

# Sakit: A Preliminary Linguistic Analysis of Tagalog Pain Concept and Language

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## Abstract

To contribute to studies seeking to better facilitate healthcare communication on pain (Halliday, 1998; Katz & Melzack, 2011; Lascaratou & Hatzidaki, 2002; Patharakorn, 2010; Wierzbicka, 2012), the present study analyzed the Tagalog pain language through semantic and syntactic analysis to delineate the local pain concept and experiences. The metaphors gathered in the data were also interpreted. The semantic analysis found that *sakit* in Tagalog has a variety of experiences that vary according to its sensations, location, and causes. It also found that *sakit* is primarily caused by external factors (accidents, everyday objects, and illnesses) and by internal factors (found inside the body). In the sentence-level analysis, Tagalog primarily construes pain as a process and secondarily as a quality and as an entity. This is significantly different from the construal of English, Greek, and Thai. *Sakit* as a process shows that there are active and passive experiences and participants of pain, while *sakit* as a quality functions as an attribute of the body and of the pain experience itself. Lastly, *sakit* as an entity reveals that pain can be an undesired possession, an actor who causes pain, a nominal modifier, and a subject of the sentence. In the interpretation of the metaphors, it is found that pain is an invisible or an identified force that violates the body, and pain is someone or something from the sufferer's environment.

## 1 Introduction

Previous literature such as Woolf (1926/1994, as cited in Bending, 2006), Scarry (1985), and Selzer (1994) among others attempted to understand the experience of pain, a universal human phenomenon that affects quality of life, as it is an unpleasant and threatening experience that seems to escape language. In terms of the relationship of these two, the three works claimed that language always falls short or runs dry when expressing or describing pain. Scarry went as far as claiming that "physical pain does not simply resist language but actively destroys it" (p. 4). Selzer, on the other hand, acknowledged the tools that patients utilize to describe and make sense of their experience of pain. According to him, "There is no adequate way for the sufferer to portray his pain other than to cry out. In order to convey his pain, the patient, like the writer,

must resort to metaphor, simile, and imagery” (p. 28).

Pain is difficult to communicate as it is an experience exclusive and subjective to the sufferer (Sussex, 2009). It is an “unshareable” experience that cannot be denied or confirmed (Scarry, 1985). However, to understand the pain experiences and sensations is necessary as these affect our quality of life. It is particularly important in the medical and health care professions to diagnose correctly and provide appropriate treatment. This need results in medical and clinical fields to dominate the study of pain language (Patharakorn, 2010).

Languages such as English (Halliday, 1998; Melzack & Torgerson, 1971; Wierzbicka, 2012), Greek (Lascaratou & Hatzidaki, 2002), Thai (Patharakorn, 2010), and Chinese (Rui et al., 2014) have started recognizing the importance of conducting linguistic studies on the language of pain. These studies used linguistic evidence and frameworks to provide a fuller understanding of the concept of pain in their own context and language.

Linguistic analysis of pain language is important as it provides a perspective different from those conducted in the medical perspective. Medical studies of pain language aim to determine the various qualities of pain sensations as well as to develop more accurate and appropriate pain assessment tools (Katz & Melzack, 2011; Melzack, 1975). While linguistic analysis of pain helps understand the meaning, concept, and experience of pain based on the speakers’ linguistic expressions, as well as how the speakers perceive pain as a concept and as an experience (Halliday, 1998; Lascaratou & Hatzidaki, 2002; Wierzbicka, 2012). These studies provide an understanding of how pain is perceived and experienced by its participants; thus, linguistic analysis of pain is an important perspective to look at and understand in facilitating healthcare communications. It delineates the concept and language of pain based on the cultural and linguistic constraints that govern pain expression. Overall, linguistic study of pain poses a potential help to healthcare practitioners in understanding the concept of pain in a certain unique setting and it may also address the problem of communicating and assessing pain.

In Philippine languages, there are hardly any linguistic studies conducted on the pain concept and language. Most are translations and cultural adaptations of pain assessment tools, and these are still greatly shouldered by the medical field. Such adaptations are: translation of painDETECT Questionnaire (Gomez et al., 2019) in Tagalog and Cebuano, the two major languages in the Philippines with the most number of speakers; Filipino version of Penn Facial Pain Scale (Yu & Rosales, 2018); and translation of VISA-P Questionnaire for Patellar Tendinopathy (Sosa et al., 2021) to Filipino language, among others. The translations of pain assessment tools like these in Philippine languages imply the demand to study and provide an accurate understanding of pain experience and expression that would facilitate doctor-patient communication in the country.

This research provides a preliminary description of Tagalog pain language and concept that may help facilitate the communication between medical, health care practitioners and patients in Tagalog speaking areas. More importantly, this would provide a deeper understanding of pain as viewed from the lens of Tagalog context, culture, and language through linguistic devices in reporting pain such as pain terms, grammar, and

metaphors.

The main contributions of conducting this linguistic study on pain language are (a) to provide a deeper understanding of and delineate the Tagalog pain experience according to its language, context, culture, and setting, and (b) facilitate health care communication in Tagalog and Filipino settings. That is, the linguistic study of the Tagalog concept of pain presents the founding knowledge that informs the speakers of their pain experience including its cause, sensations, and treatment. It is also significant in understanding how the Tagalog speakers perceive their experience and in deciphering what they intend to communicate for the healthcare professionals to understand. Since linguistic and cultural factors are operative in pain language and concept, this study delineates the Tagalog concept of pain in comparison with Western concept(s) of pain where the medical field is highly based. As according to Wierzbicka (2012), pain expression is also subject to cross-cultural variation, hence the non-translatable concepts of pain to other languages. To delineate the Tagalog concept of pain is of high

significance and must be considered to cater to the needs of Filipinos, especially, Tagalog patients. As a whole, the significance of this study is to understand the Tagalog pain experience and to facilitate pain discussions in healthcare communication. This study also contributes to existing linguistic literature on pain language, especially in Philippine and Tagalog linguistic literature, as this area of study is still in its infancy. Finally, this study also presents the interplay between pain and language which justifies the linguistic analysis of pain as well as the delineation of Tagalog pain concept from other concepts.

## 2 Review of Related Literature

This section presents what was achieved so far in the study of pain, pain and language, and pain language. This serves as the guide as to how the present study can compare and contribute to the study of pain language. There are four sections in this section. The first section (2.1) presents the definition and scope of pain. This serves as a basis in understanding pain and its experience which is helpful in the gathering of data. The second section (2.2) explains the interplay between pain and language. This provides the study a better understanding of why pain language must be linguistically analyzed to help in assessing and managing pain experience. The third section (2.3) presents the previous pain language studies both from the medical and linguistic perspectives. This shows what was achieved so far in this area of study and what else needs to be done.

### 2.1 Definition and Scope of Pain

In studying pain and its relationship with language, it is important to understand first that pain is a complex universal human phenomenon (Gomez et al., 2019; Halliday, 1998; Sussex, 2009) with varieties, different qualities, and higher dimensions. According to Visser and Davies (2009), "these higher dimensions of pain are important in the expression of 'pain language'" (p. 29), thus it is also important in its study. In the

following paragraphs, the extent of the complex nature of pain is set and discussed.

Many studies and literature, commonly in the fields of philosophy and medicine, described pain as a subjective and private experience. Ferber (2019) described it as in two paradigms of “destructive” and “isolating” as it leaves one in “utter privacy and isolation” (p. 5). Scarry (1985) also described it as “unshareable,” as the person in pain effortlessly grasped the certainty of the pain experience while the person outside of that painful experience “is not grasping it” (p. 4). Scarry stated, “Thus pain comes unsharably into our midst as at once that which cannot be denied and that which cannot be confirmed” (p. 4). However, although pain is described as subjective and private, something that the sufferer certainly grasps, it is also something external that the sufferer also does not recognize. Drawing from the personal painful experience of the French novelist Daudet, Bending (2006) stated that pain is simultaneously part of the self and external to the self. Bourke (2021) agrees, stating that while pain is internal, it also disconnects the self (the “me”) from its body and experience of pain (the “my body” and the “my pain”). The subjective and private, yet external nature of pain is already complex, but it does not stop there. There are also varieties and different qualities of pain (Melzack & Torgerson, 1971). Bending (2006) manifested various qualities of pain as she claimed that the totality of the experience can only be conveyed through multifaceted approach. Ferber (2019) was more direct in claiming that pain “encompasses a multifarious and complex” (p. 13) nature.

In medical and clinical perspectives, the complex nature of pain was specified. In the most widely used definition of pain by International Association for Study of Pain (IASP) (2020), it stated that pain is “an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage” (para. 3). In this one sentence definition, the multiple dimensions and complex nature of pain were emphasized. It explained that pain is and should be unpleasant, but it is not limited to a sensory experience as it can also be emotional. Moreover, this unpleasant experience is associated with an injury as referred to by “tissue damage” or anything that resembles it. However, it can also be experienced without tissue damage as referred to by the phrase “potential tissue damage” in the definition. In a more elaborate discussion on the scope and definition of pain, pain medicine specialists Visser and Davies (2009) specified its range of application and meaning, as discussed in the next paragraphs. The authors dissected the definition provided by IASP and added what else needs to be included in its definition. They presented criticisms that the IASP definition received; however, Visser and Davies demanded that the limitations of the IASP definition should be put into context, that it was designed as an explanatory clinical tool and not to define concepts of pain. Lastly, they concluded that the definition by IASP is still valid and essential.

Visser and Davies (2009) first draw from the different origins of the word *pain* in European languages to explain that pain is connected to other experiences beyond sensations. They claimed that the term “pain” was derived from the Latin word *poena* which means “punishment” or “penalty” which resulted in the promotion of the concept of pain as “evil, punitive experience” (p. 29). The Greek for pain *algos* is also linked to “sorrow” or “punishment,” while the Latin word *dolor* which means “hurt” or

“ache,” terms used for sensory experience, also has linkage to emotional words such as “sadness,” “suffering,” or “anguish.” Meanwhile in Asian languages such as Japanese and Bahasa Indonesia, the word for pain and “illness” or “disease” is the same, without reference to “punishment” and “suffering.” Visser and Davies (2009) claimed that with these etymologies, the concept of pain is beyond the sensory experience. Pain is also a “negative, emotional experience linked to ‘suffering’ with social, spiritual, and philosophical dimensions” (p. 29).

Next, the two authors dissected the components of the IASP definition of pain and added some insights. According to them, pain is not always unpleasant, which further complicates the definition. This claim was supported by patients with cortical injuries like stroke who reported pain but not as unpleasant (Visser & Davies, 2009). As already discussed in the previous paragraph, pain is also emotional. Here, Visser and Davies reiterated that pain is an experience that is beyond perception, sensory processing, or nociception. It is also “‘emotional-affective,’ ‘cognitive-evaluative,’ ‘motivational’ and perhaps even ‘spiritual’” (p. 29). They agreed that pain is not tied to “tissue damage” as pain may also be experienced in situations where there is no damage or where damage may occur. Pain is also an experience internal to the sufferer and external to others, therefore “pain is always what the sufferer says it is” (p. 30). It was emphasized by the authors that the authority of pain is the sufferer. Among the criticisms that Visser and Davies presented, two of these are that the IASP definition did not address the philosophical, spiritual, societal-cultural, and ethical aspects of pain. This criticism may have come from their assessment of the etymologies of the word “pain” in mostly European languages. Lastly, it did not address the link of pain to suffering, and its meanings and purpose.

Visser and Davies (2009) and IASP (2020) provided an elaborate discussion on the definition, concept, and scope of pain. It also included and emphasized the descriptions of pain provided by the philosophical perspective. In combining the two perspectives, pain is, in sum, an unpleasant experience. It is a subjective and private experience, yet also external to oneself. It has varieties, different qualities, and higher dimensions. Meaning, pain is beyond a sensory experience; it is also emotional and even spiritual. Based on the etymologies of pain, it has philosophical, spiritual, societal, cultural, and ethical aspects. Lastly, pain has links to suffering. Although the latter was not discussed by Visser and Davies and IASP, it is manifested that pain has links to suffering as those who are in pain or who have pain are said to suffer and are referred to as the “sufferer,” as in “let a sufferer try to describe a pain in his head to a doctor and language at once runs dry” (Woolf, 1926/1994, as cited in Bending, 2006, p. 132). Selzer (1994) also referred to a person in pain as “sufferer,” as in “there is no wholly adequate way for the sufferer to portray his pain” (p. 28).

There are arguments presented such as Merskey (1994) that pain experience is not physical but only as a psychological event: “pain ... is the perceptual experience of discomfort in a spot in the body. ... Without ... brain action, we can get sense data coming up afferent channels but we get no pain, e.g., sleep, anesthesia, and coma” (Walters, 1963, as cited in Merskey, 1994, p. S74). This is an interesting take on what pain is, and it presents another dimension of pain which is purely psychological, that

is possibly helpful to the present study. However, it is not the intention of the present study to take a position whether pain is physical or psychological.

