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The ‘lived body’ in pain. Illness and initiation in Lucian’s *Podagra* and Aelius Aristides’ *Hieroi Logoi*

Abstract: The ‘lived’ body is a concept I have borrowed from Meredith McGuire, a sociologist of religion whose work has contributed greatly to the conceptualization of the ‘Lived Ancient Religion’ approach. This paper employs recent advances in history of religions and socio-anthropology and divides its attention between Aelius Aristides’ *Hieroi Logoi* and Lucian’s *Podagra*, Lucian’s tragicomic take on gout. In a nutshell, the argument is that pain, both physical and mental, is the *tertium comparationis* in the cultural conception of illness as initiation that runs through both narratives. The perception of extreme physical pain and anguish as an initiation rite may not make immediate sense to the clinician, or indeed the patient, of the twenty-first century. However, this view of pain did resonate with the ‘lived’ bodies of members of the socio-political elite in the Antonine period. Raising awareness of this culture-specific cognitive process is, thus, a *sine qua non* for our understanding of the ‘lived’ body in that era.

AU: As per De Gruyter house style, a note indicator is not preferred in chapter titles, so Note 1 has been set as unnumbered note in the chapter opening page.

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1 Introduction

The ‘~~Lived Body~~’ is a line of inquiry inspired by the ‘Lived Ancient Religion’ (henceforth LAR) approach,¹ which foregrounds the lived, material, and embodied dimensions of religious practices.² LAR has benefited a great deal by engaging closely with post-humanist conceptions of objects as containing agency³ and offers a framework for approaching the body from the same methodological perspective. These modes of inquiry come as a response to previous approaches that tended to privilege consciousness and subjectivity and, as such, were thought not to do justice to the complexities of twenty-first-century biopolitics and political economy. The LAR approach critically evaluates these methodologies and raises fundamental questions about the place of ancient individual agents as embodied humans living in a material world, and about the ways in which such agents experience, produce, and reproduce their material environment.⁴ LAR’s emphasis on embodiment and the individual agents’ entanglement with the material environment was timely but not an entirely new departure; in many ways, it serves as a response to an earlier call in the social sciences of religion for a deeper and more fruitful engagement with the material body.⁵

In an attempt to stay true to LAR’s final call for scholars to leave their comfort zones, instead of focusing exclusively on Aelius Aristides and the entanglement of medicine and religion in his *Hieroi Logoi* (henceforth *HL*),⁶ this paper divides its attention between the text of the *HL* and Lucian’s tragicomic take on gout, the *Podagra*. The argument of this comparative study is, in a nutshell, that pain, both physical and mental, is the *tertium comparationis* in the cultural conception of illness as initiation that runs through both narratives. This conception, I argue, was rather common in authors of the second century CE. Raising awareness of this culture-specific cognitive process is, thus, a *sine qua non* for our understanding of the ‘lived’ body in that era.

1 Rüpke 2011; 2016; 2018. Cf. also the introduction in Rüpke and Raja 2015, as well as Albrecht et al. 2018.

2 E.g. Furey 2012; Eidinow 2015.

3 E.g. Brown 2003; Coole and Frost 2010; Hodder 2012.

4 Raja and Rüpke 2015.

5 For such a call for a rematerialization of the human body in the social sciences of religion, see McGuire (1990). On McGuire’s influence in the conception of LAR, see below.

6 The entanglement of medicine and religion in Aelius Aristides’ *Hieroi Logoi* is the topic of my forthcoming monograph.

This premise is further buttressed by reference to recent advances in history of religions and socio-anthropology (e.g. Sullivan 1990, Furey 2012),⁷ anthropology of pain (e.g. Throop 2010),⁸ and the medical humanities (e.g. Petridou 2017), which place additional emphasis on the portrayal of bodily suffering and pain in terms of life-altering religious experiences. As Jason Throop (2015, 68) puts it:

In anthropology, the sacred has long been viewed as a unique register of human existence that is at times intimately associated with human suffering in its various forms and manifestations. Often enfolded within such orientations to the potential sacredness of human suffering are associated moral experiences and ethical concerns. Whether understood in the context of *painful rituals of initiation, in the light of pain-induced transformations in consciousness, in the context of particular salvational orientations to loss, illness, human finitude, and death, or in the tendency to view suffering as a means of sacrificing one's own desires for the benefit of one's ancestors, spirits, or deities, the link between suffering and the sacred has been well documented in anthropology . . .*

Throop acknowledges both Durkheimian and Geertzian influences on his analysis of the close correlations between suffering and the sacred. Clifford Geertz's view that humans deal with the limitations of their often painful and nonsensical lived experience by seeking out the 'religious perspective' has been particularly influential on Throop's formulation of 'sacred suffering' (Throop 2015, 70): 'As finite, limited, and vulnerable beings, humans turn to religious orientations, Geertz (1973: 112) argues, as a means to cope with uncanny experiences, to make sense of suffering, pain, illness, and death, and to deal with the intractable ethical dilemmas that define our life as complex moral beings'.

