PRES.2SG the pain-ACC prickle
maxeria, ksifos? sarandapendari?
stab sword forty-five mm
‘How do you describe the pain, as a prickle, a stab, a sword, a forty-five mm?’

P: *oxtomisi mines ponao,*
eight-and-a-half months-ACC hurt-PRES.1SG
oxtomisi mines ponao.
eight-and-a-half months-ACC hurt-PRES.1SG
‘I’ve been hurting for eight and a half months.’

D: *orea, pos ton periyrafis afto ton*
right-ADV how it-ACC describe-PRES.2SG this the
pono?
pain-ACC
‘Right, how do you describe this pain?’

P: *periyrapse ton esi.*
describe-IMPERAT.2SG it-ACC you-NOM
‘You describe it.’

D: *eyo? eyo den ponao*
I-NOM I not hurt-PRES.1SG

- oxtomisi mines.
 eight-and-a-half months-ACC
 'Me? It's not me who's been hurting for eight and a half months.'
- P: oxtomisi mines eyo ponao.
 eight-and-a-half months-ACC I-NOM hurt-PRES.1SG
 'It's me who's been hurting for eight and a half months.'
- D: pos ton esθanese re pedi mu, san ti,
 how it-ACC feel-PRES.2SG man like what
 ti? dos' tu ena epiθeto.
 what give-IMPERAT.2SG it-GEN an adjective-ACC
 'How does it feel, man, like what, what? Give it a name.'
- P: ton siniθisa.
 it-ACC get-used-to-PAST.1SG
 'I've got used to it.'
- D: ena prozdiorizmo dos' tu.
 an attribute-ACC give-IMPERAT.2SG it-GEN
 'Characterise it.'
- P: ton siniθisa, su leo.
 it-ACC get-used-to-PAST.1SG you-GEN tell-PRES.1SG
 'I'm telling you, I've got used to it.'
- D: ara siniθis ipoptos ki aftos.
 therefore usual suspect-NOM and he-NOM
 'So it's a usual suspect then.'
- Dialogue B
- P: oxi siya siya mono yiati ponao.
 no gently gently only because hurt-PRES.1SG
 'No, gently, gently please, I'm hurting.'
- D: kalo ine afto, ine
 good-NOM be-PRES.3SG this-NOM be-PRES.3SG
 zondano re ama ponas.
 alive-NOM man if hurt-PRES.2SG
 'That's good, man, hurting means being alive.'

When *ponao* corresponds to 'I hurt (here)', it is interpreted as relational: attributive, with the Attribute conflated with the Process (cf. *simpasxo* (*ime simbonetikos*) 'I sympathize' ('I am compassionate')). Most importantly, it is the person rather than a body part which functions as the Carrier. In a possible secondary interpretation as a behavioural process, agnate to mental: emotive

clauses (cf. *anisixo* (*sti skepsi oti ...*) ‘I worry (at the thought that ...)’), the person would be assigned the Behavior function. When it corresponds to ‘I’m hurting’, *ponao* can be interpreted as a material: middle process — one of ‘doing’ but not ‘doing to (anyone or anything)’ as Halliday (1998: 19) remarks. Here the person is the Medium and clauses expressing other bodily processes, such as *emorayo* ‘I’m bleeding’, *psixorayo* ‘I’m dying’ are its closest agnates. Further secondary interpretations could be either existential: occurring, with the person as Setting (*kriono* ‘I’m feeling cold’), or behavioural, with the person as Behavior (*tremo* ‘I’m trembling’).⁹

An examination of the dialogues presented above illuminates the degree of involvement of the sufferer’s self in the painful experience as profiled through the statistically most frequent verb form, i.e. the intransitive personal *ponao*. More specifically, in dialogue A, when the doctor asks the patient¹⁰ to describe his pain, offering him clues for potential responses whereby pain is objectified (e.g., *suvlia* ‘prickle’, *maxeria* ‘stab’, *ksifos* ‘sword’, *sarandependari* ‘forty-five mm’), the patient does not avail himself of the hints provided but simply resorts to the verb *ponao*, repeating twice that he’s ‘been hurting for eight and a half months’. What is more, the sufferer’s inability to describe his condition becomes even more dramatic when he asks the medical expert to make a description instead of him, repeating *ponao* once more, this time preceded by the personal pronoun *ego* ‘I’ for emphasis, as if to declare his involvement and justify his incapacity. In fact, the only attempt on the patient’s part at portraying his experience is voiced in the form of a comment repeated twice, namely, *ton siniθisa* ‘I’ve got used to it’. Thus, his agonizing effort to verbalize his sensation concludes with a declaration clearly indicating that pain has become part of him, which is essentially what the verb *ponao* denotes. Consequently, it is suggested that the sufferer’s use of *ponao* functions as an expression rather than as a description of his distressful condition. Moreover, in dialogue B, the medical expert’s humorous reaction to the patient’s complaint that he is hurting, namely, *ine zondano re ama ponas* ‘man, hurting means being alive’, also indicates a holistic construal of the pain process.