The definition, concept, and scope of pain presented in this section provides a basis for what is meant by pain and what is not considered as pain. This guides the lexical data gathering of this study. Also, this section provides context to the assumptions claimed regarding the relationship of pain and language which will be discussed in Section 2.2.

## 2.2 Relationship of Pain and Language

The interplay between pain and language justifies the demand for linguistically studying pain language, as it helps differentiate one particular pain concept from the others that could help in better understanding and assessing pain. This interplay can be traced back to the variety of pain experiences according to language, culture, and context. That is, language constraints and cultural factors affect pain expression and behavior, while pain experience affects linguistic construction. As discussed in Fabrega (1989), language and culture are claimed as operating factors in the expression of pain. Fabrega supported this assumption with the Sapir-Whorf Hypothesis which is basically about the crucial role of language in thought or cognition. This hypothesis questions whether language is simply associated with how people think and perceive the world or does language cause and determine cognition and thought (Fabrega, 1989). For Fabrega, language and culture are important factors in the phenomenon of pain that must not be underemphasized in its studies and analyses. According to him, “the selective and interpretive qualities of a people’s culture and language are particularly salient in its pain behaviors” (p. 239), as linguistic and non-linguistic behaviors that people learn for the events they cannot observe, communicate, and confirm their perceptions. More importantly, the influence of language can be traced back to the formal properties or the structure of a linguistic event such as pain descriptors and “secondary terms” that can enrich the description of pain. These “secondary terms” have a metaphoric qualification in pain descriptions such as crushing, cutting, burning (Fabrega, 1989). It should be emphasized here that the influence of language and culture in describing pain is manifested in their restrictions in the descriptions of pain. This means that the linguistic devices for pain description are subjected to language-specific constraints, hence the influence of language and culture in pain expression. Fabrega stated, “A culture employs only those linguistic devices (e.g., syntactic inflections, semantic roots) that are deemed consonant with its conceptualizations of the phenomena for which the devices are employed in descriptions” (p. 239). This also applies to the secondary terms such as metaphors and similes of languages since the appropriate analogies for the conceptualization of pain vary according to the linguistic and cultural patterns of the community. Apart from that, Fabrega also pointed out that the speaker’s utilization of pain terms manifests the existence of grammatical constraints that are operating. He stated, “The denotation of a culture’s premises of pain is embodied in those terms which are central to pain descriptions, for it is these terms and their syntactic configuration (usage and constraints) that indicate the conceptual dimensions of pain” (p. 240).

In Lascaratou and Hatzidaki (2002), it is found that linguistic construction of pain expression reveals the experience of the sufferer. In this study, they found that pain in Modern Greek is influential in language as it determines how language is configured by patients. This configuration reflects the involvement of the patient in their painful experience and it determines the construction and utilization of grammar. In their analysis of language in a doctor-patient consultation, Lascaratou and Hatzidaki found that the form of the verb used in expressing pain illuminates the degree of the sufferer's involvement in the experience. For example, when the patient uses the personal verb *ponao* 'hurt,' the patient is more involved in the painful experience as it becomes a part of him. However, when the patient uses the impersonal verb *ponai* 'hurt,' the patient is less involved in the experience as he or she finds it difficult to express the pain, thus only stating its occurrence. According to them, "the degree of involvement of the patient's self in the painful experience which strongly determines the choice of particular linguistic configurations among a large number of seemingly interchangeable ones" (p. 53). They mean that among many available linguistic configurations, the choice of the sufferer to one construction of pain expression implies the kind of experience being suffered. This manifests how pain experience affects the utilization of language, as well as how language reveals pain experience.

In a more recent study, Wierzbicka (2012) also posited that there are multilingual and multicultural influences in the expression of pain. Her claim was based on her observations on the language of emotions and other subjective experiences in general. According to her, different languages and cultures color the way people perceive, experience, and express pain. She cited the case of immigrant and indigenous Australians who find it difficult to translate their experience of pain into the English language. This is because, in the Australian Aboriginal language that is Yankunytjatjara, the word *pika* that is closest to the English word and concept of pain is used differently and does not translate directly. This word when used in comparison with pain always associates the experience with the body part and with a physical cause (Wierzbicka, 2012). This case of the indigenous Australians supported Wierzbicka's claim that the experience of pain is not as universal as many thought.

In total, Fabrega (1989), Lascaratou and Hatzidaki (2002), and Wierzbicka (2012) recognized the crucial role of language and culture in the expression of pain, as well as the involvement of pain experience in the construction of linguistic expression. Their analyses and findings showed that there is an interplay between pain and language. Language influences pain due to language-specific constraints that affect pain expression which is also part of pain experience, while pain experience influences the construction of linguistic expression as it reveals the involvement and experience of the patient in the sensation. As presented above, Fabrega (1989) explored and presented the possibility of language, along with culture, influencing the expression and experience of pain using the Sapir-Whorf Hypothesis. He pointed out that the influence occurs through the language-specific constraints set by its cultural context. Lascaratou and Hatzidaki (2002), on the other hand, manifested in their findings that language cannot communicate the gist of the pain experience without the involvement of pain in linguistic construction. Lastly, in her study of subjective experiences such as emotions,

Wierzbicka (2012) raised the issue of the difficulty of translating the experience of pain in the English language or any other lingua franca, since language and culture color the way people perceive and express the experience. In Section 2.3.2, this issue is elaborated. Overall, the three presented why language must be considered in the analysis of pain to aid in its expression, understanding, and management. From this, it can be concluded that there is an interplay between pain and language, contrary to the earlier assumptions that pain resists and is beyond language (see Section 1).

### 2.3 Pain Language

Since earlier studies discover the interplay between pain and language, more studies are becoming more motivated in addressing the possibly existing gap and barrier on the knowledge and expression of pain respectively, to facilitate doctor-patient communication as well as its appropriate management. First, there is a gap to be filled in the knowledge of pain particularly in its varieties and qualities that differ across languages and cultures (Fabrega, 1989; Lascaratou & Hatzidaki, 2002; Wierzbicka, 2012). Then, a communication barrier seems to possibly exist between doctors and patients, as the two differ in their expression and understanding of pain (Wierzbicka, 2012). In a doctor-patient setting, there is the tendency for doctors to communicate with their patients using the jargon of their profession (Dangott et al., 1978, as cited in Wierzbicka, 2012). It is also possible that they understand through pain assessment tools such as the McGill Pain Questionnaire (Melzack, 1975, as cited in Patharakorn, 2010; Katz and Melzack, 2011; Wierzbicka, 2012). This implicitly suggests that healthcare practitioners may be understanding their patients through scientific lenses. Patients, on the other hand, may be communicating pain through personal and local understanding of the experience, using private language (Wittgenstein, 1953/1958), analogies based on cultural context (Bending, 2006; Fabrega, 1989; Selzer, 1994), or personalized pain expression (Wilson et al., 2009). In this setting, there exists a possible gap and a barrier. Both doctors and patients are unaware of the concept of pain that the other understands; they are also speaking a language that is different from the other. Wierzbicka (2012) cited Yoon (2007) as an example that perfectly illustrates the difficulty of communicating pain, especially if the objective of this communication is to be understood which is mostly the demand in doctor-patient settings:

The symptoms that I could describe with such words as *ssulita*, *salalaphuta*, *khokkhok ssusinta* or *ssahata* (referring to stomach aches), could not be described in English. The first expression is usually translated into English as “acute or burning pain.” However, neither seemed good translations to me, especially “burning pain,” which put me in mind of the pain that one feels when one burns oneself. To me, there was no relationship between the concept of “burn” and the pain that I had in my stomach. However, the Korean expression *ssulita* did not have translatable alternatives in English other than “burning pain.” So I had to use that expression, feeling that I was not describing accurately the pain I felt. (as cited in Wierzbicka, 2012,



p. 308)

This example illustrated by Yoon (2007, as cited in Wierzbicka, 2012) is applicable in the Philippines where medical consultations are also mostly informed with English knowledge, as English is primarily the language of biomedicine. This example supports the interplay of pain and language (see Section 2.2) as it presents that the concept of pain is culture and language-specific; however, it goes beyond that. It also presented that patients, who communicate pain in their ordinary language, also have the need to be understood. Thus, linguistic analysis of pain must decipher the experience of patients from their linguistic expression of pain to provide relief as well as to aid in pain assessment and management.

### **2.3.1 Pain Language in Medical and Healthcare Studies**

The issue of communication and understanding pain between doctors and patients have been the concern of all pain language studies, both in health sciences and linguistics. In the study of medicine and healthcare, which dominated the study of pain language for a long time, the focus is on the varieties and qualities of pain and how it is manifested in the pain descriptors and terms of a language. The objective of these fields is to understand the concept and dimensions of pain to design and provide the appropriate tools and treatments for pain management. Melzack and Torgerson (1971) is among the early English pain studies which analyzed the language to attempt a new approach of describing and measuring pain. Their motivation was based on the observation that the existing assessment tools of pain during that time was focused on intensity alone, neglecting the other dimensions and qualities of pain. In this study, Melzack and Torgerson collected, classified, and categorized different descriptive words used for the experience of pain. They started with the collection and classification of Dallenbach (1935, as cited in Melzack and Torgerson, 1971), then added more words gathered from various pain literature. In total, they collected 102 words classified into three major classes and 13 subclasses, namely (a) words that describe sensory qualities in terms of temporal, spatial, pressure, thermal, and other properties, (b) words that describe affective qualities in terms of tension, fear, and autonomic properties, and lastly (c) evaluative words that describe overall intensity of the pain experience. These words and classifications were evaluated by 20 participants, wherein the evaluation resulted in a confirmation that these represent different properties of pain experience. Afterwards, these words were again evaluated by participants to determine the intensity of the descriptive words. In the end of this study, Melzack and Torgerson (1971) concluded that the many different descriptive words of English language for pain indicate that it has varieties and different qualities, which also vary in intensity. Thus, according to them, the single term "pain" represents a "myriad of different experiences, and refutes the traditional concept that pain is a single modality which carries one or two qualities" (p. 53). This study of Melzack and Torgerson (1971) motivated Melzack (1975, as cited in Patharakorn, 2010) to develop the now most influential, most widely used, and most translated pain assessment tool which is the McGill Pain Questionnaire (MPQ). This

quantitative pain questionnaire developed by Melzack (1975) has been continuously studied, assessed, and developed both by the healthcare (see Katz & Melzack, 2011) and linguistic (see Patharakorn, 2010) fields. Such a case is the study of Wilson et al. (2009) titled *Language and the Pain Experience* which found, among others, that the McGill Pain Questionnaire is inadequate in explaining the individual experience of pain. This finding was drawn from one of their objectives, which is to highlight the discrepancies in the previous studies of pain and language based on MPQ. In the end of their study, they concluded that personalized pain description according to the individual experience of the patients may prove useful in the management of the persistent pain.

### **2.3.2 Linguistic Studies on Pain Language: Halliday (1998), Lascaratou and Hatzidaki (2002), and Wierzbicka (2012)**

In linguistics, the study of pain language is focused on determining the concepts and meanings of pain according to language and cultural context based on how the experience is construed, structurally configured, and expressed in language. Linguistic analyses of pain language differ in the medical study of the same, in that the latter is focused on the design of better pain management treatments and better assessment tools. The former, on the other hand, provides an understanding of how patients perceive their experience of pain according to their language and cultural context, and based on their use of linguistic devices. This is to help patients, not just to share their painful experience but also, most importantly, to be understood. Linguistic analysis of pain language provides what Wilson et al. (2009) claim is needed, that is, "Personalized pain descriptors may communicate the pain experience more appropriately" (p. 56). Linguistic analyses and findings of pain language help the patients to be understood in doctor-patient communication, and in some sense, if at all, help break the communication barrier possibly existing in that setting. The linguistic studies to be introduced here are those conducted by Halliday (1998), Lascaratou and Hatzidaki (2002) who followed Halliday's framework, and Wierzbicka (2012) who developed the Natural Semantic Metalanguage (NSM) theory. The findings of their studies all contribute to the conceptualizations of pain, how the patients express and perceive their experience, and the functions of pain language.

Halliday (1998) analyzed the English pain language in the context of its lexicogrammar by examining its (a) textual grammar which relates it to the thematic system of the clause, and (b) experiential grammar, which considers the transitivity and process types. For Halliday (1998), the grammar of pain helps understand the experience since language, particularly lexicogrammar, construe daily experiences as configurations of linguistic elements, specifically as major grammatical classes. He stated:

In the grammar of daily life, as we know, "moments," or "quanta," of experience are construed as configurations of a small number of elements belonging to different category types: primarily processes, participants, and circumstances. These are characteristic of very many languages, perhaps all ... and, again in very many languages (of which English is a typical speci-

men), they are construed in the grammar, congruently as major grammatical classes — verbs, nouns, and the rest, where in English, “the rest” means (i) adverbs and (ii) prepositional phrases. There are two other category types ... which need to be added: qualities, typically construed in English as adjectives (and hence as qualities of participants, the adjective being a kind of noun); and relators, which construe relations between one configuration and another (p. 10).

