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ON OF PAIN IN ENGLISH AND ROMANIAN

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The current studies related to the expression of the human sphere of feelings, states and emotions positions PAIN at the interface of the affective experience, cognition and language, and at the crossroads of different disciplines and epistemological approaches. PAIN is a complex universal semantic concept, unitary in its (physical and mental) ambivalence and multi-dimensionality, manifested through its semantic components that have different specific lexico-grammatical configurations in languages, demonstrating prototypical construal modes of the PAIN situation, with wide cross-cultural implications. Thus, for example, PAIN conceptualization in English and Romanian can display some commonalities in using possessive predicative constructions (both being Have-languages), although with functional differences, but the highly analytical nature of English would not allow for the representation of the globally affected Experiencer in constructions with direct and secondary semantic PAIN predicates, unlike in Romanian where, culturally, PAIN is likely to have a more engulfing implication.

Key words*: the concept of PAIN, semantic universals, conceptual metaphors, situation construals, cognitive typology.*

The "language of pain" has come into the focus of linguistic studies relatively recently, following the rise of researchers' interest for the expression of the subjective sphere of human feelings, states and emotions. The current investigations position 'pain' at the interface between the affective experience, cognition and language and at the crossroad of different disciples and epistemological approaches. The large array of questions raised by the theoretical and applied research on 'pain*'* are aimed at understanding its conceptual basis, its eventual universality, its possible objectivization for practical (medical et al.) purposes, its typological variability, and other issues related to the intercultural communication and, specifically, to the translation practice.

From the ontological point of view, pain as a phenomenon *is* a universal characteristic condition of humans (and, even larger, of living beings). Only exceptional people are totally immune to pain – and it is an exception that confirms the general rule. Despite being a totally private inner experience, pain can be made accessible to outsiders either through the sufferer's personal description or based on the observers' decoding of that person's emotional manifestations or on her specific behavior (called in special literature PB, i.e. pain behavior).

Pain - and also *suffering* for this reason, in the sense of "going through a painful experience" – was so long considered a natural, God-given condition (on Christian origins of the concept of "suffering" lexically embodied in European languages see Wierzbicka 2014, 149), that the idea of treating pain was disapproved of by the theological practice:

It is only in the last two centuries that pain has become treatable in the contemporary sense […], pain was something ordained, something to be expected: "In sorrow [=pain] thou shalt bring forth children" (Genesis 3:16). Queen Victoria was widely criticized when she took ether in childbirth, since this was considered to be flaunting the precepts of the Bible. (Sussex, 2009, p. 6.3)

Gradually ‘pain’ has become a symptom in its own right, not merely an indication of some other somatic or psychological malfunction, susceptible to treatment.

Still, as shows the continuous interest for it displayed by numerous specialized medical, psychological, anthropological, philosophical journals and research centers, ‘pain’ is considered a highly complex human condition. This fact is reflected in its definition by the International Association for the Study of Pain / IASP, revised since 1979 in 2020 “to better convey the nuances and the complexity of pain” and improve assessment and management of pain:

“An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage, or described in terms of such damage.”

Significantly, the new IASP definition of pain is accompanied by several notes like:

- Pain is always a personal experience that is influenced to varying degrees by biological, psychological, and social factors.
- Through their life experiences, individuals learn the concept of pain. (IASP, 2020)

IASP definition and accompanying notes disclose the multi-dimentional nature of PAIN, these different dimensions lending themselves to be studied from different perspectives:

- as a **somatic/ sensory** condition (anatomic/physical condition, the “real pain”, primarily focused by therapists, although as one of the IASP notes says, “a person's report of an experience as pain should be respected” and thus might need psychologic/psychiatric support; here also come cases of „phantom pain”)
- as an **emotional** (affective) condition
- as a **mental** condition (the philosophers are inclined to define ‘pain’ rather as a mental state)
- as a **cognitive construal, a concept** learned by the individual and „influenced to varying degrees by biological, psychological, and social factors”, which shows its great variability of manifestation and interpretation.

The ambivalence of ‘pain’ lies in the fact that it is primarily a **subjective interpretation** by the **conscious mind** of the experiencer of his/her own inner state, an introspection into own mental or emotional processes, but at the same time, it is recognized as an **ontologically universal** human condition. As the American author Glennon Doyle Melton puts it, “[…] the paradox of pain is that it is only universal in retrospect. In the present, it is fiercely personal.”

