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Title: The place(s) of pain and its linguistic descriptions - the morphology and lexico-semantics of English pain descriptors : a cognitive linguistic perspective

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Citation style: Palka Adam. (2021). The place(s) of pain and its linguistic descriptions - the morphology and lexico-semantics of English pain descriptors : a cognitive linguistic perspective. W: P. Biały, M. Kuczok, M. Zabawa (eds.), „Various Dimensions of Place in Language Studies”. (S. 43-81). Katowice : Wydawnictwo Uniwersytetu Śląskiego.
DOI: 10.31261/PN.4040



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Chapter 3

The place(s) of pain in its linguistic descriptions— the morphology and lexico-semantics of English pain descriptors: A cognitive linguistic perspective

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This paper aims at identifying the place of pain in language by analysing, in most part, adjectival pain descriptors (in terms of their morphology and lexico-semantics), especially the ones present in the English (original) version of the McGill Pain Questionnaire (Melzack & Torgerson 1971, Melzack 1975), mainly through the cognitive linguistic prisms. This self-report questionnaire (given by doctors to their patients so that the latter can describe their pain in terms of various qualities and intensity) has for years been successfully employed in clinical settings, but its diagnostic potency may be to some extent compromised by the interplay of both linguistic and extra-linguistic factors. Thus, in order to check how potent these MPQ descriptors are (and whether they are still potent), the present analysis is enriched with the discussion of these adjectival pain collocations not only in the context of the MPQ, but also in other 'localizations', be it an alternative pain questionnaire, and fragments of academic articles and books addressing certain types/qualities of pain. Adopting such an approach provides the chance to glimpse the pain descriptors in question in the broader context, that is, how pain is 'located' in the academic discourse of pain experts and clinicians, but also, and perhaps even more importantly, how 'lay' pain sufferers 'position' their pain(s). The analysis carried out and the conclusions drawn reveal an interesting 'place'—a point of convergence, an intersection of pain (as a multi-layered construct) and metaphor-infused language. My conviction, then, is that pain is placed in and predominantly expressed via metaphoric language at various (less and more subtle) levels, and also that pain metaphor is not only a research object, but may additionally prove an efficient (diagnostic) research tool.

Key words: place of pain, morphology, lexico-semantics, cognitive linguistics, metaphor, pain descriptors

3.1 Introduction

The need to deal with pain perceived as the notion standing in its own right is obvious to most people. The reasons for being concerned with this multi-faceted phenomenon are diverse, but it is mostly patients and medical experts who seek ways of revealing where and how pain is situated. By this I mean that pain is not merely localized in sufferers' bodies, but, additionally, that attempts are made to diagnose, control, alleviate, and finally eliminate it. However, those who decide to 'locate' physical pain infrequently experience some other 'pain', namely that of frustration and disappointment, right from the very beginning. Still, they strive to 'get closer to where it is', in medical, ontological, and epistemological terms, which inevitably presupposes harnessing the potential of language. One of the attempts at pinpointing pain's position by employing linguistic terms was the McGill Pain Questionnaire (henceforth referred to as the MPQ), developed by Melzack and Torgerson at McGill University in Montreal (Canada), a questionnaire that has since been translated into several languages (Melzack & Torgerson 1971, Melzack 1975). Even Elaine Scarry (defending the view of pain's inexpressibility) appreciates their efforts to take control of pain language when she writes that "through the mediating structures of the diagnostic [McGill Pain Questionnaire], *language* ... has begun to become capable of providing an *external* image of *interior* events" (1985: 8; italics mine). Consisting of 78 pain descriptors, the MPQ (described in more detail in Section 3.2.2 of this paper) lends itself to a (cognitive) linguistic analysis, primarily at the morpho-semantic level, which in turn leads to other levels of description and examination (specified in Section 3.2).

The main aim of the present study is, then, to take a closer look at MPQ pain descriptors by applying the morphological framework. In turn, such a framework serves as a springboard from which to depart to further investigations revealing pragma-semantic, ontological, conceptual, or even socio-cultural nuances and multilayeredness of the descriptive adjectives in question. The subsequently analysed adjectival morphological configurations collocating with the English noun 'pain' and employed by specific language users—patients and medical experts—become contextualized and conceptually framed in numerous ways. Consequently, such contextualizations and framings allow us insight into how pain is localized in language, and specifically in the case of this paper, how pain is 'anchored' and conceptualized in English.

3.2 Methodological considerations

The methodology adopted for the purposes of the present research indicates that its focus is morphological complexity of the (MPQ) pain adjectives, and I discuss it in two sub-sections.

In Section 3.2.1 I delineate more general methodological foundations, making recourse to Šipka (2015), who, to my way of thinking, structures very effective methodology for researching cross-linguistic lexical differences. I assert that the stance I adopt in the present study is contrastive, though not cross-linguistic *per se*. I wish to draw the reader's attention to the fact that similar factors and mechanisms may apply to both inter-lingual and intra-lingual, 'intra-contrastive' analyses, which I undertake here. I imply, then, that just like across languages we deal with various experiences and cultures, by analogy we can also discern different experiential, social, and cultural 'mini-realities' within one language community (in this case a broadly understood 'pain community'), which in fact is not homogeneous, also in terms of discourses its members employ (cf. Šipka 2015: 4 in Section 3.2.1 and point 3 therein).

In Section 3.2.2 I focus on specific methodological tools employed for dissecting adjectival pain descriptors, which operate within lexico-derivational analyses, the cognitive linguistic filter being 'switched on'.

3.2.1 Eclectic methodological underpinnings—the main tenets

The subsequent analysis of English 'adjectival descriptor + pain' collocations will employ a number of morphological stances. In the case of English, it appears reasonable to resort to a generally well-acknowledged morpho-lexical classification of adjectives in English (which takes into account various adjectival suffixes; Plag 2003), and to the ontology-based approach to adjectival semantics and lexicology (Raskin & Nirenburg 1996). On the basis of the above preliminary comments concerning the research tools to be harnessed, one can make predictions as to the characteristics of the ensuing analysis. Apparently, a quite numerous group of 78 English descriptors simultaneously emerges as most homogeneous (in terms of morphology), an observation suggesting that analytically it should not constitute a real challenge. As a counterbalance, one may, for instance, juxtapose the English 'pain words' with a substantially dwindled group of 63 Dutch pain adjectives, appearing to be more heterogeneous morphologically than the former (due to prefixation and/or suffixation), and thus requiring a more detailed analysis in this respect, since inflectional and derivational processes are conflated in complex ways to the effect of producing fine-grained meanings/concepts. Even though methodology in order to be potentially structured to tackle metaphor-oriented analyses of Dutch MPQ adjectives may be more complex as compared with the one needed for dealing with English pain descriptors (cf. Vanderiet et al. 1987), the morpho-lexico-semantic analysis of the descriptors presented in this article emerges as equally challenging and multi-faceted.

Additionally, embarking on the morpho-lexico-semantic analyses of pain descriptors (as delineated above), I simultaneously adopt a methodological

perspective which is in line with the broadly construed cognitive linguistic paradigm. Such an approach implies a few more finely specified propositions and (hypo)theses, the former being mostly based on views of distinguished linguists of cognitive and cross-cultural persuasion, while the latter being their reflection, with a view to my empirical considerations concerning (MPQ) pain descriptors. Thus, I selectively draw from the methodological framework created (for his own purposes) by Šipka (2015) in terms of the following premises:

1. “The conventional meaning of a lexical item must be equated with the entire network, not with any single node” (Langacker 1991: 3 in Šipka 2015: 3). As I believe, this Langackerian understanding of a lexical item’s meaning should not necessarily be limited only to synchronic considerations (or networks), but can additionally be extended by diachronic deliberations. This is, in turn, a research framework espoused by Dixon (2014), who adheres to the diachronic-synchronic method in his morphological analysis of English. He argues that

our understanding of the use of a particular affix with a particular stem cannot be reduced to a single factor; it is rather an interaction of several factors that are at play. Therefore, the account of synchronic phenomena has ... very strong support from diachronic data, which facilitate the understanding of various ostensible (from the synchronic point of view) idiosyncrasies (in Štekauer 2015: 491).

The occasional conflation of historical and contemporary perspectives proves useful while dealing with some problematic cases among pain descriptors in English (and, as I believe, in other analysed language versions)—sometimes it is thus advisable and revealing to make recourse to etymological findings when certain lexical units are apparent monoliths (free morphemes) in terms of synchronic morphology, and it is therefore hard to speak, from the contemporary perspective, of some ‘metaphor-engendering’ root-affix combination (as may be anticipated in the case of certain English qualitative deverbal and relational denominal adjectives composed of both an inflectional *-ing* suffix and some other derivational suffixes; see Plag 2003: 94–97).

2. “The role of metaphor in language, as presented by Steen (2007), Kövecses (2005), and Lakoff and Johnson (1999), as well as earlier by Lakoff and Johnson (1980)” (Šipka 2015: 4). My preliminary premise at this point is that the pain descriptors under scrutiny will not only represent various morphological types, but also—and more importantly—that at the interface of diverse morpho-lexico-semantic groups and metaphorical conceptualizations (see also de Louw and Palka 2016) there will be revealed and depicted even more subtle, detailed, and richer conceptual ‘landscapes’ of pain (irrespective of the language version under scrutiny). To put it more concretely, it may be so that further semantic

and cognitive specification will be possible when one plunges into an orchestrated analysis of adjectival roots (with special emphasis on metaphorizations residing in them) and the affixes attached to them (mainly with special reference to the agentivity/passivity binarism, or rather a continuum, and some other morpho-semantic criteria that may come to the fore).

3. “[I]n natural language meaning consists in human interpretation of the world. It is subjective, it is anthropocentric, it reflects predominant cultural concerns and culture-specific modes of social interaction as much as any objective features of the world ‘as such’” (Wierzbicka 1988: 2, reiterated by Wierzbicka 1992, and previously elaborated by Whorf: see Carroll 1956)” (Šipka 2015: 4). The above cognitively appealing idea of language being interpretative and interactive, as well as steeped in anthropocentrism and cultural specificity, should be, in my view, highlighted while considering certain words qualifying the phenomenon of pain in different languages and hence in different societies and cultures. Some of these issues have already been hinted at (see de Louw and Palka 2016), but I believe it is worthwhile to pick up the thread again and view it from the angle of morpho-lexical semantics of whichever pain descriptors are considered (the English ones being the object of this study).

The importance of coupling contrastive linguistics with the afore-mentioned approaches is succinctly summarized by Šipka: “The manners in which divergence manifests itself can be based on different experiential and social realities, on different functioning and networking, and on different metaphorical extensions—all of which are central in systemic functional, cognitive, and cross-cultural linguistics” (Šipka 2015: 4). The notions of various experiences submerged in different socio-cultural realities and structured by diverse metaphorizations (ostensibly stemming from these experiences) are pertinent to the present ‘intra-contrastive’ study of English pain adjectival descriptors, but, arguably, they also apply to descriptors in other languages.