This investigation revealed that, at least for the English language, pain can be construed in its lexicogrammar as major grammatical classes. In his analysis of English lexicogrammar, Halliday (1998) found and developed the framework of the “grammar of pain” in English which explains that pain is construed as a process when it is worded in language as a verb, an entity when worded as a noun, and a quality as worded with an adjective (see Table 1). Moreover, pain as a circumstance and relator are configured as a prepositional phrase or adverb, and conjunctions respectively. With these findings, Halliday (1998) concluded that pain experience is construed in English lexicogrammar as a process, quality, and thing or entity, when worded as verb, adjective, and noun,

**Table 1**

*Summary of Halliday's Pain Language Framework of English Lexicogrammar*

Type of Construal	Grammatical Class	How pain is construed	Details/Examples
As an entity	Noun	Bounded or unbounded	Some pains He's got no pain just there
		Possessed: acquired, received, owned	Getting some pains Giving him this constant pain You've got a sore throat
		Having temporal location and extent	I have a bad ache this morning. It still aches now.
		Degree	That vomiting made your pain worse.
		Having location within the body	Getting some pains in your tummy
		Kind	Tummy pains, headache, stomachache
		Having accompanying circumstances	Burning or aching?
As a process	Verb	As a process	It aches.
As a quality	Adjective	Of part of the body	My sore throat. The stomach didn't seem to be particularly tender.

respectively.

As presented from his findings, Halliday (1998) concluded that pain is semantically construed in the lexicogrammar of English, which means that the pain experience is transformed into meaning by the grammar of language. That is, the experience of pain worded as a verb, an adjective, and a noun falls under the category meanings of pain as a process, a quality, and a thing or entity respectively.

Lascaratou and Hatzidaki (2002) followed the study of Halliday and also applied Halliday's framework in their study of the pain language of Modern Greek. They answered the questions posed by Halliday (1998) primarily concerning the exact location of the pain experience in linguistic configuration. The answers they derived from their analysis presented that, in Modern Greek, pain is construed in the everyday experience "primarily as a process (worded as a verb), secondarily as participant (worded as a noun), and only marginally as quality (worded as an adjective)" (p. 60). This finding differs in Halliday (1998) which presented English as partial to the nominalized configuration such as *I have a headache* instead of *My head hurts* (Halliday, 1998). Moreover, in its construal of pain as a process, Lascaratou and Hatzidaki found that Greek expressions of pain are majorly construed as an intransitive process and predominantly personal. The examination of the dialogues in the authentic doctor-patient setting also revealed to them that the degree of involvement of the patient to his or her pain experience strongly determines the linguistic configuration of pain expression. In all possible structural configurations available to the patient, particular constructions were preferred depending on their degree of involvement in the painful experience. In their investigation,

Lascaratou and Hatzidaki (2002) were able to profile how involved the patient is to his or her painful experience through the most frequent verb form utilized by the patients in their verbal expressions of pain. In this situation, for example:

In dialogue A, when the doctor asks the patient to describe his pain, offering him clues for potential responses whereby pain is objectified, ... the patient does not avail himself of the hints provided but simply resorts to the verb *ponao*, repeating twice that he's been hurting for eight and a half months. What is more, the sufferer's inability to describe his condition becomes even more dramatic when he asks the medical expert to make a description instead of him, repeating *ponao* once more, this time preceded by the personal pronoun *ego* 'I' for emphasis, as if to declare his involvement and justify his incapacity. ... Thus, his agonizing effort to verbalize his sensation concludes with a declaration clearly indicating that pain has become a part of him, which is essentially what the verb *ponao* denotes. Consequently, it is suggested that the sufferer's use of *ponao* functions as an expression rather than as a description of his distressful condition (Lascaratou and Hatzidaki, 2002, p. 64),

it showed that the patient is heavily involved in the painful experience when they configured their expression with the intransitive personal verb *ponao* 'hurt,' which was also

intensified when the patient added the personal pronoun *ego* 'I' for emphasis. In contrast with the second most frequently used verb form which is the intransitive impersonal *ponai* 'hurt,' the patient appears to be less involved in his or her pain experience when this verb form is used. Here, the authors observed that when *ponai* was used, the patient "appears to have difficulty in describing his experience explicitly and prefers to simply state the occurrence of the pain process" (p. 67). This suggests that the patient is less involved in his or her pain experience. In terms of the involvement of the self in the pain experience, Lascaratou and Hatzidaki (2002) concluded that:

Conclusively, the statistical prevalence of the intransitive *ponao* pattern can be attributed to the power, neatness, and clarity with which it reflects the involvement of the self in the subjective, private experience of pain. On the other hand, the considerable frequency of impersonal *ponai* structures could be seen as reflecting a further aspect of pain, namely, the difficulty of explicitly describing it in terms of a tangible and concrete setting, due precisely to the involvement—and, why not, entrapment—of the sufferer's self (p. 71).

In their conclusion, the authors presented the differing degrees of the patients' involvement in their pain experience according to how the linguistic expression of pain is configured. This finding opens the possibility that the intensity of pain and the degree of the patient's involvement in the experience may be figured out based on how the language is designed by the speaker.

Lascaratou and Hatzidaki (2002) also developed the two functions of pain language based on Wittgenstein's (1953/1958) statement that verbal expression of pain only expresses the experience but does not describe it. In the same study, Lascaratou and Hatzidaki proposed a continuum of pain language functions which ranges from the expressive function (cries, primitive reactions, verbal expressions) to the descriptive function (nominal and metaphors). In this continuum, the *ponao* verb constructions relate more to the expressive side while the nominal construction *ponos* is placed in the descriptive side, since *ponos* is motivated by conceptual metaphors enabling the sufferer to describe his or her experience (Lascaratou & Hatzidaki, 2002). With this continuum of functions, Lascaratou and Hatzidaki found and concluded that the dominance of the verb constructions such as *ponao* and *ponai* over the nominal and adjectival ones reveal that in Modern Greek, linguistic manifestations of pain are primarily expressive than descriptive.

Unlike Halliday (1998) and Lascaratou and Hatzidaki (2002), Wierzbicka (2012) analyzed the concept of pain in English with the linguistic theory of Natural Semantic Metalanguage (NSM) which she also devised. According to Goddard (2009), NSM is a decompositional system based on semantic primes. In this approach, the meaning of a word is broken down and explicated through universal and simple human concepts available in all languages which is referred to as *semantic primes* (Goddard, 2009; Wierzbicka, 2012). In Wierzbicka (2012), the linguistic approach of NSM-English revealed that the English concept of pain "is conceived in terms of ... a process, or event, concurrent with the bad feeling" (p. 311). Pain in English is perceived by its speakers

as related with a bad feeling, particularly in a specific body part, and wanting that bad feeling to stop. Her explication of *pain* in English is shown below (2012, (p. 311)):

*She felt pain*

- a. She felt something bad at the time
- b. Like someone can feel when it is like:
- c. Something bad is happening in a part of this someone's body
- d. This someone feels something bad in this part of the body because of this
- e. This someone can't not think like this at this time: "I don't want this."

Wierzbicka (2012) also presented the difference of pain among other pain-related terms, namely *ache*, *hurt*, and *sore*, using the NSM approach. She demonstrated with each explications that *ache* from toothache is different from *pain* as the bad feeling is localized and due to internal causes while *pain* refers to a general, non-localized feeling. The term *hurt* presents a meaning that is alienable or removable from its location (e.g., *the tooth was hurting me*), while *sore* (e.g., *sore foot*) presents a meaning that is strongly localized but, unlike *ache*, is due to external causes. After showing the different concepts and nuances of different pain terms in English, in the end Wierzbicka (2012) raised the possibility that pain may not be a universal human phenomenon after all since the concept of pain that one knows in English "does not translate very easily across all languages" (p. 315). Meaning, the pain that one understands in ones language, in English for example, is or may be different from the concept and meaning of pain in other languages, like in the Australian Aboriginal languages. This finding signifies that since the concept of pain is not similar across all languages and cultures, pain may be specific to English and some languages but cease to exist in other languages and cultures. Wierzbicka (2012) stated that, "The knowledge that the concept of 'it hurts' may well be universal whereas the concept of 'pain' is not, should discourage medical practitioners from insisting that patients should try to describe the quality of their experience in terms of adjectives and principles . . . and to allow the patients to tell them, in their own words, where it hurts and how it hurts" (p. 315).

The linguistic study of Halliday (1998), Lascaratou and Hatzidaki (2002), and Wierzbicka (2012) presented that the experience and perception of pain is language-specific since language carries within itself cultural notions of pain. Thus, constraints available in a language and the patient's configuration of linguistic expressions reveal how patients perceive pain, how involved they are in the experience, and what patients mean in their linguistic expression of the subjective pain experience and other pain-related expressions.

Overall, pain language studies both from medical and linguistic perspectives are concerned with facilitating doctor-patient communication. However, a visible difference can be spotted. Certainly, medical and healthcare studies of pain language were conducted to develop better designs of pain management treatments and pain assessment tools. Although patients would also benefit in these studies, it was obvious that these studies are mainly for healthcare professionals in that the main concern is how they could easily assess, target, and manage pain. The linguistic studies of pain language, on

the other hand, were conducted to reveal and demonstrate what patients mean when they verbally express their painful experience. The objective of these studies is not primarily to help in assessing, targeting, and managing pain but to be understood by healthcare practitioners. The difference between the medical and linguistic studies of pain language is not in opposition. Instead, both are equally important as both provide complementary perspectives that would help address and bridge the possibly existing communication barrier and the gap in the doctor-patient communication and setting.

### 3 Methodology

Previous pain language studies showed the various aspects where a study of pain language can focus. These are the definition and scope of pain, its concept defined by culture, the relationship between pain and language, pain expression, and many more. Thus, to achieve the objectives of the present study, the data collection and analysis methods to use in this area of study must be carefully chosen and creatively devised to be appropriate.

#### 3.1 Data Collection, Methods, and Procedures

There are two sets of data collected for this study. The first set contains the lexical data gathered through dictionary sweep. Here, the researcher surveyed two reputable Pilipino dictionaries, namely Panganiban's (1972) *Diksyunaryo-Tesouro: Pilipino-Ingles* and Santos's (1978) *Vicassan's Pilipino-English Dictionary*. It must be clarified that the 'Pilipino' language in these dictionaries is similar to Tagalog, since Tagalog was chosen to be the basis of the then 'Pilipino' before it became the 'Filipino' of the universal approach (Constantino, 1974/2015; Rubrico, 1998). The main reason for using these Pilipino dictionaries instead of a Tagalog dictionary is due to the credibility of these materials. Out of all the available materials for Tagalog or Pilipino, these two are the most reputable. These dictionaries also include other lexical items that are necessary for the survey, such as the varieties of the lexical items, Spanish loanwords, and how these items compare to the same words found in other Philippine languages.

The second set of data are sentence data gathered through the elicitation method in the form of casual conversation but with a formatted guide. The elicitation method is a common method of data gathering in linguistic studies. It is helpful to linguists as it gets data quickly and, in this procedure, native speakers work with the linguist in clarifying and verifying the data (Bownern, 2008). In the present study of pain language in Tagalog, elicitation method is selected as it is deemed to be the most appropriate method of eliciting actual expression of pain experience from native speakers. Moreover, the researcher was able to ask the native speakers about Tagalog pain language such as how are the pain terms in Tagalog different from each other, are these still being used today, and how would they use these terms in a sentence if they would express or describe their pain.

### 3.1.1 Procedure of Data Elicitation Method through Casual Conversation

The elicitation in the form of casual discussion with the consultants followed this guide of questions:

1. Please describe what or how it felt when your [name of body part] experienced pain.
  - a) The researcher prepared a list of all body parts to be asked during the casual discussion. These are: head, eyes, ears, mouth, teeth, gums, hands, shoulders, chest, breasts (for women), back, stomach, lower abdomen (for women), knees, legs, and feet.
  - b) This question aims to elicit four kinds of data. First, to see if the pain terms found in the dictionaries will appear. Second, how these pain terms are used in an actual pain expression, or examples of these terms as used in a sentence. Third, how the native speakers express their painful experience in a free and genuine manner. Fourth, other linguistic devices that speakers utilize to express or describe pain.
  
2. Have you heard of this pain term? If yes, what is it? How do you use these given pain terms in a sentence if you are in this pain right now? Provide an example.
  - a) The pain terms that were asked in these questions were already screened, categorized, and selected by the researcher. These were asked to elicit how the speakers naturally construct the pain terms in a sentence.
  - b) The sentence data elicited in this format were listed, transcribed, and analyzed.

