

Zagadnienia Rodzajów Literackich, LIV 1
PL ISSN 0084-4446

FLORINA CATALINA FLORESCU
New Jersey

REINVENTING THE MYTH OF DEMETER THROUGH PERSEPHONE'S SUFFERING AND ALTRUISM

Dedicated to my grandmother
who lost *her* Persephone -
my mom - to cancer.

(They finally reunited in 2004,
after twelve years of separation,
an ironically painful full cycle.)

In Ngozi Onwurah's short film/documentary *The Body Beautiful* (1991), Madge, the female protagonist, is in such excruciating pain that, in order to survive, after the birth of her second child, she undertakes mastectomy. Having had a mastectomy immediately after pregnancy is physically and emotionally tiring, and it does not allow Madge to bond with her new-born. Her milk is wasted, drained out of her body. In another example, Marisa Silver's story *Night Train to Frankfurt* (2006), she analyzes the anxious, bitter-sweet filial relationship between a mother-in-pain and her daughter, who are both embarked on a train to a clinic of hope/despair.

In some unfortunate cases of extreme physical and emotional breakage, people transact differently their intimate and social spaces. Debilitated by their wounds, these mothers' bodies resemble a series of concentric, yet opaque memories; once they had a body that was whole and beautiful; they used to be capable of an embrace that did not hurt them; and, a long time ago, their uterus was full with growing, vibrant and dividing matter. According to Sue E. Cataldi, "*Ueberstieg* is a me-

taphorical expression. It means a stepping over [...] an obstacle. [...] This expression may refer to the way in which Flesh sur-mounts the æobstacle' of its own occlusion, creates surface recessions, and finds itself within some slack, with some distance on itself – so that it begins to sense itself” (64-5). This concept plays an important role for my essay. But I interpret it against the myth of Persephone. She is the parthenogenetic daughter of Demeter, namely born from an asexual reproduction.

Furthermore, Persephone is her daughter *and* her younger self. Before Persephone is released from the Underworld, Hades tricks her into eating one pomegranate seed. Three quarters a year, mother and daughter are together and nature is in bloom. For one third, nature is spiritless. In my interpretation of the myth, it is Persephone who desperately seeks her mother; and it is the mother who needs to be caressed and embraced, and craves for unconditional love. Here intervenes a type of ueberstieg, a stepping over. Childless, these daughters assume a performance without a script. That is, since these mothers cannot fully offer their maternal affection any longer (e.g., a simple touch could be hurtful; a minimal conversation, exhausting), their daughters become “mothers”, in what appears to be a prematurely assigned part.

As my article progresses, it reveals the dialogue of the sensual touch, the slippery signs of empathy, and the uncertainty of the dual, reversed attributes between mothers and daughters. The reinvention of the myth of Demeter *excavates* another major mythical figure, Hades. This essay's Persephones are so intensely moved to see their mothers suffer, that, in a manner of speaking, their lives are literally a living hell. Their epiphany reveals that degrading ache is a Hades-in-disguise that transports them to their psyche's pitch dark places. In other words, the mythical figure of Hades is a reality when we deal with extreme forms of pain and suffering. In spite of this gloom atmosphere, these Persephones will soon master to be maternal, unselfish and affectionate. They demonstrate the applicability of myths in situations where narrating the agony of the other is just as vital as a touch and as a prescribed treatment.

Prologue

To Anne Hunsaker Hawkins, “The desire that swamps medicine is the same desire that swamps literature: the hunger to tell, the yearning to hear, the longing to read to the end, and the drive to search beyond the ending” (37). This article departs from a simple, algorithmic premise: if we read myths following the chronological time, we are lost, and can-

not descend into the core of these essential narratives, where time is measured through sensations, and not through ticking seconds. Thus, in this pre-agreed setting, everything is attainable and magnified. This is the reason why Persephone can switch functions with Demeter, without justifying her choice or change.

The myth of Demeter, along with narrating tales of fertility, is also etiological, explaining her Cult at Eleusis, an important festival in antiquity. This myth is part of the Homeric hymns written in the 7th century B.C. and it “[o]ffers an etiology for the presence of death in the world and how life depends on death” (Powell 243). The primary works apply this myth, but they also invite us to ponder over the whole idea of embodying an insatiable hunger to tell an event from our lives, whose coherence may elude reason. Furthermore, while the myth of Demeter, in all its complexity, has a reassuring etiology, as it is applied here, it questions our ability to explain cancer, a social and medical phenomenon of the modern world. There is *no* etiology for this illness, but there are uncountable stories to listen to, some including interactions between mothers and daughters. Still, before we proceed with any arguments, it helps to summarize Silver’s short story and Onwurah’s film/documentary; they address the issue of proximity, and how far we want and/or are prepared to assist the other’s dealing with gradually intensifying agony. Coincidentally, closeness is presented in both works through the lenses of filial relationship.

The first lines of Silver’s story announce a visit to a clinic in Frankfurt, Germany. On their way there by train, when nightmarish thoughts do not fly as fast as a train’s delirious pace, Helen (the daughter) confesses to us: “They were going to boil Dorothy’s [her mother] blood. Take it out, heat it, put it back in. The cancer would be gone. The treatment had a more formal-sounding name, thermosomething or other, a word that was both trustworthy (because you recognized the prefix) and lofty, so that you didn’t question it” (77). The passage is about choosing something, that is to say anything, when terrified to the core of one’s soul. It is about panicking; it is about no longer trusting traditional medicine that has not always been successful. Finally, it is about sheer desperation.

Flipping through the clinic’s advertising pamphlet, Helen is in a state of shock: could alternative treatments actually be more effective than traditional medicine? If they are better, it *pains* to note that they are less or poorly advertised to the lay community:

[T]he pamphlet showed no images of the sick—a choice made [...] to deemphasize the questionable science behind the treatment. It would be impossible to look at a photo of someone as ill as, say, her fifty-seven years old mother and think that this faintly medieval idea, one that brought to mind leeches and exorcism, could succeed where modern medicine had failed, or, in Dorothy's case, where modern medicine had never been given the chance to go (Silver 77).