3.2.2 Morpho-lexico-semantics of English pain descriptors—further methodological specifications

The expression which forms part of the title of the present section implies that certain areas of linguistic investigation will be viewed not only as interlocking but also as segueing into one another; additionally, the above wording reflects a specific CL-based conviction that lexicological and morphological gleanings ‘work’ in tandem to highlight semantic structure of linguistic components. Thus, in line with a cognitive linguistic approach, every adjectival pain collocation is treated holistically, as a linguistic unit which “is a symbolic entity that is not built compositionally by the language system but is stored and accessed

as a whole” (Evans 2007: 20–21). In this respect, I also follow one of the crucial tenets of cognitive linguistics, namely “that ‘lexical’ and ‘grammatical’ units are both inherently meaningful ... [and] lexical items and grammatical elements are conceived as forming a continuum” (Ibid.: 127). On this continuum, morphological elements may in fact be positioned between the lexical and the grammatical (syntactic) ones. As Dirven and Verspoor observe,

[w]e can see gradually differing types of conceptualizations at the two ends of the continuum: Highly individualized ones at the lexicon end and fairly abstract ones at the grammar (or syntax) end. At the same time we see that there is a gradual move from the individualized concept via the specialized concept in a compound and the generalized or abstract element in a derivation, to the highly abstract type of concept found in syntax. But in spite of these differences, all morphemes are basically of the same nature since all concepts are by nature abstractions of human perceptions and experiences. Although there are degrees in the level of abstraction, they form a continuum (2004: 70).

Exploring the nature of adjectival pain collocations present in the English MPQ version appears to be restricted to the interface of morphological and lexical levels, since the purely syntactic (sentence-level) is irrelevant in this context. There will, however, be made occasional syntactic remarks (e.g. while discussing syntactic orientations of English adjectives; cf. Dixon 2014: 282–283 and Section 3.4 herein). Either way, it is my belief that even the ‘mere’ combination of lexical and morphological (in this case, derivational) analyses will yield promising conclusions regarding pain semantics in English.

A very useful tool for the synchronic morphological analysis proves to be the (on-line) NLP Free English Morphological Parsing Service (<http://nlpdotnet.com/services/Morphparser.aspx>), where only present-day free roots are considered (together with contemporary affixes). Such an approach corresponds with mine, and as such may be treated as strengthening the rationale behind the choice of relying on synchronic investigations.

As mentioned earlier, to make the semantic profile of the analysed adjectives even more fine-tuned, I shall frequently refer to Raskin and Nirenburg’s assumption that “the crucial taxonomic criterion for each adjective is its anchoring in the underlying ontology. Whether such an anchor is a *property*, *object*, or *process* concept defines the adjective as truly *scalar*, relative (*denominal*), or *deverbal*, respectively” (1996: 90; italics mine). They also add that “[t]he function of the ontology is to supply “world knowledge to lexical, syntactic, and semantic processes”” (Mahesh & Nirenburg 1995: 1 in Raskin & Nirenburg 1996: 91).

In the case of the adjectives derived from verbs (deverbal adjectives), which prevail in the present study, it will be worthwhile to combine their syntactic

orientation (based on the verb's core arguments¹) with their ontology, as construed by Raskin and Nirenburg, who argue that “[t]o derive the semantics zone of an adjectival entry from that of the corresponding verbal entry, one must first identify the case, or thematic role (such as agent, theme, beneficiary, etc.) filled by the noun modified by the adjective in question” (1996: 96).² The confluence of these perspectives dovetails with my idea of considering the adjectival pain descriptors holistically, together with the pain lexeme they go with (in this case, the English lexeme *pain*).

The groupings of the adjectival pain descriptors in the McGill Pain Questionnaire (MPQ) additionally reveal semantic-cognitive nuances behind them. MPQ comprises twenty sets of verbal descriptors and measures the sensory, affective, evaluative, and cognitive/miscellaneous components of pain. In addition, these pain-quality descriptors further depict pain characteristics (within the three afore-mentioned dimensions of pain) by means of specific properties:

- (1) sensory qualities (word groups 1–10, 17–19) are described in terms of temporal, spatial, pressure, thermal, and other properties;
- (2) affective qualities (word groups 11–15, 20) are described in terms of tension, fear, and autonomic properties; and
- (3) cognitive qualities or evaluative words (word groups 16, 20) describe the overall appraisal of the pain.

(cf. Katz & Melzack 1999)

As already spelled out, I do not lose sight of diachrony, and so I argue that in order to shed some more light on morpho-semantic subtleties, it is vital in some cases to resort to etymological/diachronic explorations—firstly, when a pain descriptor is explicitly synchronically monomorphemic (e.g. *hot*, *sharp*), and secondly, when it misleadingly appears to be a combination of a bound root and a suffix, but in reality it is again monomorphemic (e.g. *heavy*, *vicious*). Finally,

¹ “A transitive verb has two core arguments—A (transitive subject) and O (transitive object)—while an intransitive verb has a single core argument, S (intransitive subject). An adjective derived from a verb generally relates to one of the verb's core arguments. ... Some verbs derive adjectives with all three orientations. Others are restricted to just A and S, or just S and O, or just O, or just S” (Dixon 2014: 278-279).

² In their research, Raskin and Nirenburg apply the so-called deverbal adjective lexical rules, stating that “[t]he LR [lexical rule] exists in at least these 6 forms, corresponding to the event or its semantic cases/thematic roles:

- event-itself (E), e.g., *abusive* in *abusive behavior*;
- agent-of-event (A), e.g.,... *abusive* *husband*;
- beneficiary-of-event (B), e.g., *free* in *free bird*;
- theme-of-event (T), e.g., *automatic* in *automatic elevator*;
- instrument-of-event (I), e.g., *poisonous* in *poisonous food*;
- location-of-event (L), e.g., *international* in *international company*” (1996: 98; italics original).

I also encounter easily recognizable contemporary polymorphemic (bimorphemic) adjectival pain descriptors (e.g. *fearful*, *miserable*), and it may seem that it is sufficient to adhere solely to a synchronic discussion; however, in practice it turns out that it is worthwhile to plunge into diachronic considerations to further dissect them semantically. Whenever I think it fit and doable, I also enrich these considerations by falling back on other (medical) sources. In short, in the ensuing study, synchronic/contemporary and diachronic/etymological researches complement and interpenetrate each other to varying degrees .

All things put together, the methodological core of the subsequent investigations is thus the weaving and cross-penetration of **adjectives' semantic-cognitive types** as they emerge from the MPQ (3 qualitative groups with further 20 subgroups, each of them given a name based on a specific property; Katz & Melzack 1999), **adjectives' syntactic orientation** (Dixon 2014), their **ontology** (Raskin & Nirenburg 1996, 1998), and of **semantic types of adjective-deriving suffixes** (Dixon 2014: 280–281).

All of these aspects are synchronically oriented, but some of them will also cut across a diachronic plane.

3.3 The analysis of English adjectival (MPQ) descriptors

The ensuing analysis of English pain descriptors is divided into eight sections, a division determined by the morpho-syntactic group these pain adjectives belong to. Each of the groups is analysed against a broader background—be it derivational, ontological, cultural, pragmatic, or any other that proves useful and helps to shed new light on the features and the functioning of these pain words.

I set off with the adjectives that are most plentiful in the MPQ, and then proceed to characterizing less numerous categories.

3.3.1 Deverbal *-ing* adjectives

Deverbal *-ing* adjectives can be seen in the majority of MPQ groups since they represent the most numerous morphological type there. Thus, they feature in the sensory, affective, and cognitive/evaluative groups and describe a wide array of pain properties. This, however, means that these pain descriptors encompass too many cognitive-semantic types (qualities and properties) to make legitimate generalizations on their 'pain-ful' morpho-lexico-semantics. Such an apparent inadequacy compels us to resort to other already-articulated criteria, namely syntactic, semantic, and ontological, or rather a mixture thereof.

The popularity of deverbal *-ing* adjectives in the MPQ is not coincidental since “[d]everbal adjectives turn out to be the largest single sub-class in the

adjective lexical category...[and] in the *underlying ontology*, deverbal adjectives are based on *process concepts*" (Raskin & Nirenburg 1998: 89; italics mine). As will be seen below, characterizing the ontology of deverbal *-ing* adjectives as processual appears to be justified and valid.

To a linguistically savvy person, it is more than obvious that the primary function of the *-ing* suffix is to make one of the inflected forms of English verbs, but not less importantly these forms are also employed to create independent adjectives. These adjectives are indeed derived from verbs, but, as Carstairs-McCarthy suggests "[s]ome of the processes that derive adjectives from verbs straddle the divide between derivation and inflection" (2002: 53). Plag, in turn, quite explicitly classifies the *-ing* as "[the] verbal inflectional suffix primarily [forming] present participles, which can in general also be used as adjectives in attributive positions" (2002: 121). He also speaks of the oft-unclear grammatical status of a verb suffixed by *-ing* in the predicative position. He illustrates the point as follows:

In *the changing weather* the *-ing* form can be analyzed as an adjective, but in *the weather is changing* we should classify it as a verb (in particular as a progressive form). In *the film was boring*, however, we would probably want to argue that *boring* is an adjective, because the relation to the event denoted by the verb is much less prominent than in the case of *changing* (Ibid.; italics original).

It may be true to claim that the MPQ adjectival descriptors will be basically the same semantically when used in attributive and predicative positions; however, when we view the ostensibly predicative patterns (e.g. 'pain is flickering', 'pain is exhausting'), what seems to be 'switching on' is the verbal interpretation (analogously to Plag's *the weather is changing*), equally possible and plausible within the cognitive frame of PAIN. In my view, such a verbal construal endows the PAIN concept with, or rather reveals its **immediacy** (pain is 'happening' and 'acting' now), its profound and **long-term emotional impact** (pain's agentivity is expanded in time), and its otherwise **implicit transitivity** (pain is doing something to *someone*; as in 'pain is cutting *someone*', 'pain is splitting *someone's head*', or 'pain is sickening/suffocating/terrifying/punishing/torturing *someone*', to give a few examples). Moreover, the combination of pain's immediacy and agentivity also holds for the explicitly intransitive contexts, like 'pain is flickering/pulsing/jumping/spreading/radiating', since the encyclopedic knowledge³ and the PAIN frame activate some phenomenological/experiential complementation

³ "[E]ncyclopaedic knowledge is structured: the knowledge structures that words provide access to represent an organized inventory of knowledge ... [and] encyclopaedic meaning arises in context(s) of use, so that the 'selection' of encyclopaedic meaning is informed by contextual factors" (Evans 2007: 72–73; bold original).

of the type ‘pain is acting in a specific manner [intransitive verb] *in someone’s (body part)*’. Both the more obvious ‘default’ attributive interpretations and the less obvious yet possible types of verbal interpretations for the *-ing* forms in the MPQ are presented in detail in Table 3.1.