### 3.1.2 Participants

The participants were considered based on age, biological sex, and Tagalog-speaking background. First, the participants must belong within the age range of 45 to 55. Belonging in this age range is significant in ascertaining that the participants are aware of the different Tagalog pain terms, their meanings, and usage. Apart from that, participants within this age range have the possibility to know more about the knowledge of and the different pain experiences. Next, the biological sex of the participants must also be taken into consideration to rule out whether pain expression is also influenced by the biological sex of the sufferer. In the present study, there is not enough data to conclude sex as influential to pain expression. Lastly, and most importantly, is the fluency of the speakers in Tagalog as well as the length of time that they have been speaking it.

There are four language consultants who participated in the present study. Two are biologically female and the other two are biologically male. All of them are around the same age range of 45–55 years old. In terms of their linguistic backgrounds, the first of the two female consultants was born in Surigao Del Sur but was raised in Metro Manila. She has been speaking Tagalog for more than 40 years and although she understands a bit of Surigaonon, she does not speak it. According to her, she is more fluent in



Tagalog. The other female consultant was born and raised in Ilocos Sur and speaks a bit of Ilocano. However, after working and living in Metro Manila for more than 30 years now, she has now become fluent in Tagalog after speaking it for the same amount of time. In fact, she claimed that she speaks it now more than Ilocano. Of the two of the male consultants, one was born and raised in Bulacan and has been speaking Tagalog ever since, specifically, the Bulacan dialect of Tagalog. He claimed that Bulacan Tagalog is his first language. The other male consultant was born and raised in Samar and has been working and living in Metro Manila, as well as speaking Tagalog, for more than 15 years now.

### 3.1.3 Ethical Considerations

The ethical considerations for the elicitation method of the present study are the following. These considerations were guided by Crowley (2007).

**Avoiding Possible Harm.** The consultants were made to reflect on their physical painful experiences and to share these stories to the researcher, to the study, and to others who will access the present study in the future. To avoid any possible harm to the consultants, they were asked only to share the experiences that they are comfortable to remember and to share with others. To protect their privacy, the consultants were made anonymous. Since the researcher is also a native Tagalog speaker, the researcher made sure that there is no harm with the stories shared by the consultants.

**Informed Consent.** To make sure that the consultants were giving their informed consent, the consent form was designed in the language they use every day and they are most comfortable in. It also presented all the general information regarding the research, methods, and procedures. The rights of the consultants were also written in the form. How the information will be used and stored were also explained. Lastly, the form was also submitted for approval to the research supervisor to make sure that all necessary information was presented to the consultants. As an additional precaution, the researcher also read and verbally explained the content of the consent form to the consultants and provided time and space for their questions and suggestions.

**Voluntary Participation.** All of the consultants were asked exactly four times if they were willing to participate, and they all agreed each time even when the researcher made clear that they could leave should they wish. The first time was when they were asked if they could participate in the research. The second time was when they arrived in the place of the elicitation process. The third time was when the researcher informed them how their information will be used, shared, and stored, and that the process will be recorded. The last time was when the researcher gave and read them the consent form and asked them to read and sign if they consent and still want to participate.

**Thanksgiving.** To compensate and to express the gratitude of the researcher, the female consultants were invited to dinner with the researcher and the researcher's family (which they are friends with). The male consultants were thanked with *merienda* delivered to their workplace. The researcher made sure to express her gratitude and appreciation without causing any embarrassment, insensitivity, offense, and abuse towards the consultants and the researcher as well.

**Ethical Delinquency.** The researcher made sure that the consultants were not exploited in any way. They were informed of the nature of the study they were participating in, and they were informed of their rights and powers as consultants.

## 3.2 Data Analysis, Methods, and Procedures

### 3.2.1 Lexical Data

The lexical data gathered from the two dictionaries were entered in Google Sheets, and organized according to the alphabetical order, synonyms and related words, definition, and reference. The total collected data reached 342 words, and all are related to an unpleasant feeling which can mean or cause pain. The data were later screened according to definition and kind (i.e., physical or emotional). Afterwards, the researcher sorted physical and emotional pain, and decided to only analyze those terms referring to physical pain. After screening, only 41 physical pain terms out of the initial 342 words remained. These were then categorized according to location (the body part where pain occurs), the quality of pain sensation, and the causes of pain. In the process of categorization, the researcher found semantic crossovers (i.e., a term belonging in two or more categories). With that, the researcher further analyzed the lexical data into a semantic network after semantic categorization.

A semantic network analysis is a framework used in linguistics and technological science for knowledge and data representation. It represents the whole knowledge and structure of a concept by presenting the ideas, meanings, and objects within it as well as their relationship and dependency among each other (Nettleton, 2014). In Jonassen and Reeves (1996), semantic networks are described as representations of human memory structures. They explained,

The cognitive theory underlying semantic networks maintains that human memory is organized semantically, that is, according to meaningful relationships between ideas in memory. These ideas, known as schemas, are arranged in networks of interrelated ideas known as semantic networks (p. 706).

Semantic network as a framework of analysis is applicable in structuring, analyzing, and representing the knowledge, concept, and language of pain in Tagalog. This representation and its interpretation answer the objective of the study which is to understand the Tagalog pain concept and language, to differentiate it from other pain concepts and

languages. This also answers the objective of determining the qualities, causes, and location of pain in the body which could help the medical sciences to better understand, assess, and identify pain in consideration of the patients' language and perspective. Thus, the researcher mapped the lexical data into a semantic network according to the common semantic features of the lexical data. The semantic network map is presented in Figure 1.

### 3.2.2 Sentence Data

The sentence data elicited through the elicitation method were analyzed with Halliday's framework of grammar of pain (see Table 1) and Lascaratou and Hatzidaki's (2002) continuum of pain language functions (expressive and descriptive). Halliday's framework has been used by previous linguistic pain language studies (Lascaratou & Hatzidaki, 2002; Patharakorn, 2010) to determine how their languages construe the pain experience as linguistic configurations. This framework is used to analyze the construal of pain experience in Tagalog as configurations of linguistic elements as it would reveal how pain is perceived and experienced by the sufferer (as a process, an entity, or a quality). Moreover, it would also help reveal how much the sufferer is involved in the experience. Lascaratou and Hatzidaki's continuum is also used to determine the function of the Tagalog pain terms in their linguistic construction. The researcher also found this to be telling of the sufferers' perception of and involvement in pain.

In the procedure of data analysis, the researcher first listed all the sentence data elicited from the consultants in Google Sheets. Then, the data were sorted according to the type of linguistic configuration (as a verb, as a noun, as an adjective). Afterwards, the researcher counted the frequency of these configurations. The construction with the highest frequency is deemed to be the primary construal of the Tagalog language of pain experience while the lowest frequency is deemed as the last. Guided by Halliday's framework, the sentence data were then analyzed according to their theme and rheme. The theme contains the subject of the sentence, while rheme contains the setting of the sentence. The rheme of the sentence configured as a verb is analyzed according to voice (active or passive). Rhemes configured as an adjective are analyzed according to the theme it describes, while nominal configurations of rhemes are analyzed according to possession, location, and intensity. In this analysis, the objective of deciphering the different Tagalog pain experiences of the sufferers is achieved as the construal of pain revealed by the Tagalog pain language or the speakers' linguistic expression presents how they perceive and experience their pain experiences.

The results of this analysis are further analyzed with Lascaratou and Hatzidaki's continuum of pain language functions to determine the involvement of the sufferer to the experience as well as to understand the intention of the sufferer in communicating the painful sensations. To understand these two things will provide healthcare practitioners a hint of the state that the sufferers are in the experience, as well as how they are exactly feeling the sensation. The achievement of these findings will also aid the patients to understand their own experience as well as to be understood by their health-

care aids, which were among what they need during health consultations (Wierzbicka, 2012; Wilson et al., 2009).

The other linguistic devices used by the participants to convey their pain experiences are explained based on Fabrega's (1989) claim on the influence of culture and language to pain expression and behavior, particularly through his 'secondary terms.' The explanation of Bending (2006) on translating physical pain experiences into language is also used.

## 4 Findings and Discussion

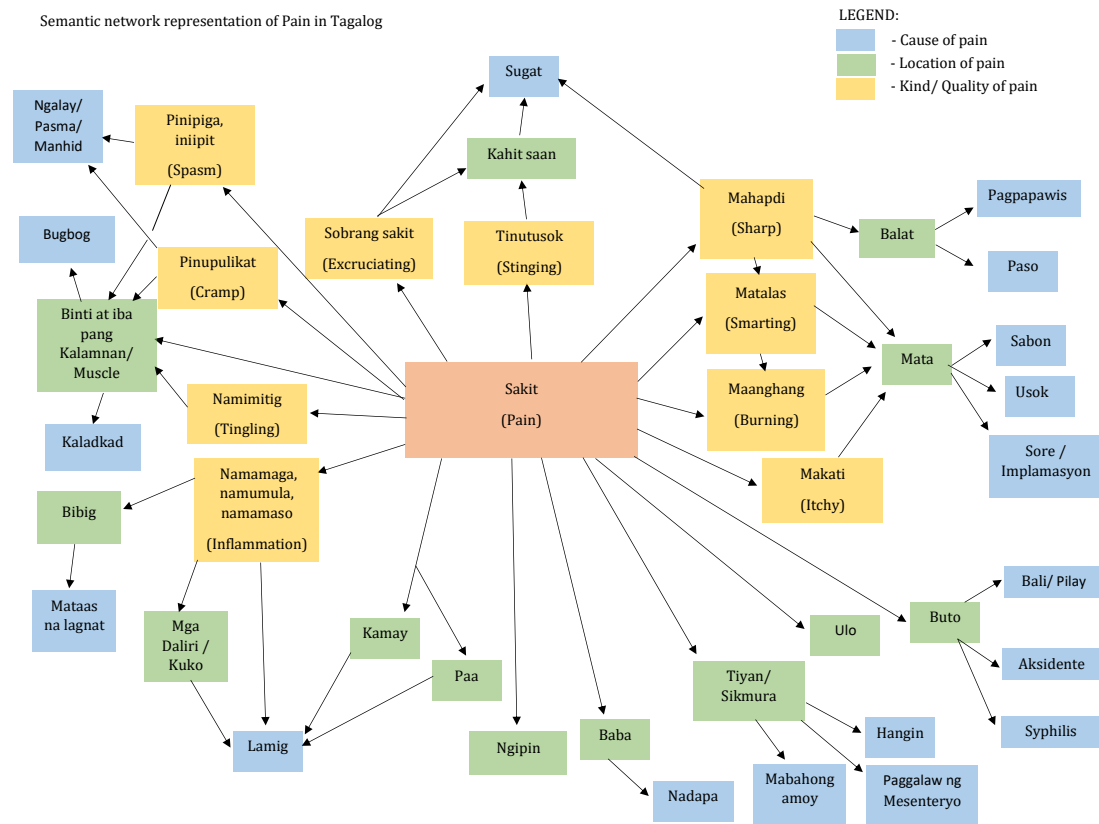
Presented in this section are the findings and interpretations of lexical and sentence data analyses. There are four sections: Section 4.1 presents the overall concept and language of pain experience in Tagalog based on the semantic analysis of the lexical data; Section 4.2 discusses the interpretation of pain expression in Tagalog pain language as well as its primary function, which reveals how the speakers perceive and experience pain in Tagalog; Section 4.3 presents the other linguistic devices that speakers use to describe their pain experience, and their interpretation.

### 4.1 The Concept of *sakit* 'pain' in Tagalog

The total collected data reached 342 words, and all are related to an unpleasant feeling which can mean or cause pain. After screening, however, only 41 physical pain terms remained. These terms were classified into semantic categories according to (a) location of pain, (b) quality or kind of pain, and (c) causes or conditions of pain. The first two contain 12 categories for pain terms while the third has 16 categories. Further analysis of these terms reveals crossovers in which a term belongs in two or more categories. An example is the term *sigid*, a smart, sharp feeling of pain in the eyes, wounds, open flesh (Panganiban, 1972), which breaks into two categories under location (eye and wound) and quality of pain (smarting and sharp). These crossovers reveal that in the concept of pain in Tagalog, there exists a relationship and dependency among the different sensations of pain, its location, and causes. These are mapped into and presented in a semantic network in Figure 1. This network presents the overall concept of *sakit* 'pain' in Tagalog which can be explained as: (a) *sakit* has a variety of experiences (see 4.1.1), and (b) *sakit* is caused by conditions external and internal to the body (see 4.1.2).

Presented in Figure 1 are the different sensations, locations, and causes of pain that are encoded in the Tagalog language based on (Panganiban, 1972) and (Santos, 1978). In the center is *sakit*, the general term and meaning for pain, which has multiple denotations in Tagalog including pain, suffering, and sickness or disease (Panganiban, 1972; Santos, 1978). The elements that surround it are the sensations, locations, and causes that are encoded and specified in the different, and more specific, Tagalog pain terms.