We should not minimize the importance of modern medicine's accomplishments based solely on the above remark. However, we are tempted to admit that sophisticated machines and (repeated) clinical tests are not the exclusive remedies that patients and their attendees look for when in crisis.

In this particular case, Dorothy has decided to not opt for traditional medical treatments. Silver's story does not concern only the patients' exhaustion and fear. With the exception of the physical pain, which is not transferable, all its other consequences apply to their attendees, too. Therefore, an illness verifies our efficacy vis-à-vis undesired, repeated bodily exposures:

Dorothy was as light and fragile as papier-mâché. Helen closed the bathroom door behind them, reached past her mother, and flipped up the metal toilet lid, then steadied Dorothy as she loosened her slacks and eased them down her hips. Dorothy had always been private with her body; Helen could not remember ever having seen her naked before the disease had turned her into a reluctant exhibitionist (81).

Since illnesses are a complex of emotionally charged experiences, they can potentially bring us so close to our beloved, that we may sense the blurring point of our identities. Like the papier-mâché, Dorothy's destitute body could now be "molded" (with the connotation manipulated), as if her body was already not human, but a marionette's:

Before they arrive at the clinic, Dorothy collapses on the train's floor: Helen could see panic in Dorothy's eyes. [...] 'This is it, Mom', she said. 'This is the place. We just have to walk a few more steps and then we'll be there'. But just as she was about to put her arm around her mother, Dorothy drew herself up, somehow guided back to herself by her daughter's confident gesture and voice, and started forward on her own (85).

Dorothy is perhaps not resourceful enough to regain her strength so easily, if not miraculously. The author refers not so much to the controversial, random act of healing, as to those “few more steps” that do not come effortlessly to us. In this passage, Silver unmaskes our ritual of pleading for a few more steps, a few more days, or a few more minutes to figure out our conundrums and, then, flee from this existential, constraining maze.

The feeling of being entrapped is presented in Onwurah’s film, too. The key passage occurs in a sauna, where mother, daughter and other (healthy) women share an unwanted intimate encounter. The director’s emphasis is placed not on how strangers find themselves together in a sauna, but rather on the division between the healthy and the ill body, as the women scrutinize Madge’s naked body with their too intrusive gaze.

The patient in this film discovers she has breast cancer while pregnant. Immediately after delivery, her body undergoes a surgical intervention, i.e., the removal of her cancerous breast. Because of this surgery, she cannot breast feed her newborn. She complains, “[a] child screams after my milk”, but she is powerless. She feels cheated. Years after mastectomy, her body challenges her patience again when she is diagnosed with a severe form of rheumatism. She thinks that repeated inflicted wounds have “crucified her” and they have “chopped inside” of her. She perceives herself as unjustly deformed. Still, she craves for a simple, without meaning caress, which she envisions to “[s]mooth up the deformities”.

Onwurah proposes a polemical approach to conflicting situations. Madge’s daughter is young, healthy, and has a perfect, robust body. She works as a model. Her body’s stamina is visible through its every pore. Thus, at first, the daughter does not comprehend what her mother experiences. After the frame in the sauna, the daughter, sitting naked in front of a mirror, presses hard on her breasts; she fantasizes how it would look to be breastless. Then she remarks that the project is rather futile: “[i]t is like closing one’s eyes to feel like a blind [person] only to open them again”. Onwurah’s vision is that, while someone’s aches are not physically sharable, trying to imagine what the other goes through is an unnecessary, masochistic added discomfort.

But, if there are limits to cognitive closeness, there should not be barriers to emotional empathy, to touching and holding the other who suffers. This is how Onwurah ends her short film, where mother-and-daughter rest in bed naked, holding each other. Madge and her daughter resemble a Möebius strip with braided tissues of young and healthy,

sick and old, positive and negative. The last frame is a tribute to Plato's ideal couple; in *Symposium*, Aristophanes structures his rhetorical arguments on the nature of Love focusing on a lost time when couples were literally whole, and not separated/divided. Through their caress—a quick, yet intense *kiss* of their bodily epidermis—Onwurah's mother and daughter unite love with pain, hope with loss.

The “iconography of suffering” (Sontag 40) is not a new subject either in art or in daily life. However, Susan Sontag thinks we are attracted to a certain type of suffering that is typically collective (e.g., as resulting from belligerent, violent situations; in natural disasters, such as floods or earthquakes; hunger and promiscuity in third-developed countries; etc.). In addition, this essay shows that our minds are modular because they are “[c]apable of parallel processing; we can monitor another emotion's while doing other things” (Plantinga 243).

Our Journey: The Quest for Meaning

From infancy onward, we hear many words, which we first perceive as fragmented sounds. One of our constant challenges is finding the meaning of words, situations, events, and tragedies. (By contrast, we rarely seek the message behind joyous occasions.) When we take into equation cancer, or any other incurable illness, this quest for meaning converts into a metaphorical descent into Hell, followed by what appears to be our “sidekick”: the shifting knowledge of pain as felt and recorded by the mind and the body. Pain and its inseparable “Dioscuri brother,” suffering, accompany us into a journey of discovering the essence of being human.

When we first hear cancer, we learn diagnostic, too. Admittedly, these are two familiar words that we have encountered in the past, but which did not have a history or a personal context. Once they are part of our daily routine, we incorporate them into our verbal exchanges. We assimilate cancer and diagnostic scared to notice how they undermine our mental and physical equilibrium. Put differently, a diagnosis interrupts our wholeness. According to Hans Georg-Gadamer, “Health is [...] something that manifests itself precisely by virtue of escaping our attention. [...] Rather it [health] belongs to that miraculous capacity we have to forget ourselves” (96). As long as we can walk, talk, breath, and engage in a habitual existence, health is like a mysterious presence in our lives; although invisible, it is nonetheless vital—an interior force that keeps us functioning properly in collectivity and in intimacy.

On the other hand, a diagnosis, followed by treatments, hospitalization, surgery, and other interventions disclose the acquisition of an unavoidable word, coping, which is sine qua non with the condition of be(com)ing patient. To Simon J. Williams, "Coping [...] is best seen as a cognitive process whereby the individual learns how to tolerate [...] the effects of [...] illness. The term refers to feelings of personal worth and a 'sense of coherence' or 'potency' given the biographically disruptive experience of illness" (98). The ill person and his family cope with their reactions to suffering. Not only that, but pain also reveals our intermittent dialogue with discomfort, loss, anger, and other contextually emerging emotions.