Table 3.1 Attributive and verbal construals of MPQ *-ing* pain descriptors

No	MPQ <i>-ing</i> adjective	Attributive construal: '-ing adjective_pain'	Verbal construal: 'pain is_ -ing'
1	2	3	4
1	flickering	temporal	... in a sufferer('s body part)
2	quivering	temporal	... in a sufferer('s body part)
3	pulsing	temporal	... in a sufferer('s body part)
4	throbbing	temporal	... in a sufferer('s body part)
5	beating	temporal	... (in) a sufferer('s body part)
6	pounding	temporal	... (in) a sufferer('s body part)
7	jumping	spatial	... in a sufferer('s body part)
8	flashing	spatial	... in a sufferer('s body part)
9	shooting	spatial	... (in) a sufferer('s body part)
10	pricking	punctate pressure	... (in) a sufferer('s body part)
11	boring	punctate pressure	... (in) a sufferer('s body part)
12	drilling	punctate pressure	... (in) a sufferer('s body part)
13	stabbing	punctate pressure	... (in) a sufferer('s body part)
14	lancinating	punctate pressure	... (in) a sufferer('s body part)
15	cutting	incisive pressure	... (in) a sufferer('s body part)
16	lacerating	incisive pressure	... (in) a sufferer('s body part)
17	pinching	constrictive pressure	... (in) a sufferer('s body part)
18	pressing	constrictive pressure	... (in) a sufferer('s body part)
19	gnawing	constrictive pressure	... (in) a sufferer('s body part)
20	cramping	constrictive pressure	... (in) a sufferer('s body part)
21	crushing	constrictive pressure	... (in) a sufferer('s body part)
22	tugging	traction pressure	... (in) a sufferer('s body part)
23	pulling	traction pressure	... (in) a sufferer('s body part)
24	wrenching	traction pressure	... (in) a sufferer('s body part)
25	burning	thermal	... (in) a sufferer('s body part)
26	scalding	thermal	... (in) a sufferer('s body part)
27	searing	thermal	... (in) a sufferer('s body part)
28	tingling	brightness	?... in a sufferer('s body part)
29	smarting	brightness	?... in a sufferer('s body part)

cont. tab. 3.1

1	2	3	4
30	stinging	brightness	... (in) a sufferer('s body part)
31	hurting	dullness	... (in) a sufferer('s body part)
32	aching	dullness	? dubious on semantic grounds
33	rasping	sensory miscellaneous	... (in) a sufferer('s body part)
34	splitting	sensory miscellaneous	... (in) a sufferer('s body part)
35	tiring	tension	... a sufferer
36	exhausting	tension	... a sufferer
37	sickening	autonomic	... a sufferer
38	suffocating	autonomic	... a sufferer
39	terrifying	fear	... a sufferer
40	punishing	punishment	... a sufferer
41	gruelling	punishment	... a sufferer
42	killing	punishment	... a sufferer
43	blinding	affective-evaluative-sensory: miscellaneous	... a sufferer
44	annoying	evaluative	... a sufferer
45	spreading	sensory: miscellaneous	... in a sufferer('s body part)
46	radiating	sensory: miscellaneous	... in a sufferer('s body part)
47	penetrating	sensory: miscellaneous	... a sufferer('s body part)
48	piercing	sensory: miscellaneous	... (in) a sufferer('s body part)
49	drawing	sensory: miscellaneous	... (in) a sufferer('s body part)
50	squeezing	sensory: miscellaneous	... (in) a sufferer('s body part)
51	tearing	sensory: miscellaneous	... (in) a sufferer('s body part)
52	freezing	sensory	... (in) a sufferer('s body part)
53	nagging	affective-evaluative-sensory: miscellaneous	... a sufferer
54	nauseating	affective-evaluative-sensory: miscellaneous	... a sufferer
55	agonizing	affective-evaluative-sensory: miscellaneous	... a sufferer
56	torturing	affective-evaluative-sensory: miscellaneous	... a sufferer

Before the discussion proper, a comment should be made concerning the additional characteristics of MPQ *-ing* pain descriptors (names of groups to be found in Column 3). The criterion adopted for the choice of these names seems to be more medical (physiological and experiential) rather than purely denotative and semantic. This is why in some cases, at least for a lay person, some configura-

tions may be puzzling, counterintuitive, or simply incomprehensible—why, for instance, should *tingling*, *smarting*, and *stinging* pains be characterized in terms of brightness? This partial overlap or even apparent incongruity between more ‘professional’/medical and ‘non-professional’/folk construals of certain MPQ pain descriptors may also apply to other items discussed here within morphological clusters.

The most numerous group of *-ing* descriptors construed verbally are those which allow for both the locative interpretation (‘pain is acting in a sufferer’) and the sufferer-as-direct-object interpretation (‘pain is affecting a sufferer in a specific manner’). It should be noted here that in this group of 30 contexts the former construal is treated as less prototypical whereas the latter as more central. Still, such a pre-condition may be to some extent arbitrary and overly general, since pain sufferers may vary among themselves as to considering either of the above interpretations as their own and thus more salient (central/prototypical).

Another group of 14 are those contexts which yield solely the sufferer-as-direct-object construal. If we assume that the above interpretation is indeed the most salient, then the direct-object group can be merged with the previously discussed ‘mixed’ group, which points to 44 contexts depicting pain as a prototypical agentive entity, which “is a force-possessing entity that, by performing an action, creates change and affects other entities” (Fox & Fox 2004: 36). A pain sufferer is, in turn, “[t]he affected entity (a target) ... whose situation is changed by an event or action in which it is neither an agent nor an instrument” (Ibid.).

Yet another group consists of 10 contexts allowing only for the *-ing* descriptors to be interpreted verbally as intransitive verbs, thus followed solely by an appropriate, most contextually-salient locative complement—pain is acting either in a sufferer treated holistically or in his/her specific body part. One way or the other, pain’s agentivity is again something that comes to the fore.

Almost finally, there is one descriptor, namely *penetrating*, which within the verbal construal ‘mode’ suggests the sufferer-as-direct-object pattern, but apparently the most central and natural verbal interpretations will amount to ‘pain is penetrating a sufferer’s specific body part’.

Lastly, only one out of 56 descriptors (*aching*) presented in Table 3.1 is problematic in that its verbal construal, though syntactically feasible, is rendered as unlikely if not illogical. The Google search yields merely two hits for ‘pain is aching me’, and they may be classified as highly peripheral if not dubious (one of them is very slangy, and the other should be regarded as poetic license). This means that such a verbal context is impractical and negligible within the medical-diagnostic framework and will only work in some rare non-medical settings, under special ‘creative’ circumstances, apparently having the status of a one-shot non-entrenched metaphor. In turn, employed attributively, this adjective is allocated four points on the dullness scale within the MPQ and as such is not considered problematic.

The word *gruelling* functioning within the MPQ is also a case in point. It seems that its adjectival attributive interpretation as suggested by the MPQ evokes its more peripheral contemporary sense which can be elaborated on by making recourse to etymology. It is telling that *gruelling* occupies the second ‘niche’ in the MPQ affective group 14, labelled as ‘punishment’. It is preceded by an apparently less intense *punishing* and directly followed by more intense *cruel*, *vicious*, and *killing* respectively. All of them, however, are meant to be the manifestation of the underlying conceptual metaphor +PAIN IS A PUNISHER+.

Thus, even though the most central and primary synchronic meaning behind *gruelling* points to something physically or mentally demanding to the point of exhaustion, it is worthwhile to highlight a link between the former sense (‘exhausting’) and the more historically motivated one as ‘imposed’ in and by the MPQ. Even intuitively these two senses ‘feel’ closely related. Such an intuition is confirmed by etymological findings—according to Morris (2012), the word *gruel*, which first appeared in English in the 14th century, is traced to an Old French root denoting grain which has been ground, and as food it was usually thin, watery, and bland (often ‘served’ in prisons, asylums and orphanages), so no wonder that its public perception has never been positive. As the Word Detective finally clarifies,

[w]ith gruel being widely considered unpleasant medicine at best, it’s not surprising that “to be given one’s gruel” and similar phrases, meaning literally “to take one’s medicine,” came to mean “to receive one’s *punishment*” or even “to get killed” in the late 18th century. ... This sense of “getting one’s gruel” as a punishment produced, in the early 19th century, the verb “to gruel,” which meant “to punish” and specifically “to exhaust or disable.” This verb “to gruel,” in turn, produced, in the mid-18th century, the adjective “gruelling,” meaning “exhausting” or “punishing” in the sense of requiring extreme exertion (Ibid., <http://www.word-detective.com/2012/04/gruel-gruelling/>; italics mine).⁴

Irrespective of whether we treat *gruelling* as a monosemous word (characterized by subtle semantic shades) or a polysemous word (with central and peripheral senses), the practice shows that it may be construed in different ways in the MPQ’s ‘pain-ful’ context. I would even risk a claim that the attributive interpretation of *gruelling* (‘gruelling pain’) encompasses both shades or sub-senses, namely ‘exhausting’ and ‘punishing’, whereas the ‘experimental’ verbal construal (‘pain is gruelling’) appears to promote specifically an explicitly agentive role of

⁴ Indeed, *gruel* is still considered to be a transitive verb synonymous with ‘to exhaust’ and ‘to punish’, but is regarded as obsolete and for this reason very marginal in contemporary English. On the other hand, *gruelling* is not only a present-day English adjective, but also a noun, in informal English denoting a severe experience, especially punishment (for instances, consult the Free Dictionary on-line).

pain which (or who?) punishes the sufferer. Interestingly, this semantic shade/sub-sense seems not (very) salient synchronically, and thus may not be readily recognized by pain patients, so the authors of the MPQ probably see it fit to re-establish its salience by naming the group accordingly. It is also evident that the remaining four descriptors in group 14 will refer to variable intensity of pain's punishing capacity—quite intriguingly, the mildest 'punishing word' is *punishing* itself, while *killing*, less surprisingly, points to pain's punishing at its most intense.

It can be stated, by way of conclusion to this section, that correlating verbal construals (of *-ing* MPQ pain descriptors) with their default attributive interpretations (spelled out by the MPQ authors and encapsulated in their names of the 'pain groups') may sometimes help to adjudicate which verbal construal appears as most salient and thus can be evoked in people's minds. On the other hand, such a correlation may be useless in some cases where there exists a potential mismatch between the folk perception of specific descriptors and the medical one stipulated by experts. As already remarked, this is the case with group 8 (consisting mostly of *-ing* descriptors, with the exception of *itchy*), dubbed as the 'brightness group', which may be puzzling from the perspective of not medicine-savvy pain patients, as they may wonder how tingling, smarting, or stinging pain can be bright.

The *-ing* pain descriptors present in abundance in the MPQ are unique in that they allow not only for the most obvious attributive pattern, but additionally for the verbal interpretation. The latter may not necessarily self-impose and be valid for medical-diagnostic purposes, but it may in fact enrich the research made by a linguist who strives to fathom numerous subtleties behind the language of pain. Thus, by marrying morphological, syntactic, semantic, ontological, and etymological analyses (in various configurations and to a variable extent), we may argue that pain emerges as a predominantly processual and agentive entity, a metaphoric +EVIL-DOER+ which, or who, affects sufferers sensorily, affectively, and cognitively.

3.3.2 Denominal/deverbal *-ing* adjectives

Upon very close morphological scrutiny of the descriptors presented in Table 3.1, one may notice that four adjectives constitute what we can call a borderline category, since their roots may be perceived as either nouns or verbs, or both. These are *drilling*, *wrenching*, *stinging*, and *rasping*. If this should be the case, then their ontological status is 'mixed' if not unclear.

As already stated, each adjective can be said to be anchored in the underlying ontology, with object being an anchor for relative (denominal) adjectives and process for deverbal ones (cf. Raskin & Nirenburg 1998: 90). However, this ap-

parent ontological duality or fuzziness is not to be seen as a problem in the light of the present analysis; quite the reverse, the potential co-presence of certain objects and processes, specifically actions, performed by them, makes it possible to highlight the metonymic relation which can be formulated as +INSTRUMENT FOR ACTION+ (cf. Radden & Kövecses 2007: 347). Thus, we certainly need first a **drill** (which is an implement with cutting edges or a pointed end, and inserted into a drilling machine constitutes its essential part) in order to **drill**. Analogously, it takes a **wrench** (any of various hand or power tools) so as to grip, turn, or twist something—in short, so as to **wrench** it. It will work exactly in the same way for a **rasp** (a coarse file with sharp, pointed projections) with which we are able to **rasp**. Last but not least, a **sting** (a sharp, piercing organ of a bee, wasp, or some other insect) is employed by its owner to eject and inject a venomous substance into its prey, which basically means to **sting** them. At this point it is worth checking what respectable English dictionaries imply as concerns the above instrument-for-action line of reasoning. Whether they confirm or disconfirm such a metonymic construal may be glimpsed by looking at the order in which the entries DRILL, RASP, STING, and WRENCH are distributed in ten most reliable (and thus, in my view, representative) contemporary dictionaries of the English language. The approach that I adopt here is to some extent semasiological, as I treat the group of first-appearing dictionary entries to be the most central and prototypical meaning of a given lexeme and the group of entries appearing next as less central and thus more peripheral (cf. Dirven & Verspoor 2004: 31–35⁵). The two afore-mentioned groups are noun entries and verb entries in either configuration, and—quite obviously—we shall find many sub-entries subsumed under these two overarching grammatical categories. What I pick from them are only those senses which are pertinent to the ‘pain analysis’ at hand, that is instrumental/nominal and processual/verbal meanings of the four lexemes under scrutiny. For the sake of clarity, in Table 3.2 I mark with ‘X’ only the nominal first-appearing dictionary occurrences, since they are considered prototypical in the light of the metonymic mechanism described above; this means that the empty box in the column representing a given lexeme points to its verbal and thus more peripheral sense further down the list.