**Figure 1**  
*Semantic Network Representation of Pain in Tagalog*



#### 4.1.1 *Sakit* has a variety of experiences

The network representation of Tagalog pain experience in Figure 1 reveals that *sakit* has various qualities of sensations. It can be sharp, stinging, excruciating, tingling, burning, smarting, itchy, and more. This conveys that *sakit* is a complex concept in Tagalog that cannot be entirely expressed or described as a complete painful experience by using the general term of *sakit* alone. It may mean all of these different sensations which may be experienced separately, in combination with another, or all at once. Thus, one's statement that something is *masakit* 'in pain/painful' is vague as it is without specification of which of these sensations is being experienced. For example, the semantic network above shows that there are various sensations that can be felt with a pain in the eye (*mata*), such as sharp, smarting, sharp and smarting, burning, smarting and burning, just itchy or all at once. Thus, the pain experience of the simple statement of *masakit ang mata* 'the eye hurts' varies according to which sensation in particular. To be specific, Tagalog pain terms that specify the kind and cause of pain in the eye must be utilized, such as the term *hilam* which means "smarting pain in the eyes due to soap

foam, lye, smoke" (Panganiban, 1972, p. 497), as well as the term *bisil* that is a "burning, smarting pain in the eyes" (Panganiban, 1972, p. 170). Moreover, the experience also varies according to location and the cause of the pain as shown in Figure 1 wherein the sensation in the eye (*mata*) is different from the painful sensation felt anywhere else in the body due to wound, injury, or tissue damage (*sugat*). The top side of the network shows that the pain experienced anywhere else in the body due to *sugat* 'wound' can be excruciating, stinging, and sharp which is different from the usual sensations of pain felt in the eye. The terms *antak* and *kirot* both explain that the pain felt in the wounds is more of stinging: in its definition, *antak* means "stinging pain especially of wounds or cuts caused by bladed tools" (Santos, 1978, p. 60), while *kirot* is "stinging pain as in wounds, of rapid recurrence" (Panganiban, 1972, p. 290).

The experiences of pain are also different for spasm, cramp, and inflammation. In the present study, these three are also qualities of pain in Tagalog since these are also painful experiences. For example, spasm can be painful in Tagalog as seen in its lexical item *bitlig* which means "sudden painful muscular or tendonal spasm" (Panganiban, 1972, p. 173). The same can be said for the Tagalog term *hingunguto* which means "painful inflammation of the joints of the fingers or painful ingrown fingernail" (Panganiban, 1972, p. 512). As shown in Figure 1, spasm and cramp are both pains experienced in the muscle and the sensations in this area seem to have a theme of gripping or tightening, as in *pinipiga* 'spasm' and *pinupulikat* 'cramp.' On the other hand, inflammation is experienced in the mouth and the fingers, and its sensations are *maga* 'inflamed' (Panganiban, 1972) and *namamaso* 'burning hot.' The differences of these three supports the concept of pain as having a variety of experiences, i.e., pain is experienced differently.

From this presentation, the semantic network reveals and confirms that in Tagalog language, the experience of *sakit* varies according to which sensations in particular are being endured by the sufferer. This makes the general term *sakit* which means 'pain' (Panganiban, 1972) to become vague in a statement, as it does not specify how exactly is the painful experience. In other words, the pain that one sufferer endures and expresses is different from the pain of another sufferer. Apart from that, the sensations of pain also appear to be dependent on the location of occurrence and the cause of pain, which is also another reason for pain to have a variety of experiences. Overall, this finding suggests that *sakit* is not a single sensation. Instead, it is a complex concept that could not be completely expressed, described, and understood by others by solely stating that something is painful.

#### 4.1.2 *Sakit* is caused by external and internal factors

The concept of *sakit* extends to the causes of pain. In this section, the different conditions or factors encoded in the Tagalog language that cause a painful sensation to occur in the body are discussed. Figure 1 reveals that the wide range of causes of *sakit* are mainly external to the body. Primarily, pain occurs in the body due to accidents (i.e., events not intended by the sufferer) as shown in the semantic network, such as *paso* 'burns,' *bali/pilay* 'sprain/dislocation,' *aksidente* 'accident,' *nadapa* 'to fall,' *kaladkad* 'dragged,' and *bugbog*

'beating,' among others. Examples for these are the Tagalog terms *ungab* that means "falling down and hurting the chin" (Panganiban, 1972, p. 1013) and *mugmog/bugbog* that denotes "swollen and painful due to mauling and beating" (Santos, 1978, p. 1291). Secondly, pain is inflicted by objects in the environment like *sabon* 'soap,' *usok* 'smoke,' *mabahong amoy* 'bad odor,' and *lamig* 'cold (weather/temperature).' The Tagalog pain term *balis*, for example, signifies that *sakit* is present in the stomach due to bad odor (Panganiban, 1972). Apart from the objects in the environment, illnesses that invade the body's immune system are also external factors which inflict pain to patients. There are different Tagalog pain terms that show the cause of illness to pain, one of them being the term *pamiol* which is pain in the bones of a syphilitic (Panganiban, 1972), thus pointing to syphilis as the cause. There is also the term *sunip* which is an itchy eyesore (Panganiban, 1972), as well as *singaw* or *gisaw* which are both sore in the mouth due to high fever (Panganiban, 1972). These terms show that *sakit* occurs due to illnesses like a sore or inflammation, syphilis, and high fever, among others. Lastly, *sakit* can also be caused by factors internal to the body such as *hangin* 'gas' as in the Tagalog term *kabag* 'gas pain' (Panganiban, 1972; Santos, 1978), *pawis/pagpapawis* 'sweat/sweating' as in the term *hima* which is a pain in the skin due to sweat (Panganiban, 1972), and *ngalay/manhid* 'numbness' that causes cramps or spasms as in the term *pulikat* 'cramp.'

Overall, it can be concluded that the factors which cause pain in the body are both external and internal. The former is an invader as it is an alien to the body which enters and violates it, therefore causing unpleasant changes and sensations. The latter on the other hand is an actor of pain found residing inside the body that also causes painful violations in it.

## 4.2 Pain Language of Tagalog: Expression, Function, Perception, and Experience

As already discussed in Section 2.3.2, Halliday (1998) believes that the construction and production of language is based on what needs to be revealed by the speaker. He claims that language construes daily experiences as configurations of linguistic elements, especially as major grammatical classes. This supported his grammar of pain framework (see Table 1) which was already used in the study of Greek and Thai pain languages (Lascaratou & Hatzidaki, 2002; Patharakorn, 2010). In this section, Tagalog language of pain is also analyzed with Halliday's framework to determine the language consultants' experience and perception of pain based on their structural configuration of pain terms. Table 2 below clearly shows that pain in Tagalog language is primarily construed as a process, realized through verbal constructions of pain terms.

As shown in Table 2, the most frequent configuration of pain terms is through verbal constructions with a 45.87% total frequency of occurrence. This means that the construal of pain as a process, realized through verbal constructions, has the most frequency of occurrence throughout the whole course of the elicitation process. As presented in the table, this type of construal is favored both by male and female consultants of around the same age. On the other hand, construal of pain as a quality and as an entity, realized through adjectival and nominal constructions respectively, comes

**Table 2**  
*The Construal of Pain in Tagalog Language*

Type of Construal	Male	Female	Total
Process	51.69%	42.92%	45.87%
Quality	28.81%	27.47%	27.92%
Entity	19.50%	29.61%	26.21%

The frequency of occurrence is from all of the sentence data sets.

next with a close total of 27.92% and 26.21% frequency of occurrence respectively. Since there is only a 1.71% difference, the present study concludes that these last two types of construal belong at the same level. Overall, this presentation means that Tagalog language construes pain primarily as a process, and secondarily as a quality and as an entity. In Lascaratou and Hatzidaki's (2002) continuum of pain language functions, the preference of Tagalog to construe pain as a process means that the function of Tagalog pain language is primarily in the expressive side of the continuum as verbal constructions profile pain as a holistic experience thus expressive. Those in the adjectival and nominal constructions, on the other hand, are more in the descriptive side.

The Tagalog construal of pain is significantly different from the previous studies of pain languages such as English (Halliday, 1998), Greek (Lascaratou & Hatzidaki, 2002), and Thai (Patharakorn, 2010), as shown in Table 3 below. This implies and confirms that pain is experienced differently according to language and culture.

**Table 3**  
*The Construal of Pain in Tagalog Compared to Other Pain Languages*

	Tagalog	English	Greek	Thai
Primary	As a process	As an entity	As a process	As a process
Secondary	As a quality As an entity	As a quality	As an entity	As an entity
Lastly/Marginally	—	As a process	As a quality	As a quality

These findings are discussed further below. The discussion is divided into three parts: first, pain as a process in Tagalog, then pain as a quality in Tagalog, and lastly pain as an entity in Tagalog.

#### 4.2.1 Pain as a Process in Tagalog

According to Halliday's (1998) framework, pain is construed as a process when it is configured as a verb (Patharakorn, 2010). Based on the analysis of Tagalog pain language, it is found that Tagalog primarily construes pain as a process. In that, all consultants of the study, both male and female, favored configuring the pain terms as a verb. Sentences in (1) and (2) below are examples representative of how the consultants



construe pain as a process.

- (1) a. Nabalis ka  
stomachache(v.pass) you(n)  
'You were inflicted with stomach pain.'
- b. Binabalis na naman ako  
stomachache(v.pass) again(adv) again(adv) I(n)  
'I am suffering from stomach pain again.'
- (2) a. Ginagamit 'yan sa sugat na kumikirot na nagnanana na.  
use(v.pass) that in wound(n) that ache(v.act) that pus(v.act) already(adv)  
'That is used in wounds that are aching with pus already coming out.'
- b. Umaantak 'yung sugat mo.  
ache(v.act) the(n) wound(n) your  
'Your wound is aching.'
- c. Sumasakit na naman ang tiyan ko.  
pain(v.act) again(adv) again(adv) the(n) stomach(n) my  
'My stomach is aching again.'

First, pain as a process in Tagalog is constructed with verbal affixes attached to the word base, which is the pain term. The affixes vary according to voice and aspect. Second, as shown in (1) and (2), the pain verbs are configured differently according to voice. In (1), the term *balis* which means stomach pain due to bad odor (Panganiban, 1972) is constructed in the passive voice *na-* and *-in-* affixes. In (2), *antak*, *kirot*, and *sakit* which are all synonyms meaning 'pain' (Panganiban, 1972) are constructed in the active voice both in the perfective and imperfective aspects with the *-um-* affix. The voice of the verbs are telling of the pain experience of the sufferer. In (1a) for example, the sentence *Nabalis ka* suggests that the subject *ka* is a passive participant in the experience. This means that the pain is inflicted to the subject, and the subject has no contribution to the experience. This is the same for the sentence *Binabalis na naman ako* in (1b), wherein the passive voice construction also suggests that the sufferer *ako* has no other role apart from being a passive participant. This interpretation is also verified by the definition of Panganiban (1972) and by the language consultants themselves. Panganiban (1972) defines *balis* as pain caused to the sufferer by bad odor, while the consultants define it as pain inflicted by another person, particularly a hungry person who greets another and causes the latter pain.

In (2) on the other hand, the active voice construction in the sentence *Umaantak yung sugat mo* suggests that *sugat* 'wound' is an active participant in the experience, possibly an actor in the process. This means that the wound can be the experiencer or the inflictor of pain to itself. Santos (1978) and the definition provided by the consultant also verify this interpretation. The former defined it as if the pain is owned or caused by the wound, as in "stinging pain of wounds or cuts" (p. 60), while the latter explained the word as "ginagamit sa sugat na kumikirot (used in wounds of stinging pain)." Other

than that, active voice may also mean an active experience for the subject of the sentence, as in sentence (2c). Here, the subject *tiyan* 'stomach' is the one that is hurting, and as the active experiencer the pain is felt only by this area and not by the entirety of the self. This is discussed further in the coming paragraphs. In the meantime, more examples are presented in sentences (3) and (4) below.

- (3) a. Nakainom ako ng tubig, nangilo ang ngipin ko.  
 drink(v.act) I of water, toothache(v.pass) the(n) teeth my  
 'I drank cold water, my teeth ached.'
- b. 'Pag nangilo ka, parang may mababasag.  
 when toothache(v.pass) you, like have break(v.pass)  
 'When you experience pain, it's like something will break.'
- c. Itigil mo nga 'yang ginagawa mo, nakakangilo sa  
 stop(v.pass) you are please that do(v.pass) your, toothache(v.pass) to  
 tenga.  
 ears  
 'Stop what you are doing, it hurts my ears.'
- (4) a. Humihilab 'yung tiyan mo.  
 stomachache(v.act) the(n) stomach your  
 'Your stomach is aching.'
- b. Ano ba 'yan, humihilab na naman 'yung  
 what (int.part) that stomachache(v.act) again(adv) again(adv) the(n)  
 tiyan ko.  
 stomach my  
 'What? My stomach is aching again.'
- c. Pero mga normal na bata, hinihilab din.  
 but SG normal even child, pain(v.pass) also  
 'But even normal children also suffer from stomachaches.'
- d. Sumala 'yung buto mo, ipahilot mo.  
 dislocate(v.act) the(n) bone your, massage(v.pass) your  
 'Your bone dislocated, have it massaged.'