The objectivization of ‘pain’ for healthcare purposes led to a much closer investigation of its nature and, in particular, to its categorization by certain parameters, such as localization (in which part of the body), duration (transitory, chronic), intensity (mild, severe, etc.). The analysis of ‘pain language’, initially based on the patient-doctor discourse, resulted in the development of the McGill Pain Questionnaire / MPQ (Melzack, 1975), a word-based instrument widely used in medical contexts for the diagnosis, measurement and assessment of pain. First it contained 102 English pain descriptors, later reduced to 78, all either base adjectives like *tender*, or modifiers derived from *-ing* participles like *splitting*, arranged in four macro-categories which were later taken up in the MPQ: sensory, affective, evaluative, and “miscellaneous”, with a strong emphasis on ranking the words in order of severity of pain, and on moving towards a quantitative measuring instrument (Sussex, 2009, p.6.4).

Is such objectivization of ‘pain’ an argument in favor of the universality of the concept of PAIN? What is the role of English ‘pain language’ in this seeming objectivization and universality?

For Anna Wierzbicka, the “discourse of *pain”* tends to suffer from the same problems of ethnocentrism and obscurity as the discourse of emotions in general (Wierzbicka, 2012, p.307). The English word *pain* is connected with the Anglophone discourse on this theme, but not with human ways of thinking world-wide. So to explore ‘pain’ as both our common humanity and as something diversely expressed in languages, it is necessary at some point to “reject the conceptual crutches” offered by the English words *pain* that might become treacherous in the long run. (Wierzbicka, 2014, p.149).

The extensive cross-linguistic research has demonstrated that there are no precise lexical semantic universals in the domain of emotion, and that the specific meanings of the emotion words of any language are often heavily culturally coloured (Sussex, 2009, p.6.2).

Attempts to pinpoint the conceptual common core, the universal or quasi-universal concept of PAIN have been made using various approaches in the frameworks of cognitive, lexico-grammatical and semantic typologies and from the socio-cultural perspective.

One of the better-known researches, in this sense, are those carried out in the framework of the Natural Semantic Meta-language (NSM) methodology, developed by Anna Wierzbicka and Cliff Goddard. It relies on 65 semantic primes – simple words with equivalents in all or most languages – as basis for a cross-linguistic primarily lexical semantic approach explications, i.e. formal representations of lexical meanings, for language-specific prototypes and semantic universals. A paradigmatic example of a subjective experience study as expressed, described and construed in language is that of the words *pain* and *happiness*: "there is no universal human discourse about "happiness" and "pain", but there is one about 'feeling something bad' and 'feeling something good'", both salient in human speech, but bad feelings are universally elaborated by being linked, in some way, with the body" (Wierzbicka, 2014, pp. 150, 151; also see Goddard, 2014).

According to Wierzbicka, 'pain' is a unitary sensory-affective (physical and mental) phenomenon. The key common semantic component for all the concepts of words similar to *pain* in English and *douleur* in French, when put in simple words that are cross-translatable into any human languages, is 'feeling something bad in one's body'. This core semantic component (lexico-semantic universal) can be elaborated conceptually: (i) either by being restricted to *in one's body* or extended to *the whole person* (while prototypically focused on the body, like in English), (ii) by focusing *the whole body* or by being located in a *part of the body,* (iii) by indicating the level of pain intensity - feeling *something bad* or *something very bad* in the body, (iv) by including a temporal distinction between 'bad feelings' of *any duration* (long or short) or *extended in time* (Wierzbicka, 2014, p.156).

The different configurations of these "ingredients" make up for the different lexicalization patterns of the 'pain' concepts in different languages. The differences in the two explications for the words *pain* and *douleur* are to be found at the prototypical level: for *pain,* a bad feeling is prototypically located in a particular part of the body, while for *douleur,* although it is rather indiscriminate for the physical and emotional senses, the prototype of the experience is physical, but refers to the body as a whole and not just a part of the body, and the feeling is prototypically 'very bad' (intensity) and lasting 'for some time'(duration) (Wierzbicka, 2014, p.169).

Importantly, the above prototypical conceptualization differences correlate with wide-reaching differences in ways speakers' thinking, feeling and behaving. As Wierzbicka notices, since for the Anglo point of view "physical 'pain' (feeling something very bad in the body) can be intense and uncontrollable, but emotional 'pain' (feeling something very bad based on certain thoughts) is not similarly uncontrollable", […] "there are strong cultural scripts encouraging speakers to control their emotions by controlling their own thoughts". In French culture, by contrast, "bodily 'pain' and emotional 'pain' are conceptualized as (potentially) equally overwhelming and equally engulfing the whole person". If the focus in English discourse is rather placed on the affective side, other words than *pain* would be used - *grief, sorrow* (see the description of Mary as *la mère des douleurs* in French and as *the grieving mother* or *the sorrowful mother* in English (Wierzbicka, 2014, ibid).