Interestingly, pain is Demeter's first reaction when she hears about her daughter's abduction: "Pain seized Demeter's heart; her hand tore the dark purple veil/off her ambrosial hair, and she wrapped a dark garment of mourning over her shoulders" (Powell 230). Coping and mourning share an affiliation since they are semantically intertwined. When persons are diagnosed, they start enacting the new role of a patient. As we fall ill, we collide into certain socio-linguistic patterns, whose intricacies take considerable time to decode and appropriate. In return, enacting the role of a patient is predominantly frustrating. Thus, the quest for reaching the meaning of pain is a test for *what* it represents to be an individual whose body has changed from healthy to ill, and, as a consequence, whose social performance is reconsidered and recalibrated.

In his book, *The Culture of Pain* (1991), David B. Morris explains that "Pain for medieval Christians served as a sign and means of contact with the divine. Had they denied pain, the medieval Christian community would have erased its spiritual value" (48). To this remark, he adds, "[f]ew people in the Middle Ages openly disputed the belief that sinners would face an eternity of torment in Hell. Pain thus gave Christians a taste of what it meant - theologically speaking - to be damned" (51). We do not exactly conceive of pain in those terms, although, ironically, certain illnesses continue to intrigue the medical and the lay communities alike. Even more pertinently, pain is oftentimes compared to hell, and, an easy way out, is to ask for tranquilizers; some of these are very potent, and they literally stop the patients' investigation of a soothing definition for pain.

At that point, I argue, patients have probably moved into a different stage, where what they go through cannot accurately be described into words. This represents an inevitable, yet absurd divide between one's physicality in pain and one's mentally absorbing of it. The patients'

bodies may break and erupt into various smells, none of which pleasant. They may be isolated from other patients, and may recede within themselves even deeper. In some cases, morphine is essential to keep their agony at distance, even if temporarily (that is, until the effects last).

Therefore, how can we describe this exploration? Unlike myths that typically have a moral, a warning, and an etiology, reports about people in severe anguish do not necessarily end up with a conclusive remark. To James Hillman, when we fall “[i]nto meaning, [a person] begins a process of self-validation and self-justification [...] which belong to the experience of the archetype” (117). Because we have added the notion of the archetype, we step into another level, where we go back to pain as a collective, unavoidable experience. Despite the fact that doctors have a template of diseases, and may recognize and diagnose some simply during a routine medical check-up, even within these templates, or medical archetypes of illnesses - if you will - there are personal reactions and variations.

Rita Charon, Professor of Clinical Medicine at the College of Physicians and Surgeons of Columbia University, links the generalities of an illness and its particularities to two principles, as elaborated by the French structuralist Roland Barthes, who

[d]istinguishes between *le lisible* and *le scriptable*, that is, the readerly and the writerly. The former is a dead text, the one that once written, can only be read in a certain way. The reader cannot contribute to its meaning of form, and the only act open to the reader in the face of such a text is to submit to it. The writerly text comes into the hands of the reader incomplete, still active, requiring active creation from each reader it visits (46).

Then, she gives a banal example of a rash, which is both a readerly and a writerly text, namely, the doctor has seen many rashes before, and, thus, he immediately recognize it; at the same time, the doctor needs to take more of his time to distinguish its particularities. This fact, according to Charon, could be done through genuine interaction between doctors and patients. (Regretfully, she admits the doctors’ typical predisposition to treat patients as medical cases and rarely listen to their personal concerns, which may be significant to their ailment.)

Myths can be understood in these terms, too. At the readerly level, the myth of Demeter speaks of a bereaved mother who searches franti-

cally for her missing, irreplaceable daughter; at the writerly level, it implies particularities of a search depending on the circumstances pertaining to each parent who identifies him-/herself with the myth. There are not even two painful experiences identical because each has its own vortex of intricacies to which we are attracted centripetally.

Furthermore, a diagnosis produces the enacting of a novel, quite uncomfortable role (i.e., of a patient), but it also generates the emplotment of a new chapter in the person's life. For Charon, "The emplotments of epic, myth, and the novel are, like the emplotments of astronomy or genetics, impulses to address the unknown, to tame the danger, to conquer fear, to brave [...] any predicament in which a human being finds himself" (49). The quest for digging out the meaning for cancer (or any analogous life-threatening illness) suggests that patients, whose former physicality was more or less intact and whole, have now become "Centaurians," namely they are not like yesterday either in mind or in body. Considerable alterations have reshaped them up to a point where they reject or collapse because of their mirrored reflections. What they observe duplicated is the body of a "Centaur": certain parts may still look like before, although more and more physical spaces have been deformed, altered, and/or modified by the course of an illness. This may be the ultimate truth and, no matter how disappointing, it constitutes a perverse and thorny validation for pain and suffering, which always imply irreversible changes. Metaphorically arguing, a hospital is full with "Centaurians", half patients, half persons; partly medical cases, partly individuals.

The Value of Time

As Géza Szamosi argues, "Since the humanbody does not possess manifest photoperiodic clocks to signal seasonal changes, societies had to invent the cultural equivalent: the calendar. The calendar was the first symbolic construction that regulated social behavior by keeping track of time" (65). The reading of time may be something as familiar as a rendezvous with a friend, until it may reach metaphysical dimensions, such as how we pass in time. There are different layers of temporal sequences in our unfolding ontological strata, some of which adhere to the chronological time (or linear); others are disrupted by major events (or sensorial); and, finally, there are still others where stories, with their own sequentiality and ephemeral logic, comfort us (or mythic).

There is an intrinsic desire to keep track of time by scheduling our actions. However, when visits to the doctor's office make their debut (with follow-ups or, in some cases, hospitalization), then the calendar mo-

difies, too. Days are not identified by their usual name any longer (e.g., Monday, Tuesday, Wednesday, etc.); instead, days are marked by a scheduled clinical test (invasive or not), an iatrogenic reaction to a treatment, and/or a debilitating of an already weakened body. When pain intensifies, it looms large into our physical and social identity (generating a downfall, spiraling effect of our self-esteem), but it may also occlude other previously familiar regions.