⁵ While structuring the radial network of the senses of English *school*, Dirven and Verspoor (ibid.) also highlight metonymy as one of the important processes which makes it possible to establish links between word senses. From the most central meaning of *school* as ‘learning institution or building’ we can easily proceed via metonymic extension to its more peripheral senses, namely ‘lessons’ and ‘pupils, teaching staff’ respectively’. By analogy, one can metonymically move from the central nominal sense of given lexemes to their more peripheral verbal senses, assuming that what undergirds them is the +INSTRUMENT FOR ACTION+ metonymy.

Table 3.2 Salience of nominal and verbal senses of selected MPQ descriptors in a number of representative English dictionaries

Dictionary	Lexeme			
	DRILL	RASP	STING	WRENCH
Cambridge Dictionary	×	×		
Chambers 21st Century Dictionary	×	×	×	
Collins Dictionary	×	×		
Dictionary.com	×			
Free Dictionary	×	×		×
Longman Dictionary of Contemporary English	×			
Macmillan Dictionary	×			
Merriam-Webster Dictionary				
Oxford Advanced Learner's Dictionary	×	×		
Wordsmyth (The Premier Educational Dict.-Thesaurus)	×			

Lexicographers behind the above dictionaries seem to be almost unanimous in the case of DRILL, since nine dictionaries out of ten suggest that the nominal sense of this lexeme is the central one (the exception being Merriam-Webster Dictionary). As concerns RASP, the ‘dictionary opinions’ are evenly divided—half of them mention nominal RASP as prototypical whereas the other half put verbal RASP as the first group of entries. In turn, STING and WRENCH are perceived as predominantly centrally verbal—in each case only one of the dictionaries places nominal STING and WRENCH as top entries (Chambers 21st Century Dictionary and Free Dictionary respectively). Here one could raise an objection that the position represented by dictionaries is obviously to a large extent prescriptive, the number of dictionaries taken into account very small, and the conclusions are inescapably speculative in nature. Still, the fact that, in the case of the four lexemes in question, English dictionaries imply both the +INSTRUMENT FOR ACTION+ and the +ACTION FOR INSTRUMENT+ metonymies (the latter being the reversal of the former) does not in any way detract from the validity of these construals. As Radden and Kövecses argue,

[a]ction ICMs [Idealised Cognitive Models] include relationships such as those between an action and an instrument used in the action, an action and the result of this action, etc. The Action ICM includes ... [such] *types of metonymic relationships* [as] AGENT FOR ACTION, ... ACTION FOR AGENT, ... INSTRUMENT FOR ACTION, ...[and] ACTION FOR INSTRUMENT, ... the first four of which *are reversible* (2007: 347; italics mine).

Thus, this ‘two-way metonymic logic’/construal and way of inferencing (from some instrument/organ to a corresponding action and the other way around) is

additionally extended by two more metonymic relationships involving AGENT and ACTION.

By way of summary, it can be argued that the ‘slashed’ fragment of the title heading this section is fully justified. Indeed, some of the *-ing* adjectives employed in the MPQ may be considered to be *both* denominal and deverbal, and which of these features prevails is apparently down to the confluence of mostly speculative factors. It is difficult to unequivocally decide (both prescriptively and descriptively) which grammatical category the root of a given pain descriptor belongs to. In prescriptive terms, it may be an arbitrary decision of lexicographers or a convention adopted by authors of a given dictionary. Still, dictionary creators may be ‘descriptively’ inspired and prompted by, for instance, the research on the frequency of occurrences of certain lexical items in corpora, or by the studies gauging the folk perception of these items (in terms of being predominantly construed as nouns or verbs). Either way, in the case of the analysed pain descriptors, there exists arguably a tight causal link between the instruments and actions they denote (as nouns and verbs respectively), manifested by their metonymic relations delineated above.

3.3.3 Deverbal/denominal *-y* adjective

The suffix *-y* encodes the meaning ‘full of, characterized by’, but attached to the root ‘itch’ it can apparently be both a verb and a noun, so either a denominal or a deverbal adjective. In line with this hypothesis, it would be hard to be unequivocal in terms of the passive/agentive binarity, and to adjudicate whether pain as an agent causes itch or rather ‘receives’ it, in which case it is patientive. Maybe, then, it would be wise to recognize the blurredness of boundaries between the pain-agent and the pain-patient and gravitate towards some ‘mediumicity’? In the case of ‘itchy pain’, I rather lean towards Dixon’s views, who considers *-y* to be a suffix added to nouns while deriving adjectives, and for him “adjective *itch-y* describes someone with an itchy patch on their skin” (2014: 239; italics original). According to Dixon’s classification of semantic types of English nouns from which adjectives are derived, *itchy* should be categorized within the HUMAN AND OTHER QUALITIES group, in the subgroup DERIVING CORPOREAL ADJECTIVE (cf. Dixon 2014: 226–227). However, the idea of the agentivity-passivity continuum may in fact prove palatable while discussing some other *adjective+pain* collocations treated as semantic aggregates (taut? sore? pain), so it should not be light-handedly dismissed.

An interesting example is provided by Dureja (2009). In his *Handbook of Pain Medicine*, he presents Descriptor Differential Scale of Pain Intensity (DDSI),⁶

⁶ This scale consists of a list of 12 descriptors referring to different levels of pain intensity. Patients are asked to rate the intensity of their pain using descriptors on the list. This tool is more

which makes use of some additional ‘like-type’ similes aiming at embracing more subtly and precisely certain aspects of pain. One of the instructions is presented in Figure 3.1

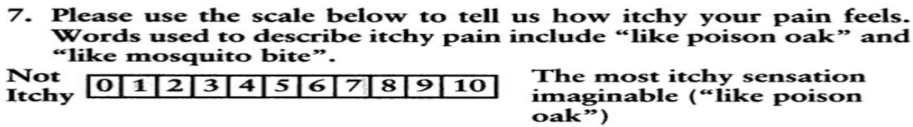


Figure 3.1 Instruction 7 from Descriptor Differential Scale of Pain Intensity (Dureja 2009: 27)

The above elaboration included in DDSI would also point to some other subtle aspect of fluid agentivity and patienthood of some adjectival pain collocations. In one of the DDSI’s specifications, itchy pain is likened to a mosquito bite, whereas in the other it is “like poison oak”, the latter suggesting pain ‘at its itchiest’. The mosquito scenario implies the presence of an active *agent* (an insect) causing a certain sensory reaction by which we metaphorically describe pain. In turn, the mental frame evoked by poison oak itchiness indicates that a painful sensation is rather caused by some *passive* entity, most probably a poison oak leaf, with which a prospective sufferer comes into contact (more or less consciously or accidentally) and, as a result, develops a severe painful allergic reaction.

In the light of the graphic example described above, it may be argued that analysing agentivity/passivity of pain adjectival collocations may not only take place at the morpho-lexical level, but also at the broadly understood cognitive-semantic level. Thus, it additionally presupposes the presence of a frame, in cognitive linguistics defined as “[a] schematisation of experience (a knowledge structure), which is represented at the conceptual level and held in long-term memory and which relates elements and entities associated with a particular culturally embedded scene, situation or event from human experience” (Evans 2007: 85). The notions of culture and extra-linguistic elements play a crucial role in structuring frames, and the above fine-grained similes of a mosquito bite and poison oak also illustrate the point. While the former (mosquito bite) may be perceived as quite universal and “uncover the properties of the structured inventory of knowledge associated with words” (Ibid.: 86), the latter (poison oak) is in fact more culture-specific and not readily recognizable and processed by all pain patients. Oak poison is a plant ubiquitous in certain regions of America (predominantly eastern and western) and in these ‘botanic-linguistic zones’ there will be no problem with establishing the link between this shrub and the type of pain. Still, the ‘itchy-pain-like-poison-oak’ conceptualization may be at best semantically opaque if not semantically

complex in relation to other existing measures, also in relations to the MPQ; it is a “simple but sophisticated psychophysical technique” (cf. Dureja 2009; Dixon 2014: 24).

unrecognizable by numerous native speakers belonging to the Anglo-Saxon cultural zone; this should come as no surprise, since this conceptual blend is not really universally Anglo-Saxon, but merely indigenous to America. Either way, the above metaphoric construals harnessed to gauge pain intensity in the professionally structured diagnostic tool are not to be treated as anecdotal and incidental, since they—alongside with many other construals and frames—form a repository of conceptualizations steeped in the intricate web of psycho-socio-cultural ‘landscapes’, conceptualizations which are elicited, or in this case rather chosen, by pain patients if need be.

3.3.4 Bimorphemic *-ful* adjectives

There are three synchronically biomorphemic adjectives with the suffix *-ful* featuring in the MPQ, namely *fearful*, *frightful*, and *dreadful*. The first two belong to MPQ’s affective class and group 13. They are placed at intensity levels 1 and 2 respectively, and—quite predictably—they describe pain in terms of fear. *Dreadful*, in turn, is part of affective-evaluative group 20, and is positioned at penultimate pain severity level 4 (preceding only most intense level 5, adjective *torturing*); however, the group (coinciding with the class) is also dubbed as ‘miscellaneous’, which implies that it is hard, if possible, to pinpoint one quality central to this cluster.

Adjectives *fearful* and *dreadful* are treated here as verb-derived, in line with Dixon’s conviction: “In a number of instances it is debatable what the primary word class membership is (for example, *harm* and *fear*). Nevertheless, it is instructive to consider the syntactic character of the derived adjective with respect to that of the underlying root as verb” (2014: 281; italics original). Thus, in terms of Dixon’s classification of syntactic orientation of adjectives derived from verbs (2014: 278; see footnote 7 herein), both *dreadful* and *fearful*⁷ are O-type, since they emphasize a transitive object–‘likely to be VERB-ed’, so pain is an ‘object’ likely to be feared/dreaded (Ibid.: 283), and their semantic type is LIKING (Ibid.: 280). Although syntactically pain is here an object,⁸ the most salient sense

⁷ In fact, Dixon primarily classifies *fearful* as A-type–‘likely to fear’—although he admits that it may also mean ‘likely to inspire fear’. According to Dixon, the unequivocal O-type fear-adjective meaning ‘likely to be feared’ is *fearsome*, hence the sentence aptly illustrating the point: *The fear-ful person ran away from the fear-some monster* (cf. Dixon 2014: 289). If we then consider the collocation ‘fearful pain’, originally featuring in MPQ, we may at least theoretically suspect a situation in which a pain sufferer working with this pain questionnaire misconstrues this collocation as A-type, with pain being patientive rather than agentive (or, in Raskin and Nirenburg’s view, we may speak of the eventive sense of the adjective in question, with *fearful* being event-itself or theme-of-event; cf. Raskin & Nirenburg 1998: 96, 98).