The sentences in (3) are similar to the sentences in (1) wherein passive voice of the verbal constructions implies that the pain is inflicted by a certain condition, which as stated in (3a) is the cold water. The subjects show no contribution to the experience except to endure. In (4a) and (4b), the active voice configuration signifies the active participation of the stomach in the *hilab* experience. *Hilab* is a stomach pain due to distention, gas, spasm, or movement of the fetus inside during pregnancy (Panganiban, 1972; Santos, 1978). Thus, when it is configured as active, the stomach is perceived as the one in action—the one causing the distention or the movement. On the other hand, when *hilab* is configured in the passive voice as in (4c), the pain in the stomach is

perceived to be inflicted to the sufferer by something else. In this case, the stomach of the sufferer experienced pain that may be inflicted by its convulsion or by gas (Santos, 1978). In pregnancy, the pain would be inflicted by the fetus inside (Santos, 1978). Lastly, in (4d), it is the bone that is moved out of its place causing the pain, therefore, it also has active participation like in *hilab*.

The active and passive voices of the verbal constructions in sentences (1–4) reveal the kinds of painful experiences that the sufferers endure, particularly the degree of their involvement in the experience. From this set of data, it can be claimed that there are active and passive participation by the subjects of pain. In an active participation realized through active voice configuration (e.g., *-um-*, *mag-* affixes), the subject is an active participant and thus an actor and experiencer to the experience. On the other hand, passive participation realized through the passive voice (e.g., *na-*, *-in-* affixes) of verbal constructions, implies that the pain is inflicted to the subject by something else, and the subject has no active contribution to the experience and only an endurer of the pain. However, what or who are the subjects or the participants in these experiences?

In Halliday (1998), the subjects of the pain experience were analyzed to locate the pain within the self, and to understand how the pain is experienced by the sufferer. For example, what is the difference between *I have a headache* and *my head hurts*? For Halliday, the preference of the speaker between these two sentences are telling of their pain experience. By favoring the first sentence, the subject of pain is revealing that they are the setting in which pain takes place. Thus, it is their entirety who experiences the ache. The preference of the second sentence on the other hand reveals that it is not their self who is in pain but the head. He stated, “In these wordings, the ache is construed as a process rather than a thing, and the entity involved in that process is not me but my head” (p. 4). In the present study, the analysis of the subjects of the sentence data further reveals the participants and their involvement in the pain experience in Tagalog language.

The examples cited above show that the pain verbs have two possible subjects: (a) the specific body part and (b) the self. About the former, sentences (2b), (2c), (3a), (3c), (4a), (4b), and (4d) above show that the subject or experiencer of the pain verbs *umaantak*, *sumasakit*, *nangilo*, *humihilab*, and *sumala* are body parts, specifically the *sugat* ‘wound,’ *ngipin* ‘teeth,’ *tenga* ‘ear,’ *tiyan* ‘stomach,’ and *buto* ‘bone.’ This is unlike Thai (Patharakorn, 2010) which cannot take a body part as a subject and instead takes an impersonal ‘it’ to construe pain as a natural phenomenon.

The semantics of these Tagalog pain verbs (except for *sumasakit*) already specify the location of pain where it occurs in the body. However, it is observed that the subjects they take still depend on their voice configuration. Most verbs, when configured in the active voice, require the subject to be the body part. As verified by the speakers, it is semantically incorrect for the active voice constructions in (5) and (6) to take a person as their grammatical subjects. The passive voice construction of most pain verbs, in contrast, is less strict, as it can take either the entirety of the self as the subject or specify the part as shown in the sentences of (1), (3), and (4c).

- (5) # Sumasakit na naman ako.  
 pain(v.act) again(adv) again(adv) I  
 'I am aching again.'
- (6) # Ano ba 'yan, humihilab na naman ako.  
 what (int.part) that pain(v.act) again(adv) again(adv) I  
 'What? I am aching again.'

Regardless of the voice configuration, when verbs take the parts of the body as their grammatical subjects, it signifies that the pain experience is limited and restricted only to these areas and not to the whole of the self. It clarifies, for example, that it is the stomach and not the person which is the actor or experiencer of *humihilab*, as it is within the abdomen that pain occurs due to its movement. In another example, the pain is endured by and inflicted to the teeth which is the passive participant and not the person themselves.

In terms of the latter, the subject of pain can also be the self, apart from the body part, as shown in (1), (3b), and (4c). In (1), pain is inflicted to and felt by the entirety of the person as realized through the personal pronouns *ka* 'you' and *ako* 'I.' In (3b) and (4c), it is the subjects *ka* 'you' and *bata* 'child' who are the sufferers of pain respectively. Here, by taking a person as a subject, the pain verbs reveal that these experiences are not restricted only to one specific area in the body. Instead, while there is pain in this area as encoded by the semantics of the pain terms, the pain experience is inflicted to and suffered by the entirety of the self as well.

In conclusion, pain as a process in Tagalog reveals the subjects' degree of participation as well as its kind of experience. First, the voice of the verbal construction reveals whether the subject is an active or passive participant to the experience of pain. If the voice is constructed as active, the participant has an active contribution to the experience. If it is passive, it implies that the participant is also passive; they may only be an endurer of the painful sensation inflicted upon them. This degree of participation of the subject reveals whether the sufferer of pain has an active or passive experience. Secondly, the voice configuration of pain verbs demands their grammatical subjects. Active voice configuration mostly demands its subject to be the body part, while passive voice configuration mostly takes both the body part and the self as subjects. Lastly, the subjects of pain as a process in Tagalog reveal the location and restriction of the pain experience within the body. These two subjects are (a) the specific body part and (b) the self. It is found in this study that the body part, as the grammatical subject of the verbal construction, implies that the pain experience can be located in, and is limited and restricted to, that specific area. However, when the subject taken by the pain verb is the self, realized by person pronouns and nouns, the pain is implied to be experienced within the overall self of the person, and not restricted to one certain area of the body.

#### 4.2.2 Pain as a Quality in Tagalog

Pain as a quality, in Halliday's (1998) framework is worded as an adjective. Unlike in Greek (Lascaratou & Hatzidaki, 2002) and Thai (Patharakorn, 2010) in which pain as

a quality was not discussed as it occurred only marginally, in Tagalog this construal occurred secondarily along with pain as an entity. The construction of Tagalog pain as a quality is through the *ma-* adjectives, which Schachter and Otones (1983) and De Guzman (1996) defined as having an abundance or characterized by what is expressed by the noun or the base. In this construction, the pain terms, which serve as the word base, are attached with the adjectival *ma-* affix. In the present study, the adjectival construction of pain only applies to the three pain terms of *sakit* 'pain,' *kirot* 'stinging pain,' and *hapdi* 'excruciating pain.' Examples of these are represented by sentences (7), (8), and (9) below.

- (7) Mahapdi ang sugat ko.  
 pain(adj) the(n) wound(n) my  
 'My wound is painful.'
- (8) Kadalasan nagubublur 'yung paningin ko, na parang namumula na  
 often blur(v.act) the(n) vision my that like red(v.pass) that  
 makiroto.  
 pain(adj)  
 'Often my vision blurs, gets red, and is painful.'
- (9) a. Masakit siya na parang tinutusok na may something sa loob.  
 pain(adj) it that like pierce(v.pass) that have something in inside  
 'It is painful, as if something is piercing you and as if there is something inside.'
- b. Masakit ang pilay.  
 pain(adj) the(n) sprain  
 'The sprain is painful.'

As shown in these sentences, the pain experience is construed by the adjectival construction as a quality. This means that the pain, according to Halliday's (1998) framework, is a quality assigned to the part of the body that the pain adjective modifies. He stated that, in this case, the adjective functions, among others, as an epithet or an attribute. In the former, the adjective functions as a quality attached to the body part as in the phrases "a sore throat" or "my sore throat" (Halliday, 1998, p. 13). The latter, on the other hand, regards the pain adjective as a characteristic or a feature of the body part, as in "the stomach didn't seem to be particularly tender" (Halliday, 1998, p. 13). In terms of these two functions, the pain adjectives in Tagalog language functions as an attribute as shown in sentences (7), (8), and (9). Notice the resemblance of sentences (7) and (9) to sentence (10). Sentence (10) is cited from Schachter and Otones (1983).

- (10) Maputi ang bulaklak.  
 white(adj) the(n) flower  
 'The flower is white.'

The sentences (7) and (9) are similar to that in (10) in which the adjectives are attributes of the subjects. The *maputi* 'white' in sentence (10) is an attribute of *bulaklak* 'flower,' while the painful quality in (7) and (9) are attributes of *sugat* 'wound,' of the experience referred to by *siya* 'it,' and of *pilay* 'sprain.' Thus, based on these data and configurations, the painful quality in Tagalog language becomes part of the body in the sense of an attribute, as in Halliday's framework.

The subjects of these sentences (7–9) signify that the possessors of the qualities of the Tagalog pain adjectives are only (a) the parts of the body (such as the wound or eye) and (b) the whole experience (realized by the pronoun 'it' and by *pilay* 'sprain'). As seen in (7) and (8), the pain characteristic is an attribute of the wound and of the eye (along with the blurry vision and the redness), respectively. The pain in (9a) on the other hand is an attribute of the pain experience in the ear, as realized by the pronoun *siya*, which in Tagalog corresponds and also functions as the English *it* (Schachter & Otones, 1983). Thus, the antecedent of *siya* in this example is the different experiences when pain occurs in the ear. As in the context of when the researcher asked if Consultant C already experienced pain in his ear, the consultant answered with the scenarios that caused his ear to hurt. The researcher then asked how the pain in his ear felt at that time, to which the consultant answered by referring to the experiences he just mentioned. Thus, his answer can be understood as "The experience of pain in the ear in those situations is painful." Finally, in (9b), the painful quality is an attribute of the sprain.

Overall, the subjects of the Tagalog pain adjectives are the parts of the body and the experiences in which pain occurs. Unlike in English wherein pain can be an attribute of the whole person as in "he's sore there, he's a bit more tender" (Halliday, 1998, p. 13), there is no adjectival construction in the Tagalog set of data that takes a person or a pronoun referring to a person as the subject, as in (11a), (11b), and (11c). The sentences in (11) are constructed by changing the subjects of (7), (8), and (9) into person pronouns. According to language consultants, these sound semantically incorrect. The third person *siya* 'it' and *sila* 'them,' however, can be subjects of the pain adjectives since the first also corresponds to the English neuter third person singular *it* (Schachter & Otones, 1983), while the second may be used to plural non-person antecedent. For an example, compare (11b) and (11d).

- (11) a. # Mahapdi ako.  
pain(adj) I  
'I am excruciatingly painful.'
- b. # Masakit sila (referring to people).  
pain(adj) they  
'They (people) are painful.'
- c. # Makirok ka.  
pain(adj) you  
'You are piercingly painful.'
- d. Masakit siya/sila (referring to a body part, e.g., leg/legs).  
pain(adj) it/they

'It/they (referring to a body part, e.g., leg/legs) is/are sore.'

In conclusion, the *ma-* adjective configuration of the pain terms in Tagalog construes pain as a quality in the sense of an attribute, particularly of, and limited only to, a body part and the pain experience itself. This means that pain becomes a part of the body, similar to the 'white' as part of the 'flower' in (10).

#### 4.2.3 Pain as an Entity in Tagalog

The construal of pain as an entity also comes secondarily in Tagalog as it occurs as frequently as the construal of pain as a quality. Pain as an entity is linguistically realized as the underived forms of the pain terms (i.e., no verbal or adjectival affixes attached). The analysis of this construal reveals that pain in Tagalog can be: an undesired possession like in English (Halliday, 1998) and Thai (Patharakorn, 2010), the actor that causes pain, a noun modifier modifying the subject, or the subject of the sentences. Sentence (12) below represents pain as an undesired possession in which the subject is the possessor. In this construction, the nominal pain follows the Tagalog existential verb *may* 'to have,' as in *may balis* 'have *balis* (stomachache)' below.

- (12) *May mga tao kasi na may balis din.*  
 have PL people because that have stomachache(n) too  
 'Some people have stomach ache.'

Apart from being an undesired possession, pain as an entity in Tagalog also has the possibility to be the actor that causes pain in the body as shown by the pain term *kirot* in sentence (13). Here, *kirot* 'pain' is preceded with the phrase [*dahil*] *sa* 'due to' and modified by the adjective *sobra* 'extreme, too much' to mean 'due to extreme pain' or *due to too much pain*.