- (14) *ponai* (εδο)
hurt-PRES.3SG.IMPERS (here)
‘it hurts/it is hurting (here)’

Dialogue C

D: *γία pes* mu, *lipon*, pos
just tell-IMPERAT.2SG me-GEN then how

itan aftes tis imeres? ponuses?
 be-PAST.3SG these the days-ACC hurt-PAST.2SG
 ‘Tell me then, what’s it been like these days? Have you been hurting?’

- P: apo tin imera pu irtha eðo,
 since the day-ACC that come-PAST.1SG here
 apo tin imera pu ekana tuta afta
 since the day-ACC that do-PAST.1SG those these-ACC
 ðen stamatisè kaθolu. nixta mera
 not stop-PAST.3SG at all night-ACC day-ACC
 ponai. molis sikonome,
 hurt-PRES.3SG.IMPERS as soon as get-up-PRES.1SG
 tak, ðeli ... kseris ti pono.
 clack want-PRES.3SG know-PRES.2SG what pain-ACC
 trela pono.
 madness pain-ACC
 ‘Since the day I came here, since the day I did all this, this, it hasn’t
 stopped one bit. It’s been hurting day and night. As soon as I get up,
 clack, it means to ..., you can’t imagine the pain. Mad pain.’

Dialogue D

- D: ÷ia pes mu, ti
 just tell-IMPERAT.2SG me-GEN what
 nioθis eðo?
 feel-PRES.2SG here
 ‘Just tell me, what are you feeling here?’
- P: ponai, ponai.
 hurt-PRES.3SG.IMPERS hurt-PRES.3SG.IMPERS
 ‘It’s hurting, it’s hurting.’
- D: kane mu mia periyrafi
 make-IMPERAT.2SG me-GEN a description-ACC
 tu ponu.
 the pain-GEN
 ‘Give me a description of the pain.’
- P: ponai! ponai!
 hurt-PRES.3SG.IMPERS hurt-PRES.3SG.IMPERS
 pio ... pio leptos ponos, iii ax!
 more more sharp pain-NOM ouch ah
 poli eki! [...] ponos, eki para poli.
 very there pain-NOM there very much

oksis ponos [...] travma ine,
 acute pain-NOM wound-NOM be-PRES.3SG
 sa n' akumbas s' ena
 like to-PARTCL touch-PRES.2SG on a
 travma, ponai ...
 wound-ACC hurt-PRES.3SG.IMPERS
 'It's hurting, it's hurting. A sharper pain, ouch, it's bad there, pain,
 it's very bad there. An acute pain. A wound, it's like touching a
 wound, it's hurting ...'

Dialogue E

D: ara eðo ðen exi pono. [...]
 therefore here not exist-PRES.3SG.IMPERS pain-ACC
 'So there's no pain here.'

P: sti yamba. liyo. ponai.
 in-the-ACC calf-ACC a bit hurt-PRES.3SG.IMPERS
 axa!
 ouch
 'In the calf. A bit. It's hurting. Ouch!'

D: eðo ponai i eðo?
 here hurt-PRES.3SG.IMPERS or here
 'Is it hurting here or here?'

P: ponai. mi! a! eki!
 hurt-PRES.3SG.IMPERS don't-PARTCL ah there
 'It's hurting! Don't! Ouch! There!'

D: a bravo!
 ah good
 'At last!'

P: yiatre tora i ponai apo
 doctor-VOCAT now either hurt-PRES.3SG.IMPERS from
 pono, i me sfingis poli kai
 pain-ACC or me-ACC squeeze-PRES.2SG a lot and
 ponai.
 hurt-PRES.3SG.IMPERS
 'Doctor, I wonder, is it hurting out of pain, or is it hurting because
 you're squeezing me so tight?'