⁸ To be more precise, the adjectives *fearful* and *dreadful* derived from respective verbs *fear* and *dread* relate to the verbs’ core argument, in this case an intransitive object ‘pain’.

which the collocations ‘fearful pain’ and ‘dreadful pain’ convey is the agentive sense, with pain construed as an agent-of-event (cf. Raskin & Nirenburg 1998: 96, 98), and it is a sufferer who is reduced to a patientive entity. In short, syntactically speaking, a sufferer-as-subject ‘actively’ fears/dreads pain-as-object, but semantically/ontologically speaking, it is pain that agentively ‘gives’ fear/dread to a sufferer who patientively ‘receives’ it.

‘Frightful pain’ may seem to be more problematic if we consider the root *fright* to be solely a noun, since the preliminary premise of treating MPQ *-ful* adjectives as verb-based will not hold. However, it is appealing to adopt the view that the lexeme *fright* is nowadays still employed as a verb to mean ‘to cause fear, to frighten’ (e.g. according to Merriam-Webster Dictionary), which implicates that the said premise is still applicable. According to Merriam-Webster Dictionary (www.merriam-webster.com/dictionary/fright), *fright* is a transitive verb, so it is similar to the two *-ful* adjectives discussed above, but *frightful* should rather be classified as A-type with a highlighted transitive subject—‘likely to do’, specifically ‘likely to fright(en)’, thus the image evoked is that of pain as a ‘subject’ which/who? is likely to fright(en) (cf. *Ibid.*: 283). In Dixon’s terms, its semantic type is apparently ANNOYING (with, for instance, *delightful* also belonging to this group; cf. *Ibid.*: 281). As concerns *fearful* and *dreadful*, we can notice certain syntactico-semantic mismatch (as described above), but this does not seem to be the case with ‘frightful pain’, where syntactically pain functions as a transitive subject (cf. footnote 9 herein), and semantically it is an explicit agent-of-event. In sum, syntax-wise, pain-as-subject ‘actively’ fright(en)s sufferer-as-object, and semantics-wise it works exactly the same—some agentive pain fright(en)s a patientive sufferer.

On the basis of the above considerations, it can be concluded that sometimes syntactico-semantic insights may be informative and confounding at the same time. In such cases it appears sensible to complement and expand the analysis by proceeding to a more holistic level—ontological and cognitive—and to fine-tune the meaning(s) of ‘pain-ful’ collocations. The medical perspective (which here can be glimpsed via the names of classes and groups that pain descriptors belong to in the MPQ) also makes the picture more complete; for instance, the labels ‘affective/fear’ and ‘affective-evaluative/miscellaneous’, which are attached to groups 13 and 20 respectively, suggest that the descriptors belonging to the former group are more specified and narrow, whereas the ones belonging to the latter are more fuzzy and spacious.⁹

⁹ The criterion which enables us to make such generalizations seems to be semantic, but this is just part of the story. The names of groups containing MPQ adjectival pain descriptors rather aim at reflecting experiential aspects of pain types these adjectives describe, and sometimes they may be puzzling for non-medical lay people, as is the case with, for instance, group 8 given the name ‘brightness’, a name not necessarily overlapping with the folk construal of the pain adjectives placed there (cf. Table 3.1 and discussion in Section 3.3.1 of this paper).

3.3.5 Bimorphemic *-some* adjective

There is only one MPQ descriptor belonging to the bimorphemic category containing the suffix *-some*, and that is *troublesome*. Specifically, it is included in evaluative group 16 as its second item (which points to the second level of intensity, with the intensity scale going up to level 5 within group 16). The evaluative aspect is also highlighted by Dixon, who semantically characterizes *-some* as a suffix of Germanic origin, whose meaning is “likely to do (with a *negative quality*)” (2014: 222; italics mine). As concerns the semantic type of the verb *trouble*, it can be included into the group of the so-called ANNOYING verbs, together with *weary*, *tire*, *irk*, *bother*, and *worry* (ibid.). This semantic role of a verb is mapped here onto the A-type syntactic function, so we can speak of an adjective with A-orientation—a transitive verb has two core arguments (a transitive subject A and a transitive object O), and in this case the adjective *troublesome* derived from the verb *trouble* relates to the transitive subject A (cf. Ibid.: 292). Staying within the Dixonian logic and mode of explication, if *Y troubles Fred*, then Y could be described as *trouble-some*. In the context of the MPQ, it can be then stated: if pain troubles a sufferer/patient, then pain could be described as *troublesome*, it behaves in such a way that it troubles others (cf. Dixon 2014: 288–289). The above considerations and formulations may appear trivial and more than obvious, but they again corroborate the consistent ontological status of pain. In Section 3.3.4 it can be noted that the syntactic orientation of some adjectives belonging to the bimorphemic group of *-ful* adjectives (specifically *dreadful* and *fearful*) does not match the semantic/ontological construal of pain, since pain emerges here as a transitive object O and a sufferer as a subject, a role syntactically endowed with agentivity. However, it has been explained that what in fact is the case is the semantic/ontological reversal of these roles, with pain being agentive and the sufferer being patientive. Conversely, with *troublesome* there seems to be no role reversal as both syntax, semantics, and ontology converge—pain is a syntactic transitive subject A (semantically and ontologically agentive) and the patient is a syntactic object (semantically and ontologically patientive).

In sum, it can be argued that even though there are not so many parameters included as was the case while analysing *-ing* pain descriptors (see Section 3.3.1 herein), pain again emerges as a metaphoric conceptualization—an anthropomorphic agentive +EVIL-DOER+ who, alongside with physical infliction, brings with itself emotional and affective infliction.¹⁰

¹⁰ The adjectives following it in MPQ’s evaluative group 16 will be discussed in subsequent sections; the one preceding it, namely *annoying* (intensity level 1), has already been characterized with other *-ing* pain descriptors in Section 3.1 of this paper, where these emotional and affective negativity, as I hope to show, will also be highlighted at the level of metaphoric language.

3.3.6 Bimorphemic *-ed* adjective

Analogously to *troublesome*, *wretched* is also the only representative of the bimorphemic *-ed* adjective featuring in the MPQ. It is the lowest intensity pain descriptor in a two-item group 15 labelled as ‘affective-evaluative-sensory: miscellaneous’ (complemented by the highest intensity *blinding*). Even at first sight *wretched* appears to be conceptually and semantically spacious, if not fuzzy, by virtue of straddling at least three realms of human experiencing. Its semantic problematicity appears to be also confirmed while discussing its morphological set-up. Interestingly, in his description of the *-ed* suffix, Dixon specifically mentions *wretch* as a noun “[going] back to OE [Old English]. In ME [Middle English] times, *-ed* was added, deriving adjective *wretch-ed*, a somewhat **unusual example of *-ed* semantics**” (2014: 244; italics original, bold added). Indeed, etymological considerations reveal many layers of nominal *wretch*. Its predecessor in Old English was *wrecca*, denoting a stranger, an exile, but it can be traced to Proto-Germanic *wrakjon*, which could refer to both a pursuer and a pursuee. There are also Old Saxon and Old High German threads appearing, with *wrekio* and *reckeo* respectively (both meaning a banished person, exile), from which Present German *Recke* evolved (used with reference to a renowned warrior or a hero), in fact related to Old English *wreccan* (to drive out, punish). It can be then noted that in this case, evaluatively speaking, German and English senses diverged, with English preserving overtly negative colouring (*wretch* denoting a vile, despicable person, a meaning already developed in Old English) (cf. Online Etymology Dictionary 2001-2018 Douglas Harper; http://www.etymonline.com/index.php?allowed_in_frame=0&search=wretch). According to Dixon, the basic meaning of the Germanic suffix *-ed* (distinguished from the participial ending *-ed*) is “provided with something which is not an inherent part” (2014: 222, 243). On the other hand, it is hard to decide whether ‘wretched features’ attributed to an entity (usually a person, but here pain) are inherent or acquired, and adjudicating this issue in the context of the MPQ seems to be insubstantial anyway. Also, if we consider a denominal adjective (as here), Dixon’s classification of syntactic orientation of adjectives derived *from verbs* is of no use. What is of use, however, is Raskin and Nirenburg’s ontology-based approach to adjectival semantics and lexicology (1996). In the light of their model, *wretched*, as a denominal adjective, appears to be both scalar (*more* and *most wretched*) and relative, though a “true relative adjective cannot indeed be used predicatively and/or comparatively” (Ibid: 94). In fact, *wretched* may be both predicative and comparative/gradable. It is then a kind of hybrid as being scalar, relative, and qualitative, and we may speak of some “pseudo-qualitative senses of the seemingly perfectly relative adjective” (Ibid.). Why not argue then that *wretched* is to some extent anchored in both property (scalar), object (relative) and somehow in process (pseudo-qualitative)?

Irrespective of the above conundrum, of unusual and problematic semantics of *wretched* signalled by Dixon (2014) and discussed more broadly by Raskin & Nirenburg (1996), what remains is that ‘wretched pain’ still emerges metaphorized as an anthropomorphized agentive entity, an +EVIL-DOER+ impacting a sufferer’s life affectively, sensorily, and in other ‘miscellaneous ways’, its agentivity deriving from both specific properties and the ‘object specificity’ (in this case pain itself, ‘who’ *does wretched* things).

3.3.7 Polymorphemic *-able* adjectives

There are two representatives of this polymorphemic adjectival category in the MPQ, namely *miserable* and *unbearable*, both belonging to evaluative group 16 and occupying the third and the fifth (highest) level of the intensity scale respectively. According to Raskin and Nirenburg, adjectives ending in *-able/-ible* are “the single largest and seemingly most regular subclass of deverbal adjectives” (1996: 97–8). However, these two specific pain descriptors do not lend themselves to being analysed jointly, since the former is a denominal (its derivational root being *miser*) while only the latter is a deverbal (with the verb *bear* serving as its derivational root). Thus, their different morphological structure will imply diverse syntactic orientations as well as semantic types. Additionally, as already noted in this paper, they are considered holistically, in ‘interaction’ with the noun *pain* they modify.

The fact that *-able/-ible* adjectives can be deverbals and denominals is confirmed by Dixon, stating that *-able/-ible* “is fairly productive with nouns and by far the most productive suffix deriving adjectives from verbs” (2014: 285). In the context of the above introduction, ‘*unbearable* pain’ is pretty manageable in terms of syntactic-semantic analysis. Obviously, the adjective *unbearable* derived from the verb *bear* relates to one of the verb’s core arguments, which here is O (transitive object). To be specific, pain is a transitive object because some sufferer *cannot bear pain*. Thus, we speak here of the O-type derivation. If so, then the sufferer and pain are respectively syntactically agentive and patientive—*unbearable* highlights a transitive object (‘one that cannot be VERB-ed’), and therefore pain is an ‘object’ that cannot be borne by a suffering ‘subject’ (cf. *dreadful* and *fearful* in Section 3.3.4 herein). As for the semantic type of the verb *bear* (constituting a derivative root of *unbearable*), we have the MOTION type and the CARRY subtype (cf. *Ibid.*: 402, 410). Metaphor-wise, a collocation ‘unbearable pain’ reveals and confirms a patientive non-anthropomorphic ‘thingified’ conceptualization of pain as a +BURDEN/HEAVY OBJECT+ (cf. Lascaratou 2007, Kövecses 2008). The former statement somehow runs counter to the agentive anthropomorphic ‘subjectified’ image of pain emerging from the metaphors implied in previous sections, where human actions, func-

tions, and qualities are attributed to a non-human entity (as pain may be considered to be).