- (13) 'Pag pinulikat ka, para bang hindi ka makaunat sa  
 when cramp(v.pass) you like (int.part) (neg) you stretch(v.act) due to  
 sobrang kirot.  
 too much pain(n)  
 'When you cramp, it feels like you can't stretch due to too much pain.'

Moreover, pain as an entity in Tagalog also modifies its subject. In this construction, pain in Tagalog becomes an additional information to the pain experience, as in sentence (14a). Here, the term *kirot* 'stinging pain' modifies the subject 'level' to specify that it is its intensity that is being talked about. In (14b), the noun modifier *maga* becomes a characteristic of the subject *panga*, denoting that the jaw is swollen.

- (14) a. 'Yung level naman ng kirot, hindi naman gaano.  
 the(n) level while of pain(n) (neg) (dim) much  
 'While the level of pain is not too much.'

- b. Maga ang panga mo kasi sumasakit ang ngipin mo.  
swollen(n) the jaw your because pain(v.act) the(n) teeth your  
'Your jaw is swollen because your teeth hurt.'

Lastly, pain as an entity in Tagalog also occurs as the subject of sentences as in (15) below. It can be intensified using the adjective *sobra* 'great' as shown in (15c) and by the intensifier *ang* (also the nominative marker) as presented in (15d). In the former, the adjective *sobra* and the nominative *ang* contracted, hence *sobrang sakit* 'the pain is too much.' In the latter, the pain adjective *makirot* 'painful' is nominalized due to the nominative marker.

- (15) a. Umiikot 'yung sakit, 'yung kirot, sa tiyan mo  
move(v.act) the(n) pain(n) the pain(n) in stomach your  
'The pain, the (stinging) pain moves around your stomach.'
- b. Tumatagal din ng isang minuto ang sakit niyan.  
last(v.act) also(adv) of one minute the(n) pain(n) of that  
'The pain of that also lasts for a minute.'
- c. Tumitigas siya kaya sobrang sakit niya.  
hard(v.act) it so too pain(n) its  
'It stiffens that the pain is too much.'
- d. Ang kirot naman ng sugat ko, parang pumipintig-pintig.  
the(n) pain(n) (adv) of wound my like tingle(v.act)  
'My wound is too painful; it feels like throbbing.'

In sum, unlike the construal of pain as a process and a quality in which pain is located within the self, the pain experience implied by its construal as an entity in Tagalog is that pain is detached from the body. Notice first the sentence construction of pain as an undesired possession. Although it is possessed, as realized by the existential verb *may* 'have,' it is constructed as a condition that is contracted by, but not part of, the self. This is due to the lack of the body's active relationship or connection with pain, that it appears to be only carried by the body, but is not part of the body, nor is it within the body. This is more directly implied in the finding of pain as the actor which causes the change in the body's state. Pain as its own actor implies that it is another agentive entity that is different from the body and therefore detached from the body and the self. The same can be said for pain as an additional information and pain as the subject of the sentence. In the former, pain is linguistically realized as a nominal modifier of the head noun, thus serving only as additional/complementary information or description of its head. In contrast, pain as the subject of the sentence projects the focus on its own experience, without the mention of the person experiencing it. It can be intensified with an adjective and an intensifier. This clearly shows detachment from the person and existing as its own entity.



### 4.3 Other Observations: Tagalog Metaphors for Pain

The scope of the present study is only within the concept and language of pain in Tagalog. The concept of pain is analyzed through a semantic network which represents the knowledge and concept structure of pain in Tagalog language (see Section 4.1). The language of pain in Tagalog, on the other hand, is analyzed with Halliday's (1998) and Lascaratou and Hatzidaki's (2002) frameworks on the grammar and function of pain language respectively, to understand the experience of the speakers through their utterances (see Section 4.2). However, in the middle of the data gathering and analysis, the researcher observed a high frequency of metaphor occurrence in the speakers' descriptions of their painful experiences. Although this is expected due to the claims of previous pain and language literature, the analysis of metaphors is not within the scope of the present study. Still, the partial interpretations regarding these metaphors are presented in this section.

The two initial observations regarding the speakers' use of metaphors to describe pain in many parts of the body are that (a) pain is a violent force or actor that violates the body, and that (b) pain is seen as an object or a person present in everyday lives. The following paragraphs and examples illustrate these two.

To describe the pain in the head, the metaphors used have something to do with violently splitting and breaking the head open such as in (16), and violently pulling the head or the insides of the head out such as in (17). These sentences show pain as a violent actor which causes change in the state of the head. Also, the following examples presented pain as objects present in everyday lives like a needle or a driller.

- (16) a. parang tinutusok ng karayom  
like prick(v.pass) by needle  
'as if being pricked by a needle'
- b. parang binabarena  
like drill(v.pass)  
'as if being drilled'
- c. parang binibiyak  
like split(v.pass)  
'as if being split'
- (17) a. parang humihiwalay ang utak sa ulo  
like detach(v.act) the(n) brain in head  
'as if the brain detaches from the head'
- b. parang may ugat na hinihila  
like have vein that pull(v.pass)  
'as if there is a vein being pulled'

The pain in the eyes is described as being taken out of its sockets by falling or by being violently scooped out. The vision is also described as blurry.

- (18) a. parang nalalaglag 'yung eyeball  
like fall(v.pass) the(n) eyeball  
'as if the eyeball is falling (out of the socket)'
- b. parang dinudukot 'yung mata mo  
like gouge(v.pass) the(n) eye your  
'as if your eye is being gouged out (of the sockets)'

The metaphors used for chest pain in Tagalog are described as something heavy that thumps, pounds, or pins down on the chest. Here, one example represented pain as a 12-year-old kid. Also, interestingly, there is one metaphor used by Consultant B that describes pain as a form of punishment (see 19c below). This is significant as it was observed by Selzer (1994) and Visser and Davies (2009) that pain is viewed in the past by many cultures as a form of punishment, repentance, redemption, and such.

- (19) a. parang sinuntok ng batang 12-year-old  
like punch(v.pass) by child 12-year-old  
'as if punched by a 12-year-old child'
- b. mabigat sa dibdib  
heavy(adj) in chest  
'heavy in the chest'
- c. Akala mo may kasalanan ka na hinahabol ka.  
thought you are have sin you that chase(v.pass) you  
'As if you are being chased for your sins.'

In terms of back pain, speakers use metaphors to describe it as something that pricks, pounds, or beats the back which causes an impact that penetrates through. In these metaphors pain is also heavy and impactful that burdens the back of the sufferer, as in (20c) which represented pain by a 10-kilo sack of rice to illustrate the heaviness.

- (20) a. parang sinuntok  
like punch(v.pass)  
'as if punched'
- b. parang tinutusok-tusok  
like prick(v.pass)-prick(redup)  
'as if being pricked'
- c. parang may pasan na 10 kilong bigas  
like have carry that 10 kilo rice  
'as if carrying a 10-kilo sack of rice'
- d. tumatagos hanggang dibdib  
penetrate(v.act) through chest  
'penetrating through the chest'

The pain in the stomach is described with metaphorical devices meaning bloated and twisting/moving as in:

- (21) a. parang bloated  
like bloat(v)  
'as if bloated'
- b. Parang namimilipit ka rin.  
like twist(v.pass) you too  
'It feels like you're being twisted too.'

The pain felt in the legs are described by metaphors which signify pulling, twisting, stretching the muscle as in (22). In contrast, the pain in the feet is described in two ways depending on the cause of pain as in (23). Here, the first pain is described as piercing, while the other is described as pulling. The causes of pain referred to in these sentences are high uric acid and cramps respectively.

- (22) a. Parang naninigas 'yung mga ugat mo sa binti.  
like stiff the(n) PL vein your in legs  
'The veins in your legs feel like getting stiff.'
- b. parang naextend 'yung daliri ng paa  
like extend(v.pass) the(n) finger of feet  
'As if the fingers in the feet are being stretched.'
- (23) a. parang tinutusok-tusok ng maraming pako  
like pierce(v.pass)-pierce(redup) by many nail  
'as if being pierced by many nails'
- b. parang may mga ugat na hinihila sa binti hanggang buong katawan  
like have PL vein that pull(v.pass) in leg through whole body  
'as if there are veins being pulled in the legs through the whole the body'

These metaphors provide the study with the following observations. First, pain is a violent actor or force which violates or causes painful changes in the state of the body. As presented from the metaphors used for pain in the head through the other parts until the feet, pain is seen as something that violates the body by splitting, breaking, pulling, twisting, or cramping its parts, among others. These sensations present similarities and differences with the sensations described by the semantics of Tagalog pain lexicon represented by Figure 1. For example, the eye in the semantic network is described as smarting and burning, while the metaphors describe eye pain as falling and as violently scooped out of the sockets. This difference may have been due to their causes of pain, which the semantic network revealed to affect the kind of sensation felt by the sufferer (see Section 4.1.1). On the other hand, the kind of pain felt in the head, chest, and feet are not described by their Tagalog terms, thus no assumptions can be made as to whether the semantic network and the metaphors used in these parts

agree. However, the pain in the stomach and legs seem to agree with the kinds of sensations presented by the semantic network. Figure 1 presents stomach pain as caused by *hangin* 'gas/flatulence' and by mesenteric movement, which explains the bloated and twisting/moving feeling of pain in this area. Figure 1 also presents that the pain in the legs have spasm and cramping qualities, which explains the twisting, pulling, stretching sensations described by the metaphors. Second, apart from pain as a violent actor, it is also seen as something or someone from the speakers' daily lives. Interestingly, whatever or whoever they represent in the metaphors help describe its intensity. As shown in sentences (16a) and (16b), for example, pain in the head is seen as a needle or a drilling device that pricks and penetrates the head to split or break it open. If the pain is represented as a needle, its intensity is seen as less intense than pain as a drill in that the former only pricks while the latter penetrates. The same interpretation applies to (19a), (20c), and (23a).

With these findings, it can be concluded that the metaphors used in Tagalog to describe the pain experience reveal that pain is perceived by Tagalog speakers as a violent actor or some invisible force that violates the body by causing painful changes in its state. It is found to be an invisible force since its sentence configuration did not specify the actor. Instead, it is expressed in the data set through the Tagalog existential verb *may* 'have' and followed by a verb such as 'pull' for example. This configuration results in the meaning of *may humihila* 'something is pulling'; this 'something' is the invisible force. Second, when the force is identified, pain as a violent actor is represented as the objects present in the daily lives of the speakers. The representation of pain also represents its intensity in the body. In this set of data, pain is a needle, a nail, a drill, a 12-year-old child, and a 10-kilo bag of rice. All of these represent different levels of pain intensities. Moreover, the use of metaphors depends on the sensation which is also influenced by the cause, as shown in the difference between (23a) and (23b). This provides the explanation as to why some of these metaphors agree or disagree with the sensations presented by the semantic network in Figure 1. In conclusion, the metaphors used by Tagalog speakers reveal the kind of pain sensation, its intensity, and how it is perceived. Thus, metaphors are great linguistic devices to translate and communicate pain. This observation agrees with Fabrega (1989) who claimed that pain and language have a close and inseparable relationship as the latter, along with culture, are crucial operating factors in the expression of the former. According to him, the influence of language and culture are salient in pain behavior and these can be traced back to what he called *secondary terms* which are pain descriptors with metaphoric qualification. These secondary terms used for pain expression are subject to linguistic- and cultural-specific constraints, meaning the metaphors and descriptors used to communicate pain also depend on the context, culture, and language of the speaker. This claim is also supported in the study of Bending (2006): the translation of pain into language is argued to be primarily through analogies or metaphors. She recognized that in linguistically expressing pain, metaphors or analogies are necessary as there is the impossibility of direct translation. Bending also recognized the complex nature and variety of pain, and therefore argued that the reality of pain cannot be fully conveyed through direct translation but through multifaceted approach. This argument shows that the experience of

pain that was deemed as inexpressible (Scarry, 1985; Selzer, 1994) can still be delivered by and translated into language through the indirect approach of analogy or narrative representation.

## 5 Conclusions and Recommendations

The linguistic study of the Tagalog pain concept and language is primarily motivated by the need to better understand and communicate pain particularly in doctor-patient settings. In that, although pain seems to be a universal human phenomenon, its concept, perception, and expression are governed by cultural and linguistic constraints (Fabrega, 1989; Wierzbicka, 2012).

In this study, the Tagalog pain concept and expression are delineated by analyzing the Tagalog pain language, particularly through semantic and syntactic analyses.

The semantic analysis and network representation of the Tagalog pain language reveals that in the concept of Tagalog, pain is not a single sensation nor is it a single meaning. It is a complex nature with a variety of experiences that vary according to sensations, locations, and causes. Thus, it is vague to state that something hurts, is in pain, or is painful. This finding is similar to the kind of pain presented in the literature review regarding its scope, in which the definitions of Visser and Davies (2009) and IASP (2020) presented pain as complex and has high dimensions with no single meaning and experience. Pain in Tagalog is also seen as an invader or an actor of pain which violates the body. This is according to the external and internal factors which inflict pain to the sufferers. This finding is somewhat similar to the interpretation of Visser and Davies (2009) regarding pain as “an evil punitive experience” (p. 29).