Once more the Greek pattern corresponds to two English ones, that is 'it hurts (here)' and 'it's hurting (here)'. In both cases the third person singular functions

as an impersonal Setting and the pain is interpreted as an existential process of the ‘existing’ type in the former (cf. *ylitrai edo* ‘it’s slippery here’, *vromai edo* ‘it stinks here’, i.e. *iparxi kapia disosmia edo* ‘there is a stink here’) and of the ‘occurring’ type in the latter, something like a meteorological process (cf. *vrexí* ‘it’s raining’, *xionizi* ‘it’s snowing’, *fisai* ‘it’s windy’).¹¹

Examining dialogue D we observe that, in response to the doctor’s request for a description of his painful condition, the patient spontaneously reacts by repeating twice the second most frequently employed verb form, the intransitive impersonal *ponai*. That is, he appears to have difficulty in describing his experience explicitly and prefers to simply state the occurrence of the pain process. It is only when the health care professional urges him again to make a description that the sufferer responds with a characterization of his pain involving the noun *ponos* ‘pain’. Yet, he soon shifts back to the expression of his sensation by means of *ponai*, as if to summarize the verbalization of his pain in terms of a form functioning as an exclamation or a comment, an afterthought, whereby the construal of pain as process is intensely brought out. Furthermore, in dialogue E, we notice that *ponai* alternates with typical pain exclamations, such as *axa!* ‘ouch!’ and *a!* ‘ah!’, which provides an indication that this verb pattern approximates automatic, natural reactions like the primitive cry.

- (15) *to xeri mu ponai*
 the arm-NOM my hurt-PRES.3SG
 ‘my arm hurts/is hurting’

Dialogue F

D: *γία πite mu, lipon,*
 just tell-IMPERAT.2PL me-GEN then
ponai eki pu
 hurt-PRES.3SG.IMPERS there where/that
exete kani tin epemvasi,
 have-PRES.2PL do-PERF the operation-ACC
i mesi ke pu allu ...
 the waist-NOM and where else
 ‘Tell me then, does it hurt where you’ve had the operation, the waist,
 or where else ...?’

P: *i mesi.*
 the waist-NOM
 ‘The waist.’

- D: ke i kilia.
and the tummy-NOM
'And the tummy.'
- P: i kilia θa ponai.
the tummy-NOM will hurt-PRES.3SG
'The tummy aches.'
- D: pu? γia dikste mu.
where just show-IMPERAT.2PL me-GEN
'Where? Can you show me?'
- P: i kilia ponai γiati
the tummy-NOM hurt-PRES.3SG because
pino polla farmaka,
drink-PRES.1SG many-ACC drugs-ACC
pino, e, polla ...
drink-PRES.1SG er many-ACC
'The tummy aches because I take lots of drugs, I take, er, lots of ...'
- D: ne. prin parete ta farmaka
yes before take-PERF.2PL the drugs-ACC
ponayate?
hurt-PAST.2PL
'Right. Did you hurt before taking the drugs?'
- P: i kilia mu oxi.
the tummy-NOM my no
'Not my tummy.'
- D: i kilia oxi. i mesi sas
the tummy-NOM no the waist-NOM your
apo pote ponai?
since when hurt-PRES.3SG
prin apo to xiruryio?
before the surgery-ACC
'Not the tummy. Your waist has been hurting since when? Before the surgery?'
- Dialogue G
- D: mm, mm. afti ti stiymi
uhuh uhuh this the minute-ACC
pu ponas?
where hurt-PRES.2SG
'Uhuh. Uhuh. Where are you hurting right now?'

P: afti ti stiymi ponai i plati
 this the minute-ACC hurt-PRES.3SG the back-NOM
 mu, afto, alla afto pia
 my this-NOM but this-NOM any more
 exi yini enas ponos
 have-PRES.3SG become-PERF a pain-NOM
 toso monimos, yiati ton
 so constant-NOM because it
 exo pende xronia sinexia.
 have-PRES.1SG five years-ACC non-stop
 ‘Right now my back is hurting, this, but this has now become such a
 constant pain, as I’ve had it for five years non-stop.’