'Miserable pain', in turn, seems to yield far richer construals than the 'unbearable pain' collocation discussed above. As already mentioned, *miserable* occupies the third level in the five-item evaluative group 16 of the MPQ, positioning itself right in the middle, preceded by *annoying* and *troublesome* and followed by *intense* and *unbearable*. That would imply that the pain described by this adjective should be of moderate intensity. Interestingly, in practice the pain characterized by this descriptor may be perceived by sufferers as considerably more intense and multi-layered, since very often *miserable* is employed with reference to postamputation and chronic pains, pains which in medical circles are still difficult to handle, so they are enigmatic and not satisfactorily researched.¹¹ Thus, I shall attempt to illustrate the complexity and non-obviousness of experiencing something dubbed as 'miserable pain' by making recourse to three specific works of medical literature, namely *Cognitive Therapy with Chronic Pain Patients* (Winterowd, Beck & Gruener 2003), "*Doomed to go in company with miserable pain*": *surgical recognition and treatment of amputation-related pain on the Western Front during World War 1* (Edwards, Mayhew & Rice 2014), and *Handbook of Pain Management* (Dureja 2009).

Edwards, Mayhew and Rice (2014) imply already at the level of the article title itself that the expression 'postamputation pain' (which in fact refers to the pain that can be and is viewed as a specific type of chronic pain) is to be treated as synonymous with 'miserable pain'. The authors have a good reason (and not only a stylistic one) when they use the expression 'company of miserable pain' at the very beginning of their article (specifically in the title) and then reiterate it right at the end, in the very last sentence of the conclusion part. This double occurrence of 'miserable pain' may serve as a binder for the analysis (results) presented in the article.¹² It is also telling that, together with the researchers, we go all the way from patients "[d]oomed to go in company with miserable pain" (Edwards, Mayhew & Rice 2014: 1715; italics mine), to "[the determination] ... to create a new life for amputees *free from* the company of miserable pain" (Ibid.: 1719; italics mine). Thus, the medical scientists imply that since 1914 'something' has

¹¹ For instance, Edwards, Mayhew and Rice address the problem of postamputation pain, arguing that "[d]espite unprecedented patient numbers and levels of civilian medical expertise, little progress was made in providing relief from this type of pain, a grave concern to the surgeons treating these soldiers [during World War 1]. Today *postamputation pain* is understood beyond a surgical context but *remains a complex and poorly understood condition*" (2014: 1715; italics mine).

¹² The research that Edwards, Mayhew and Rice embarked upon is impressive, since they examined, as they relate, "[t]he *Lancet* and other medical journal archives, official histories of WW1, and military medical secondary histories [searching for] English language articles from January, 1914 to January, 2014" (2014: 1715; italics original).

improved in terms of ‘miserable’ postamputation pain treatment, but this kind of pain still constitutes a challenge for the medical community: “[t]oday postamputation pain is understood beyond a surgical context but remains a complex and poorly understood condition with few effective treatments” (Ibid.: 1715). In the main body of the article, one can find numerous fragments strengthening the thesis that postamputation pain is miserable in such a way that it is actually experientially more intense than the MPQ would suggest; thus, one comes across such phrases and sentences as the following: ‘*most severe* physical trauma’; ‘*excruciating* pain... which could even lead to death’; ‘*neurovascular damage*’; ‘a source of *intolerable suffering* to [his amputee patients], and of *despair* to those who fit them with artificial limbs’; ‘postamputation pain [as] a *challenge* to the entire medical profession, a *failure* of modern surgical techniques that needed to be remedied’; ‘amputees ... “healed but *not cured*”’; ‘postamputation pain *continued to disrupt* the effectiveness of prosthetic limbs...’; ‘*great frustration* about almost *inevitable return* of postamputation pain, “after an interval of comfort”’; ‘Many of the 41 000 amputees in World War 1 probably had chronic *intractable pain* without any possibility of diagnosis or respite’ ... (italics added for emphasis). By way of recapitulation, it may be asserted that the semantic, cognitive, and experiential spaciousness encoded in ‘miserable pain’ is additionally illustrated by the construals mentioned above—chronic pain is the bane of medical experts; first of all, however, it is the pain patients (mostly amputees in the context of the article at hand) who emerge as being victimized by this miserable pain, and the adjective *miserable* qualifies not only chronic pain itself, but also, and maybe even predominantly, the physical, mental, and affective condition of the sufferers involved. Whereas in the article by Edwards, Mayhew and Rice (2014) *miserable* appears only twice (though quite significantly so), Winterowd, Beck & Gruener present a therapist-patient dialogue with *miserable* being the pivotal and recurring element of this conversation (2003: 151–152). With this interaction, the authors wish to illustrate a discussion of best, worst, and most realistic scenarios created by chronic pain patients, scenarios related to their pain and distress (the conclusion being that these patients tend to imagine the worst-case scenarios, thus not focusing on best-case scenarios or realistic outcomes). It is worth quoting this fragment almost in its entirety:

Therapist: We have been talking today about the fears you have related to the thought “You cannot control your pain.” Let’s assume for a moment that it’s true that you are not in control of your pain at all. What is the worst thing that could happen?

Patient: That I have to endure this **miserable pain** forever and that I won’t be able to work.

Therapist: So the worst-case scenario is that **you will be miserable** and unemployed. Does it get any worse than that?

Patient: No.

Therapist: What will “**miserable**” look and feel like?

Patient: Just full of pain and suffering. I can see my face all crinkled up because the pain is so overwhelming. No one will want to be around me ... **that’s miserable.**

[Under the Alternative Response column of the Automatic Thought Record, the therapist writes down “**Worst: Miserable** and unemployed, full of pain and suffering, isolated from others.”]

Therapist: Anything else?

Patient: No, I think that about covers it.

Therapist: So, if it were true that you had no control over your pain, the worst would be **feeling miserable**, full of pain and suffering, being unemployed, and feeling isolated from others. Does that describe the worst scenario you were talking about?

Patient: Yes. Gosh, when I hear you saying that, it sounds so **pitiful** (Ibid., italics original, bold mine).

The short account above includes six occurrences of *miserable* explicitly or implicitly related to pain; there is also *pitiful*, an adjective synonymous with *miserable*. The construal of pain determined by the descriptor in question which emerges from the interaction between the therapist and the patient is that of pain not only being ‘patiently’ endowed with the characteristics denoted by *miserable*, but also—quite strikingly—of pain ‘agentively’ causing a sufferer *to be miserable*, in all the aspects understood and imagined by the latter when s/he employs the word *miserable*. To be more specific, pain’s miserability is definitely causative, and thus conceptually expanded—it is not only limited to the rather obvious purely physical aspect (‘full of pain ... my face all crinkled up’), but it also enters the affective/emotional realm (‘full of suffering... no one will want to be around me’) as well as the socio-economic one (‘I won’t be able to work ... being unemployed ... feeling isolated from others’). In fact, this pain-to-patient transition and shift of emphasis is clearly illustrated by the turn-taking between the interlocutors—the therapist evokes the scenario of the patient’s lack of control over pain, then the latter instantaneously brings to mind ‘miserable pain’; this, in turn, prompts the therapist to harness this pain into the holistic scenario in which the patient *is* or *may be* actually miserable; then, making sure that the patient concurs, the therapist wants to elicit from the former the detailed description (and sense) of being miserable as related to his/her pain; finally, when the patient’s ‘painful’ miserability is defined and specified, the therapist summarizes it all for the patient, who confirms the scenario they, in a way, worked out and ‘pieced’ together, by encapsulating it with the formulation ‘... it sounds so pitiful’. The effect achieved in the pain scenario emerging from the therapist-patient interaction (as presented above) confirms what Edwards, Mayhew and Rice (2014) assert in their article: miserable pain is the one that is extended in

time (it is chronic), and it affects not only the patient's body, but also shapes his/her thoughts, emotions, and even determines his/her social and economic condition—in short, the *pain is miserable* in that it *makes the sufferer miserable* in all these numerous afore-mentioned aspects.

The last summative statement concerning the conceptual expansion of pain's miserability confirms to some extent the findings by Charteris-Black (2016). On the basis of his analysis of complex metaphor in sufferers' accounts of chronic pain, he argues that pain patients employ mixed metaphoric conceptualizations to the effect that "[they serve] important rhetorical function of making a speaker's claims quite credible to listeners" (Gibbs 2016: xii). Specifically, as Charteris-Black concludes, patients use repeated and extended metaphors with semantically convergent source domains (metaphor vehicles, to use his own terminology) to signal that they are discussing aspects of pain which can be controlled, whereas they resort to elaborated and mixed (conceptually blended) metaphors with semantically divergent source domains when their "purpose is to emphasise the intensity of the embodied experience by representing the pain as *out of control*" (2016: 157; italics original). In the light of the above considerations, the metaphoric scenario and landscape emerging from the therapist-patient conversation in question points apparently to the repetitive and extended pattern: the repeated and extended metaphor seems to hinge on the source domain (the metaphor vehicle) arising from what the notion of being miserable richly signifies (as shown and argued in this section). However, the situation reported by Winterowd, Beck and Gruener (2003: 151–152) suggests that the pain is *beyond the patient's control*, even though only counterfactually. Within this counterfactual mode, then, the pain patient visualizes him/herself as being out of control, which implies that according to Charteris-Black (2016) a mixed/blended metaphor with two divergent source domains should be present.¹³ This does not seem to be the case, as instead we identify the metaphoric construal apparently 'reserved' for pain-under-control situations, a construal with only one metaphoric source/vehicle which is represented by *miserable* (so, in fact, there exists no possibility of creating a conceptual blend, as some other metaphor vehicle is missing). Thus, what we do have here is not a blended scenario, but still a conceptually elaborate scenario in which pain's metaphorically captured miserability and patient's literal (physical, mental, emotional, social, existential and the like) miserability are almost counterpunctually juxtaposed.¹⁴

¹³ "A 'mixed' metaphor harnesses two different metaphor vehicles to refer to, or to describe, a single metaphor target (or topic). As Goatly (2011: 287) notes, ... in literary approaches mixed metaphors are associated with chaotic or unclear thinking and a lack of planning" (Charteris-Black 2016: 158–159).

¹⁴ It may also be argued that there is one more pain metaphor included that conceptually enriches the whole image, namely +A PATIENT IS A CONTAINER FOR PAIN+, but I would rather see it in terms of an 'auxiliary' extension and not as a potential input space contributing

Finally, Dureja (2009) seems to narrow down the scope of *miserable* with reference to pain, suggesting and highlighting more emotional and affective aspects of pain, and backgrounding its physical aspect—hence the phrase opening Instruction 9: ‘Now that you have told us the different physical aspects of your pain, ... we want you to tell us overall how unpleasant your pain is...’ (the whole context is presented in Figure 3.2).

9. Now that you have told us the different physical aspects of your pain, the different types of sensations, we want you to tell us overall how unpleasant your pain is to you. Words used to describe very unpleasant pain include “miserable” and “intolerable”. Remember, pain can have a low intensity, but still feel extremely unpleasant, and some kinds of pain can have a high intensity but be very tolerable. With this scale, please tell us how unpleasant your pain feels.

Not unpleasant	0	1	2	3	4	5	6	7	8	9	10	The most unpleasant sensation imaginable (“intolerable”)
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Figure 3.2. Instruction 9 from Descriptor Differential Scale of Pain Intensity (Dureja 2009: 27)

Thus, some negative pain’s evaluation encapsulated in the word *unpleasant* is of more general nature, not necessarily embracing pain’s physicality, but still being juxtaposed against it: as the fragment included in Instruction 9 clarifies, a low-intensity pain may feel extremely unpleasant while a high-intensity pain can be not-so-unpleasant and ‘very tolerable’. The above idea of inverse proportionality between intensity of pain and its unpleasantness appears to correspond with the tendency of characterizing pain chronicity in terms of its (semantically and conceptually spacious) miserableness. Though chronic pain is not most intense, it is labelled as *very unpleasant*, and the adjectives *miserable* and *intolerable* emerge as synonymous or almost synonymous in the context of the scale presented by Dureja (2009: 27; see Figure 2). The most unpleasant (though not necessarily most intense) sensation imaginable is qualified by the descriptor *intolerable*, and we may assume that *miserable* may occupy positions 9 or 10 at *the-not-pleasant-the-most-unpleasant-sensation* continuum in Instruction 9. Thus, the fact that *miserable* can be put at the same level (or at almost the same level) as *intolerable* also implies that pain may in fact be beyond sufferer’s control.