Point in fact, Larry Dossey raises an interesting question: “Can we lessen pain by ‘stretching’ the time sense? Almost all substances that we use to treat severe pain modify the patient’s sense of time. [...] It is important to realize that when we experience a technique that diminishes pain through expanding our time sense, we are not merely exercising self-deception. We are not fooling ourselves into thinking the pain is not there” (47). The reason is that as soon as we have immersed into and catalogued different temporal techniques – like sampling a variety of fancy *hors d’oeuvre at a soirée* – we sense accurately any discrepancies that come along our way. We refuse to accept pain as the main “course” in our lives, even though, more often than not, this is not our exclusive choice as if an external, malevolent, and uncontrollable spirit has put a spell on us.

In this rather puzzling to dominate space, our body’s sustainability is investigated, too. Persons, whose physicality collapses, enter the murky zone of “once upon a time”. The narrative structure is paramount, though; they are not back to the beginning of their story, since that would be impossible. Instead, they regress in time, more specifically, in that phase when there used to be a healthy body. For Drew Leder, the word ecstasy “[i]ncludes within it the root *ek*, meaning ‘out’, and *stasis*, meaning ‘to stand’. The ecstatic is that which stands out. [...] [t]he very nature of the body is to project outward from its place and standing. From ‘here’ arises a perceptual world of near and far distances. From the *ænow*’ we inhabit a meaningful past and a future realm of projects and goals” (22).

Photos taken back then are examined minutely, as if a vital clue was encrusted within their frame upon which a miraculous cure was hoped to be released. Undoubtedly, photos comfort people, but they may simultaneously transport them into an elusive, fictive time, as long as the instant of the shooting is *forever* consumed, evaporated. What has lasted, “in lieu”, is an invaluable “once upon a time” collection. For Barthes, “The type of consciousness the photograph involves [...] establishes not a consciousness of the *being-there* of the thing which any copy could

provoke but an awareness of its *having-been-there* [...] for in every photograph there is the stupefying evidence of *this is how it was*" (278). Photos manifest various versions of a person's past, but the result is vague and inconclusive. Thus, the "once upon a time" formula is, indeed, a confabulation of the mind that tries to recover pieces of its past.

In exchange, we own a filigree-like, mutable "right now," which, when in doubt about recovery, is as precious, yet as misleading and slippery as our past. The narrator in Silver's story remarks: "Helen stood and helped Dorothy settle against the train seat. She smelled of the tuberose perfume she'd used her whole life, that *and* the turning odor of the body in decline. Helen wondered when this happened at what point the body's smells could no longer be masked by deodorants or flowery soaps, at what point they would stop taking *no* for an answer" (emphasis added, 80). The author alludes to an in-between, incoherent place, which is teasingly non-definable. We possess "a right now," but, since it has been disjointed from its monolithic past, its reassembling becomes a challenge both for the medical team and for the patients and their family.

Instead of conceiving of the body as projecting a god-like, unbreakable structure, a diagnosis proposes us to envision our embodiment as being made of "pieces" that are not permanently sown. We *wear* our bodies like a suit that is not yet finished, and, for what is even more intriguing, that will never be completed. We never fully *undress* our bodies, even though we admit that their fabric breaks and requires permanent adjustments. Finally, we *put on* our bodies painfully embarrassed that, without a magic wand, we cannot change their design and make them immortal. Hence, instead of comparing ourselves to/competing with gods, whose body is disembodied and *out-of-this-finite-world*, we should perchance listen more and more attentively to the flows within our physicality.

This is how we turn ourselves into nomads. According to Nick Fox, "The Nomad does not put down roots, or manipulate her environment to suit her needs and wishes. [...] It is hard to be a nomad; in fact, there *are* no nomads, there is only nomadism, which is a process, not an identity. Nomadism is about becoming other, and one never finally becomes other, rather we lurch from one identity to another" (339-40). Here we touch on an interesting dissimilarity with myths, where a process of becoming *is* realized; once all obstacles are overcome and the evil forces are destroyed, the myths justify the purpose established in the beginning of their actions.

Although we are very fond of the elevating nature of myths, and although we connect with stories about heroes caught in—and then released from—the exhausting throes of angst, we rarely become mythical figures in our own lives. The very dull “here” that a treatment subscribes us to determines us to contemplate life from concrete angles. Sometimes we feel days as terrifyingly boring and drained off rhythm as the monotonously dripping of glucose in bags mounted on IVs. To this unfortunate example from an ad-hoc list, we may add scars as bodily inscription of surgery; pills as the *other* way of reading the passing of time and, by extension, the calendar of events, which diminishes its social charisma, and is more and more introverted and secluded.

We try to run away from this too material here, and, remarkably enough, we do that through the latest version of our embodiment. Madge, the mother whose one breast was cut immediately after she had given birth, would later confront herself with the phantom limb experience. This is a sensation that, comparable to a myth, is tragically formulaic to persons who have lost a part of their body. They feel a phantom limb because there is a neuronal matrix that corresponds to that amputated region (e.g., breast, leg, or an arm). Their mind still thinks of the missing part as being “there”. They feel something that does not actually exist, and this alludes to the mythical passages about heroes’ unstoppable adventures into dangerous, unpredictable sites.

Moreover, these patients acknowledge a physical absence because they are used to their habitual spaces. There *is* a former version of their bodies that has not ceased to exist in their minds, despite current alterations. David Morris asserts that “We cannot quite fully get back into place, because at its limit, place *exceeds* us, it is a sheer ‘il y a’: we move, but place, although it gives rise to life, approaches what is not living; [...] or rather place gives rise to movement only in relation to living being” (*The Sense*, emphasis added, 181).

We become a nomad *within* a story where past, present, and future sequences are wondrously soluble, disseminating equally in reality and in fiction. No one can ask of a patient to NOT dream of his former self/embodiment. To Charon, “Often, a story is told in flashbacks (narratologists call these analepses in which the narrator recalls or reports on events of the past.) Sometimes, there will be prolepses, or flash-forwards, in which the reader is given access to events of the future” (43). Flesh-forwards, however, are rarely present for a heavily drugged patient.