The expression *to xeri mu ponai* corresponds to ‘my arm hurts’ and ‘my arm’s hurting’. Unlike *ponao* and *ponai*, here it is the part of the body which is the active Subject. When it relates to ‘my arm hurts’, the body part is the Carrier functioning as a kind of Setting. Like *ponao*, it is construed as relational: attributive with the Process in conflation with the Attribute (cf. *i mustarða kei (ine kafteri)* ‘the mustard is hot’, *i alifi kolai (ine koloðis)* ‘the ointment is sticky’. When it corresponds to ‘my arm’s hurting’, it is interpreted as material: middle process with the body part as Actor/Medium (cf. *to xeri mu tremi* ‘my hand’s shaking’). In a secondary interpretation the Medium, that is the body part, acquires the function of Setting in a relational process of the existential: occurring type (cf. *to tavani stazi* ‘the roof’s leaking’).

- (16) *to xeri mu me ponai*
 the arm-NOM my me-ACC hurt-PRES.3SG
 ‘my arm’s hurting me’

Dialogue H

P: i plati mu sixna pikna me
 the back-NOM my very often me-ACC
 pona poli, ti ðiarkia tis imeras
 hurt-PRES.3SG much the course-ACC the day-GEN
 elafroni to prayma alla
 lighten-PRES.3SG the thing-NOM but
 bori na ksipniso
 may-PRES.3SG.IMPERS to-PARTCL wake-PERF.1SG
 me ðinato pono.
 with great pain-ACC

‘My back is very often hurting me badly, during the day it’s milder,
but I may wake up in great pain.’

D: to xeri su se ponai
the arm-NOM your you-ACC hurt-PRES.3SG
mexri pu?
up to where
‘Your arm is hurting you up to where?’

P: to xeri me ponai eðo poli.
the arm-NOM me-ACC hurt-PRES.3SG here badly
stin kliðosi.
in-the joint-ACC
‘The arm is hurting me badly here. In the joint.’

The expression *to xeri mu me ponai* is the equivalent of ‘my arm’s hurting me’. Of all collected expressions with considerable frequencies, this is the only one in which pain is construed as a mental: impacting process involving two participants, namely the body part and the person, the former acting upon/affecting the latter, its owner. Thus, the body part functions as Phenomenon/Agent, while the person is Senser (cf. *i zesti me pirazi* ‘the heat’s bothering me’). Despite its transitive structure, and the presence of a Subject functioning as Agent, this type of configuration cannot be passivized either in English or Greek, the personal pronoun having ‘more of a circumstantial function, somewhat like “at me” or “on me”’ (see Halliday 1998:20).

5. Conclusion

Let us summarize the types of ‘figure’ into which pain enters as a verb in these four most prevalent expressions. These are figures of ‘doing and happening’, ‘sensing’ or ‘being’.

The only clear case of the ‘doing’ kind is the transitive *to xeri mu me ponai*, where ‘doing’ merges with ‘sensing’ and involves a part of a person’s body causing pain to that person. On the other hand, in the intransitive patterns *ponao*, *ponai* and *to xeri mu ponai* which form the majority of our data, ‘happening’ merges with ‘being’. Moreover, when the intransitive verb expresses current infliction of pain, it takes on the further sense of ‘occurring’, whereas when it expresses a chronic state of pain, that is a state of being, it acquires the further sense of ‘existing’.

As for the locus of pain, in the impersonal *ponai*, it is presented as a non-specific, and abstract setting, while in *ponao* and *to xeri mu ponai* it is the person or the body part, respectively, which are seen as ‘the locus where [pain] is actualized’ (Halliday 1998:26). Let us point out here that despite its specificity and concreteness, the body part is, overall, only rarely construed as the locus of pain. Thus, it emerges from our data that, in Greek, pain is understood as residing in the sufferer’s self as a whole rather than in just some part of it. As Halliday (1998:4) argues, ‘Where I start from, what I feel to be the setting of this unpleasant experience, is not my head, it is me — my self, as a whole.’ That is, it is primarily the self which is configured as the setting of the painful condition. When the sufferer is not linguistically somehow realized, the next best setting for the pain to appear or reside is the abstract, virtual one expressed by the intransitive impersonal *ponai*.