The qualities, locations, and causes of pain in Tagalog are presented in the semantic network in Figure 1. This representation suggests that the qualities of pain in Tagalog are unpredictable as it varies according to its locations and causes. Pain in the eye, for example, can be smarting, stinging, and burning if the cause is due to smoke or soap. If it is due to inflammation or infection, the quality of pain can be itchy. Muscle pain, on the other hand, shows gripping, tightening, tingling, and inflamed sensations. The first three sensations may be caused by beating and numbness among others. While, in the present set of data, inflamed sensations in muscle pain can be due to coldness. The locations of pain based on Tagalog language occurs anywhere in the body—eyes, wounds, muscles, head, stomach, and others. However, as presented in the syntactic analysis, it can also occur in the entirety of the self and to the experience itself.

It can be concluded that pain experience in Tagalog is construed primarily as a process (worded as a verb) and secondarily as a quality (worded as an adjective) or as an entity (worded as an entity). Similar to the finding of the semantic analysis, it is concluded that these types of construal reveal that pain in Tagalog has a variety of experiences and perceptions. Pain as a process reveals active and passive experiences of pain in Tagalog. Thus, the degree of involvement of the subjects in the experience also depends on whether the experience is active or passive. Pain can also be experienced as part of the body, when it is perceived, thus constructed, as an attribute of the body

part. This is realized through the construal of pain as a quality through adjectival construction, in which the possessors of the attribute are only either a body part or the pain experience itself (realized with *siya* 'it' as the subject). However, pain in Tagalog can also be detached or separated from the body when it is construed as an entity. In Tagalog, pain as an entity reveals that pain can be experienced as an undesired possession, an invader or actor of pain, an additional information, and its own agentive entity. Overall, in all of these construal, pain is experienced in these locations when the following are the subjects of the sentence constructions: in a specific body part, in the self, and in the pain experience itself.

The construal of pain by Tagalog language and the variety of pain experiences presented in the sentence-level analysis in the previous paragraph differentiates the Tagalog pain experience from other languages. English, Greek, Thai, and Tagalog are significantly different from each other in their preference of construing pain experience. This implies that speakers of different languages experience pain significantly differently. English primarily construe pain experience as an entity while Tagalog, Greek, and Thai primarily construe pain experience as a process. However, Tagalog, Greek, and Thai also differ significantly in their second preference of construal. The construal of pain as a quality in Greek (Lascaratou & Hatzidaki, 2002) and Thai (Patharakorn, 2010) occurred only marginally, while in Tagalog, it occurred secondarily along with pain as an entity. Apart from that, the locations and actors in the construal of pain, realized as the subjects of the sentences, also vary according to culture and language. For example, in its construal of pain as a process, Tagalog takes body parts as a grammatical subject unlike Thai. When pain is construed as a quality, Tagalog does not take a person unlike in English, as in (11). This variation delineates the Tagalog pain concept and language. These findings confirm that there is indeed an interplay between pain and language. Therefore, to grasp more appropriately the experience of pain being shared by others, it is important that it is being understood according to the context of its own language.

Finally, the data of this study found that Tagalog speakers utilize metaphors as another way of expressing pain. In this finding, it can be concluded that pain in Tagalog is an invisible yet violent force that violates and changes the body. When it is not invisible, the metaphors show that pain is an object or a person present in the daily lives of the speakers. The representation of the metaphors also means the intensity of the pain experience. For example, pain viewed as a nail is less intense than pain that is identified as a drilling device. Lastly, the metaphors are also telling of the qualities of pain.

As presented by these findings, the concept, language, and experience of pain is culture- and language-specific. It suggests that there are some aspects of pain in one language that are non-translatable to another. Therefore, in the practice of identifying and treating pain, it is important to understand and assess it according to the context of its culture, setting, and, most especially, language. In other words, by having a conversation on pain with a patient, the gist of their pain experience can be deciphered by analyzing their preferred linguistic configuration. Understanding how the patients perceive their pain experience puts healthcare professionals in the positions of their patients which could help them with a clearer picture of the patients' experiences. More

importantly, it could help healthcare providers to know how to ask better questions about the pain, that is, questions that are intelligible to their patients. All in all, linguistic understanding of pain experience is proven to be important in breaking the possible communication barrier between healthcare providers and patients and in facilitating healthcare communications in doctor-patient settings.

The present study is among the first few studies of pain language in the Philippines. It provides a preliminary analysis of the Tagalog pain language, one of the major Philippine languages, to contribute a complementary perspective which could facilitate better healthcare communication about pain. There are still many areas in Philippine pain language research that need to be studied; among them are metaphors. It is recommended that future research further analyze the metaphorical devices utilized by the speakers since it is observed that speakers infinitely use metaphors for pain experiences that cannot be concretized with a pain term. Metaphors, as explained by Fabrega (1989), also vary according to culture and language. So, it is possible that the metaphors for pain in Philippine languages could also reveal the Philippine pain experience and concept. Culture and language influence the perception, experience, and expression of pain. Thus, pain cannot be appropriately assessed by using only the knowledge and language of Western biomedicine.

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## **6 References**

- Bending, L. (2006). Approximation, suggestion, and analogy: Translating pain into language. *The Yearbook of English Studies*, 36(1), 131–137. <https://www.jstor.org/stable/3508741>
- Bourke, J. (2021). 'me' and 'my pain': Neuralgia and a history of the language of suffering. In *Encountering pain: Hearing, seeing, speaking* (pp. 255–268). UCL Press. <http://www.jstor.org/stable/j.ctv15d8195.25>
- Bowern, C. (2008). Eliciting: Basic morphology and syntax. In *Linguistic fieldwork: A practical guide* (pp. 73–92). Palgrave Macmillan London. <https://doi.org/10.1057/9780230590168>

- Constantino, E. (2015). Ang “Universal Approach at ang wikang pambansa ng Pilipinas. *Daluyan: Journal ng Wikang Filipino Espesyal na Isyu*, 13–25. (Reprinted from *Filipino o Pilipino? Mga bagong babasahin sa pambansang wika at literatura*, by E. A. Constantino, R. Sikat, & P. D. Cruz, Eds., 1974, Rex Book Store)
- Crowley, T. (2007). *Field linguistics: A beginner’s guide*. Oxford University Press.
- Dallenbach, K. M. (1935). Somesthesia. In E. G. Boring, H. S. Langfeld, & H. P. Weld (Eds.), *Psychology: A factual textbook* (pp. 154–187). John Wiley & Sons. <https://doi.org/10.1037/13517-000>
- De Guzman, V. P. (1996). Lexical categories in Tagalog. *Proceedings of the Fourth International Symposium on Language and Pan-Asiatic Linguistics*, 307–321.
- Fabrega, H., Jr. (1989). Language, culture and the neurobiology of pain: A theoretical exploration. *Behavioural Neurology*, 2, 235–259. <https://doi.org/10.3233/BEN-1989-2405>
- Ferber, I. (2019). *Language pangs: On pain and the origin of language*. Oxford University Press.
- Goddard, C. (2009). The natural semantic metalanguage approach. In *The Oxford handbook of linguistic analysis*. Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780199544004.013.0018>
- Gomez, M. F. C. S., Gomez, M. F. A. S., Gomez, M. H. S., Que, J. C., & Rosales, R. L. (2019). painDETECT questionnaire Filipino version: Transcultural adaptation and validation in two widely spoken regional languages (Tagalog and Cebuano). *Neurology Asia*, 24, 21–30.
- Halliday, M. (1998). On the grammar of pain. *Functions of Language*, 5(1), 1–32. <https://doi.org/https://doi.org/10.1075/fol.5.1.02hal>
- International Association of Study for Pain. (2020, July 16). *Iasp announces revised definition of pain*. <https://www.iasp-pain.org/publications/iasp-news/iasp-announces-revised-definition-of-pain/>
- Jonassen, D. H., & Reeves, T. C. (1996). Learning with technology: Using computers as cognitive tools. In D. H. Jonassen (Ed.), *Handbook of research for educational communications and technology*. Macmillan Library Reference. <http://members.aect.org/edtech/ed1/24/index.html>
- Katz, J., & Melzack, R. (2011). The McGill pain questionnaire: Development, psychometric properties, and usefulness of the long form, short form, and short form-2. In D. C. Turk & R. Melzack (Eds.), *Handbook of pain assessment* (3rd ed., pp. 45–66). The Guilford Press.
- Lascaratou, C., & Hatzidaki, O. (2002). Pain as process in modern greek. *Journal of Greek Linguistics*, 3(1), 53–82. <https://doi.org/10.1075/jgl.3.04las>
- Melzack, R., & Torgerson, W. S. (1971). On the Language of Pain. *Anesthesiology*, 34(1), 50–59. <https://doi.org/10.1097/00000542-197101000-00017>
- Melzack, R. (1975). The McGill pain questionnaire: Major properties and scoring methods. *Pain*, 1(3), 277–299. [https://doi.org/10.1016/0304-3959\(75\)90044-5](https://doi.org/10.1016/0304-3959(75)90044-5)
- Merskey, H. (1994). Logic, truth and language in concepts of pain. *Quality of Life Research*, 3, S69–S76. <https://www.jstor.org/stable/4035074>



- Nettleton, D. (2014). Data representation. In D. Nettleton (Ed.), *Commercial data mining* (pp. 49–66). Morgan Kaufmann. <https://doi.org/10.1016/B978-0-12-416602-8.00004-2>
- Panganiban, J. V. (1972). *Diksyunaryo-tesauro: Pilipino-Ingles*. Manlapaz Publishing Company.
- Patharakorn, P. (2010). *Pain language: A Thai case study* (Master's thesis). University of Queensland.
- Rubrico, J. G. U. (1998). *The metamorphosis of Filipino as national language* [Unpublished manuscript]. [http://languagelinks.org/oldsite/pdf/fil\\_met.pdf](http://languagelinks.org/oldsite/pdf/fil_met.pdf)
- Rui, L., Xinchun, S., & Cun, J. (2014). Pain-describing words and linguistic representation of pain experience. *International Journal of Knowledge and Language Processing*, 5, 1–11.
- Santos, V. C. (1978). *Vicassan's Pilipino-English dictionary*. Philippine Graphic Arts Inc.
- Scarry, E. (1985). *The body in pain: The making and unmaking of the world*. Oxford University Press.
- Schachter, P., & Otones, F. T. (1983). *Tagalog reference grammar*. University of California Press.
- Selzer, R. (1994). The language of pain. *The Wilson Quarterly*, 18(4), 28–33. <https://www.jstor.org/stable/40259125>
- Sosa, K. E., Ravarra, P. D., Serra, M. A., Delfin, M. K. M., Lapid, N. C., Lee, Y. H., Perez, P. L., Reyes, E. B., Rosales, A. P., & Velasquez, S. K. (2021). Translation to Filipino and validation of the Victorian Institute of Sport Assessment Patella (VISA-P) questionnaire for patellar tendinopathy. *Philippine Journal of Allied Health Sciences*, 5, 28–38. <https://doi.org/10.36413/pjahs.0501.005>
- Sussex, R. (2009). Review article of Chryssoula Lascaratou's the language of pain. *Australian Review of Applied Linguistics*, 32(1), 6.1–6.14. <https://doi.org/https://doi.org/10.2104/ara10906>
- Visser, E. J., & Davies, S. (2009). What is pain? I: Terms, definitions, classification and basic concepts. In R. Riley (Ed.), *Australasian anaesthesia* (pp. 29–33). McKellar Renown Press.
- Wierzbicka, A. (2012). Is pain a human universal? A cross-linguistic and cross-cultural perspective on pain. *Emotion Review*, 4(3), 307–317. <https://doi.org/10.1177/1754073912439761>
- Wilson, D., Williams, M., & Butler, D. (2009). Language and the pain experience. *Physiotherapy Research International*, 14(1), 56–65. <https://doi.org/10.1002/pri.424>
- Wittgenstein, L. (1958). *Philosophische Untersuchungen* [Philosophical investigations] (G. E. M. Anscombe, Trans.; 2nd ed.). Basil Blackwell. (Original work published 1953)
- Woolf, V. (1994). *The essays of Virginia Woolf* (A. McNeillie, Ed.). Hogarth Press. (Original work published 1926)
- Yoon, K.-J. (2007). My experience of living in a different culture: The life of a Korean migrant in Australia. In M. Besemeres & A. Wierzbicka (Eds.), *Translating lives:*

*Living with two languages and cultures* (pp. 114–127). University of Queensland Press.

Yu, G. L. T., & Rosales, R. L. (2018). Filipino version of Penn facial pain scale: Phase 1 validation study. *Journal of Medicine, University of Santo Tomas*, 2, 136–154. <https://doi.org/10.35460/2546-1621.2017-0075>