In agreement with the above, we consider PAIN a complex universal semantic concept, unitary in its ambivalence, multi-dimensional as manifested through its semantic components, a concept that is realized through language-specific lexico-grammatical configurations as means of PAIN conceptualization, that give prominence to some or other of its semantic dimensions.

In relation to the *douleur* and *pain* comparison, we cannot but notice that Romanian discourse witnesses the conceptualization of PAIN in *durere* as rather different from the English *pain* and quite similar to the French *douleur,* where the prototype itself is global rather than localized, and the extension from the whole body to the person as a whole is natural and common – see, for example, the frequent figurative use of *durere* in the all-comprising sense: *am o mare durere (pe suflet)* [lit.'I

have a great pain (on my soul)' as a result of something bad that happened to me] , *o durere surdă mă apasă* [lit. 'a dull pain is pressing me']; consider also the Romanian *maica îndurerată* [adj. = in pain]. Also largely used in the Romanian affective discourse is another noun derived from Lat. *dolere – dor* [=longing, yearning desire, suffering from missing somebody, nostalgic state]. Its strong emotional load and high frequency in poetry, and particularly in the folk song lyrics, points to the fact that it is one of those key language-specific words which reflect the core values of their corresponding cultures (see Wiersbicka, 1997).

In a typological framework targeting the lexico-grammatical structuring of the 'pain language', the questions that arise are about the possible construals of pain situations, the deep-level semantic roles PAIN can have in them and what the language-allowing corresponding constructions are.

Investigating the construal of PAIN in English using his Systemic-Functional framework, M.A.K. Halliday points that pain is categorized in varying ways, as process, quality and thing, and construed as various different kinds of process, and it can vary among different modes of construal (Halliday, p.11):

Quality (adjective): *my throat feels sore, the wound feels painful*

Thing (noun): *I've got a headache, do you feel any pain?1998,*

Process (verb): *my knee hurts, I hurt, it hurts, I've hurt my knee*

Based on this framework, C. Lascaratou in her research on pain in Greek, based on a corpus of doctor-patient discourse focuses mostly on nominal and verbal expressions, concludes that Greek nominal expressions in the configuration of the pain experience are longer and structurally more complex: they give ample evidence of greater cognitive processing and elaboration when compared to typical verbal expressions (Lascaratou, 2007, p.183). Although taken with caution, since the specificity of the corpus used might be also conducive to such a conclusion, the noun as name of the concept might appear as the result of a more complicated cognitive process. In Romanian, at least, the construed of physical pain situations with the noun *durere* (particularly used in the plural, and rather for a persisting pain) might sound more common in a patient-doctor interaction (in the sense of pain 'objectivization') - *am dureri de cap/ stomac/ inimă/ spate* or *am dureri în piept / în partea dreaptă* - [lit.'I have pains of head/stomach/heart/back' or 'I have pains in the chest/in the right side] - than for an everyday discourse, where the verb seems to be more common - *mă doare capul/ stomacul/ inima/ spatele/ pieptul* or *mă doare în piept/ în partea stângă* [lit.'me hurts the head/ stomach/ heart/ back' or'me hurts in the chest/ in the left side'].

From the typological perspective, the construal of pain situations with the indication of its specific localization presents a special interest. As showed our typological research on the conceptualization of POSSESSION in English, Russian, Lithuanian and Romanian (Be- and Have-type languages), with the body-part – person relation considered a special case of POSSESSION, English differs significantly from the three other languages in construing the localized pain situation (Cincilei, 1990). Having lost its indirect cases/case inflections in the class of (pro)nouns, English cannot build sentences with a PAIN-predicate like *hurt* with the Experiencer assigned to a separate syntactic position, and thus uses attributive possessive phrases in the subject position – e.g. *my stomach hurts* (cf, with Ru. *у меня болит живот*, Lit. *man skauda skrandį*, Rom. *mă doare stomacul*, where the situation is construed as something bad happening in the universe of the Experiencer that overall negatively affects him. These examples illustrate how the prototypical grammaticalization models of localized physical pain in these three languages, by assigning autonomous (non-subordinated determiner) roles to the Experiencer at the syntactic level, can be signaling increased levels of affectivity. To emphasize the person-in-pain as an affected subject, English can construe the painful situation as a possession – *I have a terrible headache,* or rather rarely, to present the pain as an all-engulfing feeling - *I hurt all over my body, when you hurt inside.*