Our data analysis lends support to the ‘primitive reaction — linguistic manifestation (expression and/or description)’ continuum proposed above. In this light, the intransitive verb *ponao* can be seen to profile pain as a holistic experience *par excellence*, thus essentially lying in the vicinity of, and marking the limit between, the primitive cry and the more distinctly descriptive verbal configurations. This interpretation is further corroborated by the frequent co-occurrence of the *ponao/ponai* patterns with pain exclamations in our corpus (see, for example, dialogue E). Ultimately, the statistical dominance of the verb patterns over the nominal and adjectival ones reinforces the view that the linguistic manifestation of pain functions primarily as an expression of this experience, also potentially functioning as a description (see Section 2).

Conclusively, the statistical prevalence of the intransitive *ponao* pattern can be attributed to the power, neatness and clarity with which it reflects the involvement of the self in the subjective, private experience of pain. On the other hand, the considerable frequency of impersonal *ponai* structures could be seen as reflecting a further aspect of pain, namely, the difficulty of explicitly describing it in terms of a tangible and concrete setting, due precisely to the involvement — and, why not, entrapment — of the sufferer’s self. As Aldrich & Eccleston (2000:1640) remark, ‘What is important about pain is not the pain but the challenge or threat to self.’

Finally, we shall agree with Halliday (1998:27) that, ‘common to all these diverse construals of pain [...] there remains the sufferer.’ Or, as Wittgenstein (1953/1999: 101) states, ‘pain-behaviour can point to a painful place — but the subject of pain is the person who gives it expression.’

Notes

* An earlier version of this paper, which is part of a larger project funded by the University of Athens (Special Research Account 70/4/5528), was presented at the 5th International Conference on Greek Linguistics, held at the University of Sorbonne, Paris, in September 2001. We would like to express our thanks to Athanassios Alexandridis, Spyros Moschonas, Irene Philippaki-Warburton, Mary Sifianou, and Dimitra Theophanopoulou-Kontou for all the stimulating and constructive discussions we had, as well as to Michalis Georgiafentis and Antigone Philippopoulou for their valuable editorial help. Special thanks are also due to the two anonymous reviewers for their very useful comments. We are greatly indebted to Palina Karakasidou, Georgia Petta (Department of Physiotherapy, Technological Education Institute of Athens — TEI), Stavros Stathopoulos (Physiotherapy Clinic, Evangelismos Hospital), Costas Levidiotis (Orthopedics Clinic, Evgenidio Hospital), Calliope Kastrinaki (Pain Clinic, Metaxa Cancer Hospital), Michel Amari, Katerina Harkiolaki, Yannis Paxinos (Pain Clinic, Patision General Prefectural Hospital), and Michalis Seferiadis (Physiotherapy Clinic, Patision General Prefectural Hospital) for participating in the project by generously supplying the recorded material. We would also like to express our sincere thanks to the students of the Faculty of English Studies (University of Athens) Spyridoula Dimopoulou, Dimitris Farmakis, Constantina Liontou, Eleni Mouzouraki, Efstathios Nikolopoulos, Ekaterini Pappa, Paschalia Patsala, Maria Pepe, Loukia Sigala, and Eleni Taratsa for transcribing the recordings. This work would not have been completed without the invaluable contribution of all the above.

1. Ashburn & Rice (1998); Borsook et al. (1998); Melzack (1975); Melzack & Torgerson (1971); Melzack & Wall (1988); Wall & Melzack (eds.) (1989).
2. Baszanger (1992); Del Vecchio Good et al. (1992); Jackson (1992), (1994); Kleinman (1988), (1996); Kugelman (1999); Morris (1991); Scarry (1985); Schweizer (1995).
3. Foucault (1991); Levinas (1988), (1991); Rey (1993/1998); Toombs (1993); Waddie (1996); Wittgenstein (1953/1999).
4. Edwards & Pearce (1994); Fabrega & Tyma (1976a), (1976b); Gaston-Johansson (1984); Janal (1995); Norvell, Gaston-Johansson & Zimmerman (1990); Papageorgiou & Badley (1989); Pinctus et al. (1996); Söderberg & Norberg (1995).
5. Although it is beyond the scope of the present paper to offer an exhaustive account of the definitions of pain provided by the various branches of medicine and the related disciplines, useful insights may be gained by touching upon two influential approaches to the issue, namely Freud's psychoanalytic and Damasio's neuroscience treatment of pain.