Let us then return to what is the relevance of time for a patient. The body that is sedated or is under severe treatment signifies a medical

synecdoche, permanently monitored by sophisticated, impersonal devices. This type of body grows side-effects, but, since we possess more than a fluid physicality, then we also develop mysterious "side-affects", which tease the humans as a superior, unique species. The ill person does not touch as before, and he is *cursed* (by an invisible force) to live in a "having been there" realm, where he himself, along with his dear ones, are "shadows". What exists for a patient is a concrete regimented treatment, where one learns to read his body as shifting matter until it stops to cooperate any longer, and reroutes its trajectory into a place as scary as the Underworld, as uncertain as ghosts. The ill person possesses a surrogate body with its own baffling logic. Then, "[b]odily inscriptions affect our deciphering of signs of presence in the flesh" (Young 86). The reading of time is translated into accepting otherwise unseen "presences". Thus, time reaches its unpredictable, inconsistent dimension. That is, *anything* could occur next, and, for human beings who excel in scheduling their events, this is an existential, unpardonable affront.

The Underworld Stop

To follow a truism, a journey is packed with itineraries, as well as with the unknown. On the other hand, when a body is regimented to a medical environment, there are moments when life seems to have stopped and that, unlike a journey where there are many actions, a dead-end has been reached. Moreover, when recovery has not been achieved, death is no longer an abstract noun, but something as concrete as daylight. As Barry B. Powell explains,

We think of death as a natural process, but the notion is modern. [This notion] was uncommon in the ancient world, and to the early Greeks and other early people, death did not seem to come inevitably in the course of things. It was felt to be caused by a hostile force from the natural world (a storm, an animal attack), from a human being (an enemy soldier), or from the invisible and inexplicable realm of gods, ghosts, and priests. Today we suppose that only human beings can make decisions and carry them out, but the ancients attributed powers of choice and action to everything that exists. (283-84)

In this context, when Demeter finds out that her daughter has been abducted by Hades, she is aware of his power, and immediately foretells the consequences of this misfortune. *But* she is a pragmatic goddess of ferti-

lity. Without her will, there is no food, and, thus, there is the imminent, pandemic demise.

Unlike Demeter whose manifestations are intrinsically material, Hades is at the opposite end of this imaginative kaleidoscope. He is also named “[t]he unseen one” (Powell 284) and has two major epithets, Polydegmôn, or “the receiver of many,” and Polyxenos, or “the host to many” (Powell 284). Sadly, the hospital institution is another receiver of many, some of whom manage to put themselves back on their feet, while others become too destitute to achieve a sustainable recovery.

Tod Chambers points out that “Ellipses usually occur [...] between periods of entrance into the medical setting. [...] The farther the character goes from the medical world, the greater the chance for ellipses. [...] The physical space of the text increases as the characters enter the space of the hospital or medical office and decreases when the events of the story take place outside of this setting” (179-180). The accent is placed on the discursive level of pain, when it is conceived from an angle as concrete, yet as detached as its verbalization. Ellipses, three dots on a computer screen or on a paper, and unbearably long silences are chapters when normality attempts to sneak back within a patient’s life.

Like a journey into the Underworld, a patient is entitled to consider the whole medical place a tale with strange characters, malevolent forces, anticlimaxes, won and lost battles. Before death, if not sudden, this story is also comprised of bulk pain, doses of morphine, and many hours of sleep (a consequence of pills and physical exhaustion). This is not a natural sleep; hence, it generates nightmares, hallucinations, depression, and other less palpable *scars* on our psyche. The medical setting has many patients, each with his scriptable or idiosyncratic narrative and collapse, smells and cries. Also, a hospital has doctors, interns, nurses, and other staff. White scrubs and white walls are most likely predominant. (Most pills are also of a whitish hue!) Patients are trapped in two worlds, but this time the divide is not between there/here, but rather between outside/inside (of the hospital). Metaphorically speaking, being surrounded by so much white (a neutral color), patients also think they are caught within/forgotten between blank pages from a chapter not yet concluded. This is an example of how much we are written on an embodied palimpsest of sorts.

According to Morris, “Like shadowy Homeric spirits of the dead, chronic pain patients tend to move in a in-between realm: they clearly are not well, but their malady will not let us see them as *absolutely sick*” (*The Culture*, emphasis added, 67). The “absolutely sick” sets in

motion our inborn defect to believe, which has religious connotations. After Jesus' resurrection, St. Thomas touches the wound on his master's body in order to confirm that he is, indeed, the Son of God, and not an imposter. Henceforth, the wound stands for a symbol/seal of authenticity.

While this was a palpable demonstration of our poorly designed ability to trust the other unless there is proof, in our times, pain is scientifically sought to be eliminated from contemporary sophisticated philosophies of living. There are many analgesics, morphine, and other drugs that are employed to quiet down cries, but, unfortunately, not eradicate pain itself. For Morris, "If tomorrow someone invented a foolproof, cost-free pill, with no side effects, guaranteeing lifetime immunity from pain, we would at once have to set about reinventing what it means to be human" (*The Culture* 20). In the pre-linguistic stage of their lives, babies communicate with us via many sounds, including repetitive cries. Patients, who are prescribed too oftentimes pills to lessen their pain, could be compared to infantilized children. Then, we may contend that we lack an emancipated language and perspective on suffering. On the other hand, this is perhaps a blunt confirmation for our frail "human nature". We should also agree that an excursus into a severe diagnosis implies halting at a very dry, scary, and overwhelming linguistic station, where neologisms, slangs, and medical jargon terminology float mockingly in the air.

As mentioned earlier, along with doctors, nurses, counselors specialized in negotiating the stages of the grieving process, priests, financial advisors, and lawyers, the patients and their limited number of companions seem to be "under cast"—should we still speak of physical degradation in terms of a tale. Humiliation is an initiation into the ritual of being a patient. It is worth to note that the Eleusinian Mysteries, created in Demeter's honor, bring to our attention "mystery", a word that is present in our everyday vocabulary. It comes from the Greek *mystês*, and it means "one who closes the eyes" when entering her temple. Furthermore, as Powell explains, "From the Latin translation of the word, *initiatus*, comes our word initiate, literally, 'one who has gone in', that is, into the temple of Demeter to participate in the sacred ritual" (244). Even more poignantly, once one set foot into the temple, he was forbidden to divulge any secret because "[w]hat happened within the temple, called the Telesterion ('hall of initiation'), was punishable by death, and all modern commentators on the Eleusinian Mysteries must begin by confessing that they do not know what happened there" (Powell 244).