Nonetheless, this methodological framework only partially explains the propensity of second century CE authors, such as Aelius Aristides and Lucian, to conceptualize illness in terms of initiation into the highest mysteries (Petridou 2017), and illness-induced pain, in particular, as a facilitator (an operative *mystagōgos* of sorts) to the all-important process of initiation (*myēsis*). The other important factor that prompts the conceptual analogy between illness and initiation, between sacred and suffering, is pain's complex and elusive nature, indeed the ineffability of pain. 'The merest schoolgirl, when she falls in love, has Shakespeare or Keats to speak her mind for her,' Virginia Woolf (1930, 6–7) asserts in her essay *On Being Ill*, 'but let a sufferer try to describe a pain in his head to a doctor

⁷ For more on Sullivan, see the last section of this paper.

⁸ At the risk of sounding too simplistic, anthropology of pain is the cross-cultural and comparative study of the experience of pain in human communities. See Moore Free 2002; Throop 2010 and Throop 2015. Cf. also Eisenberger 2012 and Duncan 2017 for historical surveys of changing attitudes to pain over time.

and language at once runs dry'.⁹ Pain eludes not only the communication between patient and physician, but also the historian of disability, the ancient historian, and the archaeologist. It often eludes even the palaeopathologist, who might be able to recognize an ancient disease and its physical signs on human remains but miss altogether the pervasiveness of chronic suffering in the individual's lived experiences and relationships. Even modern pain specialists, who rely exclusively on quantitative neuroscientific tools for the exploration of pain, such as fMRI results, cannot quite fully comprehend nor qualify its impact on the everyday life of the individual. This has also been argued by the majority of the contributors to a recently published volume on the *Meanings of Pain*, edited by Simon van Rysewyk (more on which below).

2 The 'lived' body in pain

The perception of extreme physical pain and anguish as an initiation rite may not make immediate sense to the clinician, or indeed the patient, of the twenty-first century. However, this view of pain did resonate with the 'lived' bodies of members of the socio-political elite in the Antonine period. This resonance is manifested clearly in the pairing of medical and mystery terminology and imagery in some of the most emblematic narratives of the time, such as Aristides' *Hieroi Logoi* and Lucian's *Alexander the Pseudo-Prophet* (Petridou 2017).

The 'lived' body is a concept I have borrowed from Meredith McGuire, a sociologist of religion whose work has contributed greatly to the conceptualization of the 'Lived Ancient Religion' approach.¹⁰ McGuire uses this term to express the idea of the material body as both the vehicle for perceiving and interpreting social reality and the only means of anchoring human experience in reality.¹¹ McGuire's 'lived' body is 'both a biological and cultural product, simultaneously physical and symbolic, existing always in a specific social and environmental context in which the body is both an active agent and yet shaped by each social moment and its history'. The 'lived' body is fundamentally different from the body as an object of observation (especially in clinical practice). The experience

⁹ Virginia Woolf, *On Being Ill*, introduction by Hermione Lee (Ashfield, MA 2002). The Hogarth Press published *On Being Ill* as an individual volume in 1930, but the work first appeared in 1926 in the *New Criterion*.

¹⁰ Cf. n. 2.

¹¹ McGuire 1990, 284.

of the 'lived' body is unique and uniquely experienced by each individual – because individuals are uniquely embodied – and yet shared, communicated, and mediated (directly or indirectly, successfully or not) via common cultural symbols (e.g. language), shared social roles, and social expectations.¹²

According to McGuire, understanding the idiosyncrasies of the 'lived' body is fundamental to our understanding of the individual's conception of pain, illness, and suffering in general. It also helps us to understand the difficulties involved in expressing and evaluating bodily discomfort, pain, and physical or mental disability across cultures, social groups, and even individuals who do not share the same cultural parameters, views on illness, or clinical training in diagnosis and the alleviation of pain, etc. McGuire's emphasis on embodiment and the individual's entanglement with the cultural signification of pain provides an effective response to an earlier call in the social sciences of religion for a deeper and more fruitful engagement with health and the material body.