From a psychoanalytic perspective, pain is treated as a regular reaction that occurs 'whenever a stimulus which impinges on the periphery breaks through the devices of the protective shield against stimuli and proceeds to act like a continuous instinctual stimulus, against which muscular action, which is as a rule effective because it withdraws the place that is being stimulated from the stimulus, is powerless' (Freud 1926:331). Moreover, (physical) pain is understood as resulting in those cases where 'an external stimulus becomes internal, for example by eating into and destroying a bodily organ, so that a new source of constant excitation and increase of tension is formed.' The stimulus thereby functions as a pseudo-

instinct, whose aim is simply 'the cessation of the change in the organ and of the pain accompanying it' (Freud 1915a (1956):84–85). Furthermore, pain is related to *repression*, namely, the state that an impulse may pass into so as to become inoperative in order for pain to be avoided. Freud draws a significant distinction between the idea pertaining to the repressed instinct and another element representing the instinct, which also undergoes repression of, however, quite a different sort from that of the idea. The term *charge* (or *quota*) of *affect* refers to that part of the instinct which has become observable to perception as *affects*, i.e. it has become detached from the idea and finds expression in processes which are sensed as affects (see Freud 1915a (1956):91 and 1915b (1984):152).

Damasio (1999:71), who offers a neuroscience interpretation of the dual (sensory — emotional) character of pain, argues that pain does not qualify for emotion. Rather, pain is 'the consequence of a stimulus — impending or actual tissue damage — which causes the sensation of pain but also causes regulatory responses such as reflexes and may also induce emotions on its own.' That is, he does not identify the pain sensation with accompanying emotions, but suggests that both the sensation and the emotions can be caused by the same stimulus. He also notes that pain and associated emotions are related in terms of bi-directional causation, namely 'pain can induce emotions, and some emotions can induce a state of pain' (ibid.:55).

6. From a neuroscience perspective, however, the 'private' versus 'public' distinction is not defined in terms of verbal communication. According to Damasio (1999:36–37/42), emotions are outwardly directed and designate the collection of responses, many of which are publicly observable, whereas feelings (of emotions) are inwardly directed and represent the private, mental experience of an emotion. That is, 'you cannot observe a feeling in someone else although you can observe a feeling in yourself when, as a conscious being, you perceive your own emotional states. Likewise no one can observe your own feelings, but some aspects of the emotions that give rise to your feelings will be patently observable to others.' Thus, applying Damasio's account to pain, one can argue for the relative publicness of pain-induced emotional responses, such as changes in facial expression and posture, and the complete privacy of the engendered feelings. Moreover, as concerns the relation between emotional responses and consciousness (ibid.:71–79), Damasio claims that the latter is not needed for the former to take place (see also LeDoux 1998:54–72), since these are engaged automatically, producing, among others, changes in heart rate and control of blood circulation. In his own words (Damasio 1999:73), 'we do not learn to wince with pain, we just wince.'

Within the psychoanalytic perspective, the relation between pain and the unconscious is traceable through the relation of the unconscious, on the one hand, and affects or emotions, on the other, the latter corresponding 'to processes of discharge, the final manifestations of which are perceived as feelings' (Freud 1915c (1984):181). For Freud, 'it is surely of the essence of an emotion that we should be aware of it, i.e. that it should become known to consciousness. Thus the possibility of the attribute of unconsciousness would be completely excluded as far as emotions, feelings and affects are concerned' (ibid.:179). Yet, he argues, in psychoanalytic practice it is observed that repression can succeed 'not only in withholding things from consciousness, but also in preventing the development of affect and

the setting-off of muscular activity' (ibid.: 181). The term 'unconscious' affects is used for those affects whose development has been inhibited by repression.

7. The initial stimulus for using a corpus was provided by Halliday's (1998: 7) claim that 'for "pain" in the grammar of daily life one would need to use a corpus of spontaneous spoken language'.

8. See Sinclair (1994) and Hatzidaki (1999) for the use of such data-driven or *internal* criteria for the evaluation of corpus structure.

9. When it is relational: attributive, the Attribute (i.e. the quality/state of pain) is ascribed to the Carrier through the Process expressed by the verb and not through a nominal group as is the typical case. Here there is a conflation of Attribute and Process. The other case is seen as a middle process because there is only one participant, the Medium (ergative function) which is also the Actor (transitive function).

10. In order to preserve the anonymity of the patients and medical experts participating in the recorded dialogues, 'he' is used as a cover term to refer to both male and female subjects.