Is there a mystery to being ill? What do patients observe when they are depleted and/or potently drugged? They tiptoe into the temple of their broken body and would like to have any consolation to this nightmare; many a time, however, they realize this is not an easily verbalized experience (neither for doctors who are the massagers of bad news, nor for themselves who have inexplicably lost the wholeness of their bodies. Their attendees are speechless, too). On the other hand, during the Eleusinian Mysteries, which typically took place in the fall, a hierophant revealed the “hiera” or “the sacred things.” Is there a sacred truth to pain? Or does pain belong to the profane since we erroneously think it relates to the body? A clue may come via Demeter’s festival, whose celebration was a reminder of death as representing a segment of/sequence to life. There was an unspoken or an unwritten agreement that there would be a continuation once *this* existence was over.

Hades is also known as Pluto, the god of wealth. Life springs off the ground, it is sustained by its crops, and it is deposited there in “the end”. Powell calls attention that

The Eleusinian Mysteries advocated no doctrine. [...] As a magical rite, it ensured the growth of the grain. As a personal experience, it promised a happy afterlife. [...] Some of the ideas associated with the cult [...] found their way into Christianity and are reflected in the words of St. Paul: But someone will ask: ‘How are the dead raised? What kind of body do they come?’ You foolish man! What you sow does not come to life unless it dies. And what you sow is not the body which is to be, but a bare kernel, perhaps of wheat or of some other grain... Lo! I tell you a mystery” (246-47).

Demeter, Persephone, and Hades form a triangle, each revealing a personal point of view in regard to the story, but, in order for the whole to be seen, understood, or felt, they must *be together*, at some point during the myth or its retelling/reenacting in a ceremony. What these three achieve (as a team) is an initiation into a ritual *beyond* entrapment. Just as we are entangled in this embodiment, there is also the hope of soon being released from it. In this instance, the body functions like a carcass or like an overdue worn cocoon.

Additionally, the topography of Hades includes many items: rivers (Styx, Acheron, Cocytus, Phlegethon and Lethe, each with its own significance), a fierce dog (Cerberus), and Charon, the sailor who guides the dead to their last destination. There are still other mythical figures

associated with Hades; for example, Thanatos, Hypnos, and Morpheus. Of all, Hermes catches our attention. His epithet is psychopompos, or "soul-guide". For Stephen L. Harris, "Although not a resident of Hades, Hermes is associated with the Underworld because of his role as [...] the guide of souls to their final abode. An embodiment of fluid movement, Hermes easily crosses the boundaries separating the living and the dead. [...] [Thus,] Hermes became known as a repository of occult secrets, a source of arcane knowledge about the afterlife" (250-51). Persephone amounts to a similar reading and/or function; by genuinely consoling her mother, she morphs herself into a soul-guide and reverses the standard roles, or, *maybe*, continues Demeter's example of devoted love.

In the beginning, Persephone was introduced as a parthenos. Now we may propose that between mother and daughter, there is a symbolic ectogenesis, a gestation outside the body of a woman in an artificial uterus, where they periodically exchange their personae. The hospital is another fictive uterus, since it is highly an impersonal institution. Once we are out of its artificial environment, we re-turn to the real world from a journey where we have probably seen and heard too much to humanly tolerate. In the real world, there is the plethora of embodiments, a sarcastic reaction to the richness associated with Hades/Pluto; this complex colossus of embodiments trembles, laughs, touches one another, and performs social and intimate roles, and, most notably of all, never gives up on its dynamic habit of *living*.

Jean Luc-Nancy contends that "Man began with the strangeness of his own humanity. Or with the humanity of his own strangeness. Through this strangeness, he presented himself: he presented it, or figured out it to himself. Such was the self-knowledge of man, *that his presence was that of a stranger, monstrously similar* [semblable]. The similar came before the self, and this is what it, the self, was" (emphasis added, 69). A person facing his own diagnosis, collapse, and/or corporeal defeat confronts his strangeness from *and* similarity to others who are (not yet) sick. A patient is an archetype (of an embodied illnesses), as well as a unique person. None can break away from this existential combination. This may explain why Persephone, should she strongly desire to secure her singularity, must be as maternal and altruist as her mother. It is the similarity of unconditional love that is foremost achieved, and that allows this myth of fertility to have further social ramifications.

The Human Body

Just as there are parallels vis-à-vis how death was perceived by the Greeks and how it is understood by us, there are interesting views on how the human body was constructed in antiquity and how it is modeled and remodeled today. In his book, *The Nude: A Study in Ideal Form* (1956), Kenneth Clark reminds us that the nude was an art form created by the Greeks; ever since the depiction of our nudity, we have been obsessing to finding the body that, on the one hand, is perfect, and, on the other hand, is immortal. The instant we took the clothes off, our body has become the most palpably invested and investigated site, attached to various aesthetic and social discourses. In fact, for Clark, “The ideal is like a myth, in which the finished form can be understood only as the end of a long process of creation” (35). When the ideal body is mythical, then its most supreme representation is in a state of deferment, though.

Be that as it may, time cannot be put on hold to accommodate interminable aesthetics debates, and, as a consequence, each historical period has created, elaborated, and obsessed over its own ideal of beauty, perfection, and corporeal divination. Each artistic school has attempted to excavate the god outside from our enveloped layers of destroyable human tissues. Therefore, “The Platonic fancy that Godlike man must conform to a mathematically perfect figure—the circle and the square” (Clark 447). Later, during the Renaissance, in his famous treatise *Della Pittura e Della Statua* (ca.1435), Leon Battista Alberti suggested that, “In painting a nude begin with the bones, then add muscles and then cover with flesh in such a way as to leave the position of the muscles visible” (qtd. in Clark 452). Finally, “The modern nude does not simply represent the body, but relates it, by analogy, to all structures that have become part of our imaginative experience” (Clark 474).