A similar call for closer engagement with the 'lived body' and 'lived pain' was also made in 2016 (almost 30 years later) by a large and diverse group of scientists, physicians, therapists, and students of the medical humanities in an extremely rich volume on the meanings (emphatically plural) of pain (edited by Simon van Rysewyk). As the introduction to that volume states, 'the contributors of the book are united in the view that a better understanding of pain neurobiology is necessary to meet the challenges of pain management'.¹³ However, they also recognize that neuroscientific explanations of pain are, by definition, insufficient in that they fail to capture the degree to which pain is the outcome of an individual's relational dynamic with self and world. In other words, although the neurophysiology of pain is the same in all human societies, the cultural elaboration of pain (idioms, categories, experience) is extremely diverse.¹⁴ To put it another way, while the sentiment of pain remains the same, the ways we personally experience, communicate, and respond to pain depend very much

12 McGuire 1990, 285 *passim*. The same aspect of socially shared modes and registers of pain in the context of pain in phantom members has also been discussed more recently by Gillet 2016. Gillet (2016, 37) challenges the standard view of pain 'as something that goes on "inside" a person' and maintains that our pain experience is influenced by cultural practices and stereotypes that 'shape who we are and how we understand and give an account of ourselves'. Phantom limb pain, for example, might be thought of as the individual's response to the societal evaluations and demands linked to the loss of a limb.

13 In a clinical environment, for example, pain can now be monitored closely via sophisticated investigatory techniques, such as functional magnetic resonance imaging (fMRI).

14 Eisenberger 2012.

on our personal experiences, including our experiences of observing the suffering of pain by those in our immediate or wider social environment.¹⁵

3 The ‘lived body’ in gout-induced pain

It is precisely this aspect of what can be termed ‘lived’ pain that I want to explore in this paper. This section offers a brief survey of gout and its synchronic framing as a disease of dietary opulence and sedentary lifestyle, as well as an introduction to the socio-cultural and generic context of Lucian’s *Podagra*. My aim is to provide the reader with the essential conceptual framework for the main focus of the paper, which is an exploration of Lucian’s recasting of the lingering, excruciating pain caused by the bouts of gout into a painful and yet worthy initiation into the mysteries of the goddess Podagra.

Gout is essentially a metabolic disease. Our modern biomedical model attributes gout to either abnormally high production or irregular retention of uric acid in the blood (a condition known as hyperuricaemia). The presence of excessive amounts of uric acid in the blood in turn results in the formation of painful monosodium urate crystal deposits in the synovial fluid, thus causing inflammation and, in about fifty percent of sufferers, tophi (subcutaneous nodules) in the joint tissue, most commonly in the feet or knee. Hyperuricaemia may be caused by the kidneys’ defective capacity to excrete uric acid or it may be brought about by other causes, such as blood diseases, in which case we speak of ‘secondary gout’. Although not lethal, hyperuricaemia can cause excruciating pain.

Of course, it is not easy to equate ancient and modern afflictions (indeed, at times it can be quite impossible). The main treatment for any sort of ancient illness focused primarily on its symptoms rather than its aetiology. When the aetiology was identified, it was more often than not linked by practitioners of the time to one or more kinds of humoral imbalance. The treatment of gout was no exception. Indeed, the Latin *vox propria* for gout, *gutta* (lit. ‘drop’), is a reference to the synchronic concept of gout as a dropping, an excessive flow of one or more humors to the joints. The Greek technical term for the disease, *podagra*, was, by contrast, a nod to the cultural metaphor of illness as an aggressive entity that hunts down the affected bodily part: in the primary case, the was the foot (e.g. *pous* + *agra* = *podagra*), but the naming convention could be equally

¹⁵ See the informative and still very relevant discussion in the introduction to the co-edited volume of Good Delvecchio et al. 1992.

applied to other effected joints, such as the hand (*cheir + agra = cheiragra*) or the knee (*gnous + agra = gonagra*). Greek and Roman medical texts do discuss gout but, in most cases, they do not differentiate between gout and arthritis. Most importantly, none of the definitions that appear in these texts match our contemporary 'framing' of gout in a precise manner.¹⁶