11. We represent Meteorological processes such as 'it's raining' as having no Medium; but it would be more accurate to say that here the Medium is conflated with the Process. Such an analysis could also stand for the corresponding pain expressions of the 'it's hurting' *ponai* type.

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Appendix: Pain as process. Halliday’s paradigm of English ‘pain’ expressions adapted for M. Greek

	(a) ‘Pain’ expression	Freq	%	(b.i) Type of process	(b.ii) Structural functions	(c) Agnate expression
1	Gr to xeri mu ponai the arm-NOM my hurt-PRES.3SG ‘my arm hurts’ En my arm hurts / aches	13	2.79	relational: attributive	body part = Carrier; Attribute / Process	i mustarda the mustard-NOM kei burn-PRES.3SG (ine kafteri) (is-PRES.3SG hot-NOM) ‘the mustard is hot’ the paint sticks (‘is sticky’)
2	Gr to xeri mu the arm-NOM my ponai (tora) hurt-PRES.3SG (now) ‘my arm’s hurting (now)’ En my arm’s hurting / aching	16	3.44	material: middle [existential: occurring]	body part = Medium [body part = Setting]	ta xeria the hand-PL.NOM mu tremun my shake-PRES.3PL ‘my hands are shaking’ [to tavani stazi] the roof-NOM leak-PRES.3SG ‘the roof’s leaking’ my nose is bleeding [the roof’s leaking]
(1+2)a	(to xeri mu) ponai	25	5.37			(ta podia mu) (the feet-NOM my)
(1+2)b	(to xeri mu) (the arm-NOM my) mu ponai me-GEN hurt-PRES.3SG ‘(my arm) it hurts / is hurting (in) me’	4	0.86			mu mudiazun me-GEN numb-PRES.3PL ‘(my feet) they get / are getting numb’

	(a) 'Pain' expression	Freq	%	(b.i) Type of process	(b.ii) Structural functions	(c) Agnate expression
3	Gr ponao (eðo) hurt-PRES.1SG (here) 'I hurt (here)' En I hurt / ache (here)	40	8.60	relational : attributive [behavioural]	person = Carrier; Attribute / Process [person = Behaver]	simpasxo sympathize-PRES.1SG 'I sympathize' [anixoxo] worry-PRES.1SG 'I worry' I sympathize [I grieve, I worry]
4	Gr ponao (eðo) (tora) hurt-PRES.1SG (here) (now) 'I'm hurting (here) (now)' En I'm hurting / aching (here)	57	12.26	material : middle [existential : occurring] [behavioural]	person = Medium [person = Setting] [person = Behaver]	emorayo bleed-PRES.1SG 'I'm bleeding' [kriono] feel-PRES.1SG cold 'I'm feeling cold' [tremo] tremble/shake-PRES.1SG 'I'm trembling/shaking' I'm bleeding [I'm peeling, I'm trembling]
(3+4)a	ponas / ponate (eðo)? hurt-PRES.2SG/PL (here) 'do you hurt / are you hurting (here)?'	69	14.84			

	(a) 'Pain' expression	Freq	%	(b.i) Type of process	(b.ii) Structural functions	(c) Agnate expression
5	Gr En	ponai hurt-PRES.3SG.IMPERS (here) 'it hurts (here)' it hurts / aches (here)	29 6.24	existential : existing	impersonal Setting	ylistrai slip-PRES.3SG.IMPERS (here) 'it is slippery (here)' it echoes
6	Gr En	ponai hurt-PRES.3SG.IMPERS (here) (tora) (now) 'it's hurting (here) (now)' it's hurting / aching (here)	104 22.36	existential : occurring	impersonal Setting	vrexí rain-PRES.3SG.IMPERS 'it's raining' xionízi snow-PRES.3SG.IMPERS 'it's snowing' it's raining
7	Gr	to xerí the arm-NOM my me me-ACC.CLIT..1SG ponai hurt-PRES.3SG 'my arm's hurting me' my arm's hurting me	17 3.65	mental : impacting	body part = Phenomenon / Agent; person = Sensor	i zesti the heat-NOM me pirazi bother-PRES.3SG 'the heat's bothering me' the heat's bothering me
7a		(to xerí mu) me ponai	22 4.73			