To imply that pain described as *miserable/intolerable* may be out of sufferer’s control is to argue that such pain is at its intense, but not so much physically as rather emotionally and affectively, or—as the MPQ would prompt—evaluatively. MPQ’s evaluative group 16 features *miserable* in the middle of the scale of pain’s evaluative intensity (level 3), while *unbearable* is positioned at the top level 5 of this scale (as already mentioned at the beginning of this section). MPQ’s top descriptor *unbearable* (from group 16) and DDSI’s top descriptor *intolerable* (posi-

to some conceptual blend, especially that we speak of two metaphors, *both* with different target and source domains: +PAIN IS AN ANTHROPOMORPHIC ENTITY+ (‘miserable pain’) and +A PATIENT IS A CONTAINER FOR PAIN+ (‘full of pain’).

tion 10, Instruction 9) can safely be considered to be synonymous. Still, whereas *unbearable* and *intolerable* from the MPQ and DDSI respectively indicate exactly the same level of intensity, the ‘slots’ of *miserable* within these two pain measurement scales are different. In the MPQ the position of *miserable* implicates moderate ‘evaluative intensity’—it is placed between the descriptors *troublesome* and *intense*. In DDSI, in turn, *miserable* clearly signals high intensity of pain’s unpleasantness. The additional two confounding factors which may be identified in the above comparison are apparently formal and conceptual—the former revolves around a different number of scale levels (five in the MPQ and ten in DDSI in the groups compared) and the latter is connected with the presence of the descriptor *intense* in MPQ’s group 16, which in fact is to be rather perceived as a ‘meta-descriptor’, one that cuts across all twenty MPQ’s groups and refers to diverse levels and types of pain intensification within many sub-areas.

The conclusions arising from the analysis aiming at characterizing *-able* pain descriptors are the following:

1. *Miserable*, *unbearable* (and also *intolerable*) employed to characterize various parameters of pain differ in terms of their syntactic, semantic, and conceptual complexity and manageability. While *unbearable* and *intolerable* seem to be more obvious and manageable, *miserable* as a pain qualifier emerges as more problematic, unwieldy, and open to interpretation.
2. In connection with the previous conclusion, it can be argued that all of these descriptors encompass predominantly evaluative, that is emotional, affective, and even socio-cultural characteristics of patients’ pain, which often implies and shows that pain’s *miserability/intolerability/unbearability* does not have to (and in practice does not) coincide with the high level of pain’s physical intensity (captured by different descriptors in different parts of the MPQ or DDSI).
3. *Miserable* is highlighted here as the pain qualifying adjective which appears to be exceptionally subtle, spacious, and complex pragma-semantically and conceptually.
4. By using the *-able* pain descriptors, medical experts and patients alike attempt to zero in on the type of pain which infrequently defies precise description and is extremely unwieldy emotionally and affectively. Thus, they qualify the pain which is extended and extensive in time, elusive, and unpleasant. *Miserable*, *intolerable*, and *unbearable* seem to symbolically capture paradoxical character of such pain, which may be physically not so strong, but is very intense emotionally, affectively, and existentially. As Wang et al. insinuate, diagnostically and therapeutically speaking, it is easier to deal with acute pain than with chronic pain:

The chronicity of pain is the feature of pain that is least understood and most directly linked with our inability to effectively manage pain. Acute

pain is relatively responsive to our current pharmacologic and interventional armamentarium. However, as pain persists, our ability to treat effectively diminishes and the patient's frustration and resource utilization increases (2009: 7).

The idea of pain manageability as hinted at above should be, in my view, elaborated on. We need to deal with various spaces occupied by pain—broader and more fuzzy, or narrower and more distinct. These spaces are not merely physically identifiable; there are also some other, more abstract, ones, like emotional, spiritual, social, cultural, or economic (as illustrated in the previous sections). The remark by Wang et al. (Ibid.), in turn, suggests the co-dependence and intersection of temporality and spatiality. Pain's (metaphoric degree of) pinpointedness is correlated with its temporality in the contexts of its manageability—acute pain is temporally short, time-condensed and spatially more pinpointed and 'precise', whereas chronic pain is, by definition, time-expanded, persistent and spatially less pinpointed and 'fuzzy'. Thus, manageability of pain is determined by its spacio-temporality: the more/less spacio-temporally compact pain is, the more/less manageable it appears to be.

3.3.8 Monomorphemic adjectives

The last group of descriptors which emerges from the MPQ are monomorphemic adjectives. The morphological criterion seems to be the only one to embrace them as a relatively homogenous group, since from the perspective of synchronic morphology these lexical units are to be viewed as consisting of only one morpheme (root). One may, for instance, employ *NLP Free English Morphological Parsing Service* (accessible on-line at <http://nlpdotnet.com/services/Morphparser.aspx>) to confirm that the fourteen adjectives enumerated in Table 3.3 are indeed synchronically monomorphemic.

Parsing them by using a reliable English morphological parser is crucial, as in some cases the morphological form may be misleading and may make the researcher believe something that is not true. For instance, the morphological 'appearance' of two MPQ pain descriptors, namely *heavy* and *itchy*, may at first sight cajole us into thinking that they are both bimorphemic, consisting of a root and the suffix *-y*. In reality, it is only *itchy* that should be now considered to be bimorphemic (see Section 3.3.3 herein), whereas *heavy* is contemporarily perceived as monomorphemic.¹⁵ A similar problem may ensue in the case of *vi-*

¹⁵ Confusingly enough, etymological analysis reveals that *itchy* and *heavy* are derived from Old English *giccig* and *hefig* respectively, meaning that their predecessors were in fact bimorphemic, as they consisted of some root and the Old English suffix *-ig*. Thus, etymology does not come to rescue as concerns establishing morphological categorization of these two present-day English adjectives and it must be determined by resorting to synchronic factors.

cious, which may appear to be bimorphemic, but is actually regarded to be a root (monomorphemic). One should also be careful while parsing adjectives using an on-line morph parser, and pay careful attention to what word is actually parsed and to which grammatical category it belongs; a good example in the case of the MPQ is *tender*, which is bimorphemic as a noun ('a person who tends another') but as an adjective it is seen as a monomorphemic root.¹⁶

Table 3.3 Monomorphemic pain descriptors in the MPQ

No	MPQ monomorphemic adjective	MPQ's group number and descriptor's position in the group	MPQ's group name
1	sharp	4 ; 1/3	Incisive pressure
2	hot	7 ; 1/4	Thermal
3	dull	9 ; 1/5	Dullness
4	sore	9 ; 2/5	Dullness
5	heavy	9 ; 5/5	Dullness
6	tender	10 ; 1/4	Sensory miscellaneous
7	taut	10 ; 2/4	Sensory miscellaneous
8	cruel	14 ; 3/5	Punishment
9	vicious	14 ; 4/5	Punishment
10	intense	16 ; 4/5	Evaluative
11	tight	18 ; 1/5	Sensory miscellaneous
12	numb	18 ; 2/5	Sensory miscellaneous
13	cool	19 ; 1/3	Sensory
14	cold	19 ; 2/3	Sensory

Thus, the pain descriptors extracted from the MPQ and presented in Table 3.3 are, apart from being morphologically consistent, heterogeneous in many respects, and it may prove pretty unwieldy to analyse them by employing the criteria stipulated in the methodological part of this paper—thus investigating semantic-cognitive types and ontology of the monomorphemic descriptors would be justified in conjunction with analysing their syntactic set-up, which is synchronically, as already stressed, monolithic and homogeneous. If the main aim of this study is to take a closer look at **morphologically complex adjectives** (consisting of roots and specific suffixes) as well as to attempt to determine what the semantic, conceptual, cognitive, and ontological implications arising from such polymorphism in view of pain description and perception are, then there

¹⁶ Probably for this reason, NLP morphological parser yields *tender* only as a bimorphemic noun while an adjectival root is omitted and perhaps only implied.

is not much justification for discussing monomorphemic pain descriptors here. It will suffice to write that they can be dissected as containing certain metaphoric conceptualizations, ones already ‘prompted’ by their semantic-cognitive structure and frames they function in, but also by the name of a specific MPQ group to which each of them belongs. The last comment may appear sweeping and indicate my slackening attitude towards tackling the remaining 14 monomorphemic pain descriptors in this paper; however, all 78 MPQ pain descriptors have already been addressed from a more comparative and cross-linguistic angle in some medical and non-medical publications, and thus there is no need to pursue and elaborate further on this issue here.

3.4 Final conclusions

From the above analyses there also emerges a compelling question, namely whether and to what extent identification, perception, and evaluation of specific pain types and qualities by lexical means converges and/or diverges at the interface of experts and non-experts (patients). It is possible, for instance, to view the MPQ as overly prescriptive and overbearing, a conceptual straitjacket that prevents sufferers from creative expression and description of their pain. On the other hand, it is true that the authors of the MPQ (and other pain scales) have taken and take into account patients’ ‘visions of pain’ and opinions while structuring these diagnostic tools. Thus, on the positive note it can be argued that infrequently, in order to pinpoint the nature of a given pain, specialists and sufferers ‘negotiate’ the sense of pain experience (which the latter face up to), and in this way make this diagnostics more precise (with a view to further treatment, psychotherapy, and the like). Such negotiation of pain meaning via lexical description appears to be inevitable not only due to the fact that pain is subjective and highly idiosyncratic, but also because of medical experts and patients often representing diverse conceptual backgrounds and mentalities. One way or the other, convergence between these two groups appears to be possible only when they become involved in acts of linguistic communication, and reconciling the expert prescriptive stance with the non-expert descriptive position may take place only in such acts. This issue is only signalled here, but probably it should be worthwhile to ‘gauge’ the potential patient-doctor discrepancies in this respect as well.

When I draw ‘local’ conclusions towards the end of each section (while dealing with morpho-lexical richness of MPQ descriptors), I most of the time am compelled to concede that they are manifestation of certain metaphorizations—pain is predominantly metaphorized as some agentive evil entity, anthropomorphic or inanimate. Obviously, this overarching metaphor may be broken into more specific pain sub-metaphors, whose conceptual richness and

subtlety emerges from the very morpho-lexical analyses carried out above. As I often suggest in this paper, there are many confounding factors and doubts at work which make it hard to label these metaphors as fully precise in diagnostic and therapeutic terms. Still, it is my strong conviction that, however 'imperfect', conceptually spacious and elusive, these metaphors may serve and indeed serve as a powerful tool, even though one may see them in the medical context as a mere heuristic. They are efficient to the extent pain 'allows' them to be, and, in turn, by being like this they reflect pain's multi-faceted 'position'.

Having spelled out more specific local conclusions at the end of each section, here I consider it more apt to arrive at more global ones. In my view, the manner in which all the analyses above were unfolding is illustrative of two general aspects:

1. Metaphors in the most part are multi-dimensional; and
2. There is no way of conceptualizing and fathoming pain except through metaphor.