For us, the nude absorbs various external stimuli, but it is not designed in a laboratory, subjugated to a square and a circle. Instead, the body could be equally made out of material and immaterial things, of carnal and non-carnal elements/components. (Think, for example, of uncountable medical prosthetics inserted in the human body to correct its defects and/or enhance its performativity.) In other words, for the Greeks, the human body was a symbol of perfection; therefore, death was something that destroyed this state of being through a force that could not be stopped or interfered with. For us, the body is malleable, like a piece of play dough that could be shaped in various forms, none definitive and/or stable. In fact, to us, the body *must* be modified to be more productive and efficient.

If there is a more heroic site we constantly engage in a battle with, that is our exteriority or how we present/exhibit our body. According to Deborah Lupton, "From the time of the ancient Greeks, [...] the humoral theory of disease incorporated an understanding of the healthy body as maintaining a balance of the four humors, blood, phlegm, black bile and yellow bile, four elements, earth, air, fire and water, and four qualities, hot, cold, wet, and dry" (19). This theory had a long run, lasting until the 18th-century. Interestingly, today, "The notion of a 'predisposition' to illness which is to some extent subject to the control of individuals, a notion central to the humoral model of disease causation, remains important in contemporary understating of health" (Lupton 71). Through pain, we gain access to the *shadows* that are painted on our bodies seduced by our minds' *cave*. The body is a temporary locked-in system, and, when it breaks down, it creates copulative spaces among people.

Nonetheless, Susan Greenfield believes that "We will never be able to get inside someone else's brain. Inner space will remain private. On the other hand, I think that science is starting to make a contribution by being a little more modest. By actually matching up physical brain states with what people are feeling, we may inquire some insight into why people take drugs, what happiness is" (20-21). We should also reflect on the sensitive readings between "I do not understand someone/something" and "I do not want to understand". Either by choice or by force, the "do not" is a mental silky fabric of negation. If the inner space is private, as in the above quote, then one is excluded from the others' experience, and, thus, relies solely on what they have to confess. The subsequent dialogues take place between the patient's body and whoever is willing to see, listen to, and reflect upon this *draft* of a story.

Onwurah's Madge remarks that her children are a "shield, protecting me from shame". She is embarrassed to owning a deformed body that is not healthy and whole any longer, and that her children, whose sincerity is sometimes cruel, have to notice very early on this type of tra-demarcated human broken physicality. Even so, Madge envisions her children to act like a protection, and, consequently, she realizes their force of healing her emotional wounds and, implicitly, their potential to make her feel young again. In the myth, the mother undergoes a notable, no matter how mysterious *trans-form-ance*: "[t]he goddess transformed herself in size and appearance: vanished was wrinkled old age [...]. Delicious aromas exhaled from the flagrant folds of her garments. [...] The goddess then disappear" (Powell 235).

We cannot forget the others' pain, even though, or precisely when, the only access we have comes through their narrating of it, its impact on us aurally and visually and, whenever possible, our touching of their hands, our caressing of their emaciated body, and our embracing someone whose presence we have missed (e.g., after surgery, hospitalization, and/or convalescence). In the myth, "Hermes halted at last and brought the girl to her mother, /fair-crowned Demeter. [...] She looked, /then leaped as a maenad leaps through the hills, through the forests. - /Persephonê too, as she looked on the beautiful eyes of her mother, /jumped down from the chariot and horses and hurried up to embrace her, /flinging her arms around her neck" (Powell 237-39). An embrace is not recorded through words; it is rather invisible, like our inside whose interiors constantly vex us. Still, it is performed through idioms of closeness, where we authenticate someone's presence and, in return, confirm ours. What remains is a memory, which has the mythical power to transcend time, logic, and other telluric constraints. The trail of a caress, although immaterial, is probably a lasting sensation transported from our brain to the body; to a certain extent, this is comparable to still existent characters from stories we discovered in childhood or like holding invisible hands on clayed shaped vases.

By the same token, as a psychopompos, Persephone matures extremely rapidly, assimilating motherhood prematurely. Persephone recognizes that this embrace is not eternal, just as her staying on earth is for less than twelve months in a cycle. She knows she must return to Hades, with whom she forms a couple. For Powell, "Persephone does not belong to either world in which she lives because she is forever childless, *korê*" (243). She transcends the chronological time, and incorporates the essence of the mythical time. She represents an allusion to the sensational time that belongs exclusively to infants. In other words, during that utterly fantastic stage, *everything* is understood through sensations, rather than through a pertinent cause and effect chain or a clear distinction among the divisions of time. There is no mature comprehension of events, and young children know to distinguish the good from the bad because they are told so, and not because they have learnt the tricky and seductive powers of "why." In addition, there is no day or night in early childhood; instead, there is a blessed continuity.

Silver's and Onwurah's Persephones deepen this point of view, too. As Helen remarks, "In the last few months, [she] had become intimate with her mother in a way that made them both uncomfortable. [...] She has bathed Dorothy, helped her to sit on the toilet, pared her tick,

yellowing toenails" (Silver 78). Even though this is an awkward intimacy between the two women, in retrospect, all mothers face countless clumsy episodes before perfecting themselves as caregivers. All incipient phases, before they become habitual, imply making mistakes. The reinforced idea is that any social and/or intimate duty we perform is done through uncountable stages of repetition. Therefore, our achievements bear the echoes of trial and error moments.

To conclude, as a symbol of the grieving mother, unable to come to terms with the permanent loss of her daughter, Demeter has often been labeled as *mater dolorosa*, where "mater" signifies the Latin noun for "mother." This word has an additional connotation, namely, "matter." While motherhood does not apply to all of us, matter does. By allowing Persephone to travel in and out of the Underworld, Demeter realizes that her daughter cannot possibly remain forever hers. Even more evocatively, by permitting Persephone to partake in her pain, both mother and daughter allude to the unavoidably breakable matter. This rupture is not of an implicit premonition or immediate mending unless when it joins Hades and his promised, rich redemption of alchemically annihilating our bodily materiality, eventually *giving back* its volatility. Thus, from nomads we transform into eternal tourists, disembodied (like) gods.