	(a) 'Pain' expression		Freq	%	(b.i) Type of process	(b.ii) Structural functions	(c) Agnate expression
8	Gr	me ponas me-ACC hurt-PRES.2SG 'you're hurting me' En you're hurting me	4	0.86	material : effective	person = Goal; other (person/object) = Actor	me patas me tread-PRES.2SG 'you're treading on me (my toes)' you're pushing me
9	Gr	xtipisa to hurt-PAST.1SG the xeri mu arm-ACC my 'I've hurt my arm' En I've hurt my arm	0	0.0	material : effective	person = Actor; body part = Goal	eskisa to tear-PAST.1SG the pandemoni mu pants-ACC my 'I've torn my pants' I've broken my glasses
10	Gr	xtipisa hurt-PAST.1SG (sto xeri mu) (in-the arm-ACC my) 'I've hurt myself (on the arm)' En I've hurt myself (on the arm)	0	0.0	material : effective / reflexive	person = Actor; body part = Location	kopika cut-PAST.PASS.1SG 'I've cut myself' kaika burn-PAST.PASS.1SG 'I've burnt myself' I've ruined myself
11	Gr	afto ponai that-NOM hurt-PRES.3SG 'that hurts' En that hurts	14	3.01	relational : attributive / agentive	Attribute / Process; other (object/process) = Agent	afto leroni that-NOM dirty-PRES.3SG 'that dirties' that dirties ('causes things to be dirty')
11a		(afto) ponai	3	0.64			

Additional M. Greek cases

	(a) 'Pain' expressions	Freq	%	(b.i) Type of process	(b.ii) Structural functions	(c) Agnate expression
12	afto me that-NOM me ponai hurt-PRES.3SG 'that's hurting me'	13	2.79	material : effective	person = Goal; other (object/process) = Actor	afto me that-NOM me tsinbai prick-PRES.3SG 'that's pricking me' afto me that-NOM me yaryɔ lai tickle-PRES.3SG 'that's tickling me'
12a	(afto) me ponai	3	0.64			
13	me ponai me hurt-PRES.3SG.IMPERS (eɔo) (here) 'it hurts me (here)'	7	1.50	mental : effective	person = Senser other = impersonal Phenomenon	me tsuzi me sting-PRES.3SG.IMPERS (eɔo) (here) 'it stings me (here)'
14	me ponai me hurt-PRES.3SG.IMPERS (eɔo) (tora) (here) (now) 'it's hurting me (here) (now)'	25	5.37	mental : impacting		me troi me itch-PRES.3SG.IMPERS (eɔo) (tora) (here) (now) 'it's itching me (here) (now)'
Total		465	100.00			

Περίληψη

Το παρόν άρθρο παρουσιάζει τα αποτελέσματα πιλοτικής μελέτης της γλωσσικής έκφρασης του πόνου στη Νέα Ελληνική και αποτελεί μέρος μιας έρευνας ευρείας κλίμακας, η οποία βρίσκεται σε εξέλιξη και στηρίζεται σε προφορικό σώμα κειμένων. Με βάση μια πρώτη ταξινόμηση λεξικοφραστικών τύπων και συντακτικών δομών μέσα από αυθεντικούς διαλόγους μεταξύ ασθενών και θεραπειών, καταδεικνύεται ότι στην Ελληνική ο πόνος διατυπώνεται κατά κύριο λόγο ως διαδικασία, κατά δεύτερο λόγο ως συμμετέχουσα οντότητα και μόνο περιθωριακά ως ιδιότητα. Στο πλαίσιο της λειτουργικής προσέγγισης του Halliday (1985/1994) και εξετάζοντας το συντακτικό χαρακτηριστικό της μεταβατικότητας, η ανάλυση εστιάζεται στις πραγματώσεις του ρήματος πονάω. Τα αποτελέσματα της επεξεργασίας του υλικού αυτής της έρευνας μας επιτρέπουν να υποστηρίξουμε την άποψη ότι στην Ελληνική υπάρχει σαφής τάση να διατυπώνεται ο πόνος πρωτίστως ως αμετάβατη προσωπική διαδικασία, ενώ το εκάστοτε πάσχον σημείο του σώματος μόνο σπανίως εκφράζεται ως έδρα του πόνου. Αυτή η τάση αποκαλύπτει ότι ο πόνος γίνεται αντιληπτός σαν να εδρεύει στον ασθενή ως συνολική και καθολική οντότητα μάλλον παρά μεμονωμένα σε κάποιο μέρος του σώματός του.