The first observation ties in with six various dimensions of metaphor considered by Cameron and Maslen, which are linguistic, embodied, cognitive, affective, socio-cultural, and dynamic (2010: 3–7). Pain metaphors are linguistic, irrespective of how narrowly or broadly we understand the term 'linguistic metaphor'. They are "the instantiation in language of conceptual metaphor (Steen, 2008)" (Ibid.: 4), and clearly MPQ descriptors reveal the presence of such metaphoric conceptualizations. However, they are also metaphors "found in language use ... signalled by the researcher by the arrival of 'something else'... incongruous or anomalous in its discourse context" (Ibid.). This anomalous aspect can be viewed in the discussion of 'itchy-pain-like-mosquito-bite' and 'itchy-pain-like-poison-oak' conceptualizations featuring in DDSI (see Section 3.3.3 herein), conceptualizations that emerge as considerably concrete and thus locative in nature. Although the latter (poison oak) looks like a really creative and novel metaphor and the former (mosquito bite) as more conventionalized and predictable, "less striking, conventionalized metaphors can also be seen as somehow incongruent when we stop and look at them ... [and so] what counts as linguistic metaphor includes the full range from novel through to the most conventionalized" (Cameron & Maslen 2010: 4). Metaphor embodiment means that there is much more than mental processes to metaphor, as "our bodies participate and interpret, eyes and head move, skin reacts and responds, ... [and] memories of physical experience [are activated]" (Ibid.). For this reason pain metaphors are also embodied, but we seem to know this even intuitively, since pain is inseparable from a physical body and has to be manifested there, even though it will be non-physical (psychological or social).

Pain metaphorizations are also cognitive in the light of a broadly understood cognitive linguistic approach, one which is adopted here. As the vehicle terms (source domains) of pain metaphors (also the ones emerging from the MPQ

adjectives and other metaphoric contexts presented in this article) “carry evaluations, attitudes, values, perspectives or beliefs” (Ibid.: 5), they are also affective. According to Cameron and Maslen, metaphor is also dialogic and socio-cultural, since “[c]onventionalized metaphors in language usage can emerge over long periods of time across speech communities, while individuals engaged in conversation may come to use particular metaphors as shared ways of talking over a few turns of talk” (2010: 6). The analyses of the metaphorization(s) emergent from characterizing pain with the use of the adjective *miserable* in three different contexts in Section 3.3.7 aptly illustrate pain metaphor as dialogic and socio-cultural. In all of them what I attempt to highlight is that a specific pain metaphor is structured and ‘negotiated’ in interaction, be it the non-immediate ‘imagined’ one between the medical researcher and the reader at the level of the scientific text, or in the real immediate setting where the therapist and the patient are involved in a face-to-face conversation. From the socio-cultural aspect of metaphor we can proceed smoothly to its dynamic aspect, which also appears to be depicted in the contexts discussed in Section 3.3.7, since “[m]etaphor dynamics may result from the process of interaction, as one participant in a conversation responds to another, or from the development of ideas, as a speaker or writer builds an argument, clarifies a position, or constructs a description” (Ibid.).¹⁷

Inevitability and indispensability of metaphor in the language of pain is stressed and scrupulously exemplified by Biro (2010). It seems worth mentioning some of his points that are pertinent to the present study. First, it would be academically dishonest of me to be silent about Biro (as a doctor) being highly critical about the MPQ’s applicability.¹⁸ This may somehow undermine the validity of the present study which treats the very MPQ as an empirical basis. But Biro makes an insightful and important observation while critiquing the MPQ—in his view there seems to be a kind of dialectic tension between doctors, reluctant to acknowledge metaphor and yet forced to rely on it, and their patients, who are more than willing to resort to metaphorizing pain. Irrespective of this apparent doctor-patient tug-of-war over metaphoric language, there is no denying that metaphor is ‘there’, right in the middle of diagnostic and therapeutic processes.

¹⁷ The interactive, dynamic and dialogic nature of metaphor is also stressed by Loftus, who argues that “metaphors, and the linguisticity of which they are a part, shape medical practice in important ways ... [and] by exploring the dialogical tension between [the metaphors used in pain management], we can better understand the ways in which they influence the medical practice” (2011: 213).

¹⁸ “One of the most promising attempts [to help patients articulate their pain] was the McGill Pain Questionnaire, created in the 1970s. It provides patients with lengthy lists of descriptive words they can choose to convey their feelings. But with the exception of highly specialized pain clinics, medical practitioners rarely use the questionnaire these days. It may be too complicated to explain. It takes too much time to fill out. And perhaps, despite the good intentions of its authors, both parties remain unsatisfied: *doctors are uncomfortable with the form’s metaphorical language, and patients want even more of it*” (Biro 2010: 13; italics mine).

And also the MPQ's metaphors are 'there', and they appear to collectively symbolize certain impotence of pain metaphors. As Biro argues,

[t]he words used by patients in the clinic are not as resonant as Joyce's [novel and creative] language. They are, however, metaphorical. All share the motif of agency, which ... is the most common way we communicate pain. Stabbing, drilling, pounding all imply an agent or outside force (imagined and therefore metaphorical) that acts upon the body to cause pain. But because these words are used so frequently, they lack the suggestivity of truly vital metaphor (Ibid.: 60–61).

The case of the MPQ and 'aging' metaphors (as Biro calls them) employed there additionally corroborates the theses of (already mentioned) metaphor dynamics and of metaphor's linguistic character, and what Cameron and Maslen describe as incongruous and anomalous (2010: 4), Biro labels as deviation from the familiar to the unfamiliar (2010: 60). In a pain clinic or an emergency room,

[w]hen asked by a doctor to describe their pain in her leg, one patient responds that it is *burning*. A man with chronic emphysema says he feels like he is *being choked*. A young girl with abdominal discomfort speaks of *shooting* pains. A woman with pelvic pain believes something inside her is *tearing*. Other patients describe their pain as *pounding*, *stabbing*, *drilling*, *blinding*, *squeezing*, *wrenching*, *dragging*, and *grinding*.

The figurative nature of this language is immediately apparent. Patients who talk of stabbing or choking pain haven't actually been stabbed or choked. Nor have they been dragged, wrenched, or drilled on. ...[T]hey talk about their experience in terms of another experience, which, even if only imagined, is much more concrete and visible than their pain. In short, they enter the realm of rhetoric, specifically the realm of metaphor (Ibid.: 58–59, italics original).

Thus, in the context of 'pain in metaphor', there is another dialectic coming to the fore—the one between novel 'visible' metaphors and conventionalized 'invisible' ones; and there is even something more—with time, the former may, more or less imperceptibly, segue into the latter. This phenomenon of metaphor 'aging' is not really unanimously evaluated as either positive or negative, as this assessment seems to be mostly dependent on expectations and preferences of metaphor 'producers'/users (in our case sufferers) and metaphor 'takers' (mostly doctors and clinicians). This implies some saving grace for the MPQ—as Biro himself admits, certain patients will be creative while describing their pain, but others will not:

Knives, hammers, vises, fire. All potential weapons used to describe and distinguish pain, which makes it easier for doctors to diagnose and treat

their patients. But not everyone is as imaginative as [specific pain patients] as John, Rachel, and Mr. H. And many, especially those who have lived with pain too long, don't even bother trying. They are sick and tired of explaining how they feel to doctors who either don't believe them or never seem to be able to help. For these less forthcoming patients, pain specialists sometimes use the McGill Pain Questionnaire. ...

Although not explicitly mentioned, weapons are clearly implied by most of these adjectives. Burning and shooting, stabbing and boring—these actions usually occur with them: *fires* that burn, *guns* that shoot, *knives* that stab, *drills* that bore. Patients will either compress the action into a single word (“stabbing”) or ... spell out the details by specifying the weapon (2010: 66–67; italics original).¹⁹

We may, then, plunge into an incessant debate about the role and position of conventionalized and novel metaphors when it comes to capturing pain via language. However, what seems to be pretty certain is that whichever of these metaphors are employed by whoever in (medicalized) pain contexts, MPQ adjectival pain descriptors, carrying succinct conventionalized ‘aging’ metaphors, lie at the base of and constitute the nucleus for more elaborate and extensive novel metaphors. It is probably true that “the more elaborate the metaphor, the more closely it approximates the experience of pain” (Biro 2010: 96), but it appears that any pain metaphor will ‘be enough’ as long as it serves the purposes of the interactants. Still, as I was attempting to show, to achieve this metaphor elaboration leading to pain approximation, first we need these compact conventional metaphorizations residing in morpho-lexically rich MPQ adjectives, ones that have the potential to take us further to more subtle and novel semantic, conceptual, cognitive, ontological, and existential terrains. In short, our (pain) metaphors age, and so we need the new ones, but the latter are, in my view, built upon the former, and the apparently fully exploited metaphors should not be jettisoned altogether, as they may still come in handy.

In fact, the metaphors hidden behind MPQ descriptors are catachretic, and they fill voids not only at lexical levels, but also at semantic, conceptual, and epistemic ones (Biro 2010: 62). A three-stage transition that I suggest (from old metaphors via refreshed ones to completely new metaphors) is also implied by Biro:

Metaphors inevitably age and become part of literal discourse. Like antibiotics, they develop resistance, which deprives them of their descriptive and suggestive powers. To say that you have a splitting headache may not be enough anymore; the phrase has become so banal that it may not make us really *see* pain. And if we don't see it, then we can't know or talk about

¹⁹ In fact, Biro considers the list of agency metaphors found in the McGill Pain Questionnaire to be exhaustive (2010: 68).

it very effectively, and others may be less likely to believe it. So we must continually revive our older metaphors, replace stabbing pain with more exotic versions of agency. And, equally important, we must come up with brand-new metaphors (2010: 171; italics original).

Thus, in the face of pain, metaphor is obligatory, and Biro repeats this thesis like an incantation, in the context of various problematic pain-related issues:

In pain we don't choose metaphor but are **forced** in that direction because there is no literal language. **It's either metaphor or continued absence** (2010: 61).

[U]nderstanding metaphors of pain in terms of catachresis emphasizes their **urgency and necessity**. We don't voluntarily speak to choose metaphorically; we are **forced into it**. ... Pain threatens to destroy our language and conceptual abilities, leaving a void. The only way to represent that experience and **fill the void is through metaphor**:

Pain is an all-consuming interior experience that threatens to destroy everything except itself, and *can only be described through metaphor* (Ibid.: 63; italics original, bold mine).

Concluding this paper I emphasize two theses—one about metaphors' multi-dimensionality, and the other about pain metaphors' unavoidability. Pain metaphors appear to be essential not only as a research object, but also—and even more importantly—as a research tool. “Metaphor offers a tool for understanding people” (Cameron & Maslen 2010: 7), so, at a more specific level, a pain metaphor offers a tool and *is* a tool for understanding patients. Besides, pain *and* metaphor have something intrinsically in common—both can be described as multi-faceted without any exaggeration. And due to this connection, it is worth picking up the threads of metaphor and pain jointly, and embark on unravelling them in these ways, as they often become mutually informant—the former may be helpful to understand the latter, and the other way around, both as research objects and as research tools.

Finally, putting aside the above-mentioned complex doctor-patient verbal ‘negotiation’ of pain and metaphor’s propensity to age, it should also be stressed that attempts are made by all ‘parties’ involved at rendering pain(s) as more delineated, restricted and **locative**, that is placed in some conceptual loci and spaces (abstract or concrete to varying degrees), such as (in)animate agents or (natural) phenomena, which/who in turn impact more concretely construed body areas of pain sufferers. These types of ‘landscapes of contact’ between conceptual and corporeal areas seem to prevail in verbal descriptions of pain in English, but, apparently in numerous other languages as well (which is why I believe that it is worthwhile to pursue cross-linguistic studies of this nature in the future).

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