The grammaticalization of the localized pain in Romanian in constructions with the verb *doare* ['hurts'], where the object (Acc.) Experiencer is typically the background theme, can have two variants: a transitive construction with the body-part (Nom., definite) as the Thematic subject in focus

or a transitive-impersonal construction with the prepositional (indefinite) body-part as Locative (metaphorically conceptualized as a CONTAINER for the PAIN) – *mă doare gâtul / mă doare în gât* [lit.'me throat hurts' / (it) hurts me in throatț]. In the latter case the "self" seems to be more affected than in the former case. From the cognitive perspective, it is interesting to consider the ironical idiom *în cot mă doare* [lit. 'me hurts in the elbow', meaning 'I do not care'] – first, because the elbow cannot be conceptualized as a CONTAINER, and second, there might be possibly a different "value" assigned to this body-part from the globally affecting effect of the person as a whole.

The number of so-called direct PAIN-predicates in different languages seems to be quite limited (Eng. *hurt, ache, pain,* Rom. *a durea*), but languages vary as to their lexicalization patterns and the use of semantic metaphorical derivatives, PAIN being conceptualized as "a highly distinguishable undesirable possessed entity and as an external-to-the-self moving force capable of invading the individual as an uninvited intruder, ultimately acting as a malevolent aggressor, a torturer, and an imprisoning enemy. (Lascaratou, 2007, p. 140). Thus, the personified PAIN is able to act as a violent creature (Rom. *durerea mă sugrumă, mă sfâșie),* using an instrument (*m-a străpuns o durere cumplită*).

In a quite representative study of the direct and secondary (semantically derived) PAIN predicates, based on the analysis of data from 20 languages (Reznikova et al., 2012), the authors conclude that the secondary predicates are mostly the result of the conceptual metaphorical shifts. This is not surprising, given the speakers' needs to appeal to metaphorical comparisons so as to better describe such a complex and deluding phenomenon as PAIN, to discern the specific kinds of pain and ways they affect the individual. The cross-linguistic corpus allowed the researchers to identify some recurrent SOURCE domains for the PAIN conceptual metaphors, which can also be found in Romanian, such as: HEAT/FIRE (*frige /arde* ['grills/burns'), SHARP OBJECT (*străpunge/ înțeapă/ înghimpă* ['pierces/ pokes/ stings/]), SOUND (*țiuie* ['howls'], (DESTRUCTIVE) MOTION (*roade/ fărâmă/ frământă* ['gnaws/ smashes/ kneads'].

Regarding the productivity of the lexicalization patterns that generate secondary PAIN predicates through metaphorical shifts, the authors of that research single out some languages with 'rich systems' (e.g. English, German, Russian) that reveal up to 50 "metaphoric" pain verbs (Reznikova et al., 2012, p.422). An eventual investigation of the Romanian secondary PAIN predicates might reveal where it comes in relation to the cline 'poor-rich' systems.

On the other hand, worth of closer investigation from the cognitive typological perspective is the lexicogrammatical and morphological variability Romanian demonstrates while construing the pain situations with secondary PAIN predicates. Thus, Romanian displays several modes of construals of this situation from the point of view of the pain experiencing subject or the acing body-part: (i) similar to the direct PAIN predicates constructions, with the object(Acc.)-Experiencer the body-part can be either syntactically represented as an indefinite Prep.NP (Locative) or as definite Nom.NP (Theme) – *mă frige în piept/ gât/ spate/ după cap* [lit.'me aches in stomach/ throat/ back/lit.behind head, i.e.neck']– *mă frige stomacul/ pielea / limba/ capul/ ceafa* [lit.'me stomach/ skin/ tong/ head/ neck aches'] - the question is What defines the use of the prepositional construction for the body-part, with which body-parts and with what prepositions?; (ii) the alternative constructions with Acc. or Dat. Experiencer and the Nom. Theme, as in *mă ustură ochii* [lit.'me sting the eyes'] vs. *îmi ard urechile* [lit.'to me the ears burn'].

Thus, a more thorough analysis of pain conceptualization in Romanian seems worth investigation in this sense.

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