WORKS CITED

- Barthes, Roland. "Rhetoric of the Image". *Classic Essays on Photography*. Ed. Alan Trachtenberg (New Haven: Leete's Island Books, 1980) 269-286.
- Cataldi, Sue E. *Emotion, Depth and Flesh: A Study of Sensitive Space: Reflections upon Merleau-Ponty's Philosophy of Embodiment* (Albany: State University of New York Press, 1993).
- Charon, Rita. *Narrative Medicine: Honoring the Stories of Illness* (Oxford UP, U.S.A. 2008).
- Clark, Kenneth. *The Nude: A Study in Ideal Form* (New York: Doubleday, 1956).
- Dossey, Larry. *Space, Time, and Medicine* (Boulder: Shambhala Publications, Inc., 1982).
- Fox, Nick. "The Ethics and Politics of Caring: Postmodern Reflections". *Health, Medicine and Society: Key Theories, Future Agendas*. Eds. Simon J Williams, Jonathan Gabe and Michael Calnan (New York: Routledge, 333-349).
- Gadamer, Hans-Georg. *The Enigma of Health: The Art of Healing in a Scientific Age*. Trans. Jason Geiger and Nick Walker (Stanford: Stanford UP, 1996).
- Greenfield, Susan. "Inner Space." *Space in Science, Art, and Society*. François Penz, Gregory Radick and Robert Howell, Eds. (Cambridge: Cambridge UP, 2005): 6-21.
- Harris, L. Stephen and Gloria Platzner, Eds. *Classical Mythology: Images and Insights*. (New York: McGraw-Hill Humanities, 2001).

- Hawkins, Anne Hunsaker. *Reconstructing Illness: Studies in Pathography* (West Lafayette: Purdue UP, 1993).
- Hillman, James. *The Essential James Hillman: A Blue Fire* (New York: Routledge, 1990).
- Leder, Drew. *The Absent Body* (Chicago: U of Chicago P, 1990).
- Lupton, Deborah. *The Imperative of Health: Public Health and the Regulated Body*. (Thousand Oaks, California: Sage Publications, 1995).
- Morris, David. *The Sense of Space* (Albany: State University of New York Press, 2004).
- Morris, David, B. *The Culture of Pain* (Berkeley: University of California Press, 1991).
- Nancy, Jean-Luc. *The Muses*. Trans. Peggy Kamuf (Stanford: Stanford UP, 1997).
- Onwurah, Ngozi. *The Body Beautiful* (British Film Institute. Canada. 1991).
- Plantinga, Carl and Greg M. Smith, Eds. *Passionate Views: Film, Cognition, and Emotion* (Baltimore: Johns Hopkins UP, 1999).
- Powell, Barry B. *Classical Myth* (Upper Saddle River: Prentice Hall. 2001).
- Silver, Marisa. "Night Train to Frankfurt." *The New Yorker*. 20 (2006): 74-85.
- Sontag, Susan. *Regarding the Pain of Others* (New York: Picador, 2004).
- Szamosi, Géza. *The Twin Dimensions: Inventing Time and Space* (New York: McGraw-Hill, 1986).
- Williams, Simon J. and Lynda Birke, Eds. *Debating Biology: Sociological Reflections on Health, Medicine, and Society* (New York: Routledge, 2003).
- Young, Katherine. *Presence in the Flesh: The Body in Medicine* (Cambridge: Harvard UP, 1996).

ABSTRACT

In Ngozi Onwurah's short film/documentary *The Body Beautiful* (1991), Madge, the female protagonist, is in such excruciating pain that, in order to survive, after the birth of her second child, she undertakes mastectomy. Having had a mastectomy immediately after pregnancy is physically and emotionally tiring, and it does not allow Madge to bond with her new-born. Her milk is wasted, drained out of her body. In another example, Marisa Silver's story "Night Train to Frankfurt" (2006), she analyzes the anxious, bitter-sweet filial relationship between a mother-in-pain and her daughter, who are both embarked on a train to a clinic of hope/despair.

In some unfortunate cases of extreme physical and emotional breakage, people transact differently their intimate and social spaces. Debilitated by their wounds, these mothers' bodies resemble a series of concentric, yet opaque memories; once they had a body that was whole and beautiful; they used to be capable of an embrace that did not hurt them; and, a long time ago, their uterus was full with growing, vibrant and dividing matter. According to Sue E. Cataldi, "*Ueberstieg* is a metaphorical expression. It means a stepping over [...] an obstacle. [...] This expression may refer to the way in which Flesh surmounts the 'obstacle' of its own occlusion, creates surface recessions, and finds itself within some slack, with some distance on itself - so that it begins to sense itself" (64-5). This concept plays an important role for my essay. But I interpret it against the myth of Persephone. She is the parthenogenetic daughter of Demeter, namely born from an asexual reproduction.

Furthermore, Persephone is her daughter *and* her younger self. Before Persephone is released from the Underworld, Hades tricks her into eating one pomegranate seed. Three quarters a year, mother and daughter are together and nature is in bloom. For one third, nature is spiritless. In my interpretation of the myth, it is Persephone who desperately seeks her mother; and it is the mother who needs to be caressed and embraced, and craves for unconditional love. Here intervenes a type of *ueberstieg*, a stepping over. Childless, these daughters assume a performance without a script. That is, since these mothers cannot fully offer their maternal affection any longer (e.g., a simple touch could be hurtful; a minimal conversation, exhausting), their daughters become "mothers," in what appears to be a prematurely assigned part.

As my article progresses, it reveals the dialogue of the sensual touch, the slippery signs of empathy, and the uncertainty of the dual, reversed attributes between mothers and daughters. The reinvention of the myth of Demeter *excavates* another major mythical figure, Hades. This essay's Persephones are so intensely moved to see their mothers suffer, that, in a manner of speaking, their lives are literally a living hell. Their epiphany reveals that degrading ache is a Hades-in-disguise that transports them to their psyche's pitch dark places. In other words, the mythical figure of Hades is a reality when we deal with extreme forms of pain and suffering. In spite of this gloom atmosphere, these Persephones will soon master to be maternal, unselfish and affectionate. They demonstrate the applicability of myths in situations where narrating the agony of the other is just as vital as a touch and as a prescribed treatment.