4 Initiation into the mysteries of the goddess Podagra

In terms of generic context, Lucian's *Podagra*, i.e. *Gout* (the manuscripts also give *Tragopodagra* and *Tragodopodagra*), is a mock-tragedy.¹⁷ As such, the text follows the generic conventions of tragedy (especially the Euripidean form) but it has a comedic core.¹⁸ In particular, it bears a certain resemblance to the comedies of Aristophanes.¹⁹ At the same time, it exhibits all the trademarks of Lucianic satire: ludic allusions to the great figures of the first sophistic, caustic humor, preoccupation with certain ethnic stereotypes, elite mockery targeted against folk religious and medical beliefs, etc.²⁰ In *Podagra*, the famous Hippocratic triangle of patient, physician, and illness²¹ is twisted into a tragicomic pentagon consisting of Podagra (the Goddess Gout), Podagros (the Gouty Man), a chorus of Gout sufferers (*Podagroï*), two wandering Syrian physicians, and the personified pains (*Ponoi*) that the Goddess inflicts on the physicians who dare to challenge her authority by providing a salve that ameliorates pain.

16 On the socio-cultural 'framing' of gout, see the introduction in Porter and Rousseau 1998. Cf. also Whitmarsh 2013, 176–185 on 'Lucianic Paratragedy' and, more recently, King 2018, 115–127.

17 In terms of performance context, I agree with Orestis Karavas that *Podagra* was not destined for performance on stage but was, rather, intended for private entertainment. See more in Karavas 2005, esp. 327 and 331. In this, Karavas may be following Bompaire's idea of 'un dialogue du salon'.

18 I discuss this aspect of the play in depth in a [forthcoming](#) article in *Illinois Classical Studies*. See Petridou ([forthcoming](#)).

19 As Karavas 2005, ch. 4 rightly maintains, Lucian may have written this piece as entertainment but he nevertheless chose to follow all of the technical rules of tragic composition. Both the form and content of the *Podagra* demonstrate Lucian's thorough familiarity with Classical Attic tragedy.

20 Anderson 1979. Cf. Anderson 1976, 11 n. 81.

21 On the Hippocratic triangle, see Gourevitch 1984 and, more recently, Webster 2016.

The prologue (1–29), delivered by Podagros (the Gouty Man), gives an idea of both Podagra’s high pedigree (she is the daughter of Kokytos and Magaira, one of the Furies) and the dominant social framing of gout as a punishment for excessive dietary habits and a sedentary lifestyle. Note, however, that this populist approach co-exists with the ‘scientific’ explanation of gout attacks on the human body (15–22), which attributed the condition either to a disturbance in the equilibrium of the humors or to a perforation of one or more of the humors.²² Several passages in the play show the vindictive goddess Podagra at work. Most famously, lines 185–190 offer a close-up depiction of the ‘invincible Lady of pains’ (ἀνίκητος δεσπότης πόνων), who, like the Homeric Ate, leaves no trace as she treads upon people’s lives,²³ and who resembles Isis, Cybele, or even Bacchus in presiding over peculiar and powerful mystic rites (112, 125, 127, 129–137, 180). Both patients and physicians obey the almighty goddess Podagra, whose mysteries consist in inflicting terrible physical pain and agony on her initiates (119–123). The physical ordeal the goddess Podagra puts her devotees through can only be relieved by the goddess herself (136, 245, 308). Her *mystae*, her initiates, are left pain-stricken, begging for salvation that can only be provided by her divine epiphany (131–137), a statement that reminds the reader strongly of sections 50–51 of the fourth book of Aelius Aristides’ *Hieroi Logoi*, where it is stated explicitly that the epiphany of the god Asclepius soothes Aristides’ severe pain (Petridou 2016).

After the *parodos*, the Podagros joins the chorus of gouty men, the Podagroï. The gouty men shout and groan in desperation and liken their frenzied dances to initiatory rites in honor of Cybele and Attis (30–40). Later on, the Goddess Podagra refers to her entourage of Ponoï, i.e. the personified painful attacks, as her accompanying Bacchae. The Podagroï, who identify themselves as initiates (*mystae*, 44), have come to pay tribute to the periodic onset of Podagra and her attacks, which usually take place in the spring (44–45).²⁴ At line 54, Podagros joins in the lamentations and gives a comedic version of the typical clinical image of a gout sufferer: the man has not left his bed for fifteen days and now remarks on the body-soul fragmentation he is experiencing: his willing soul

²² In his *De compositione medicamentorum secuntum locos* (13.331 K.), Galen accepted that the origins of gout were to be found in an excessive concentration of blood, phlegm, and yellow bile together, or a combination of phlegm, yellow bile, and blood in the joints. However, in his *De rebus boni maliq̄ue suci* (6.814 K.), Galen modified this widely held view by identifying *κακοχυμία*, i.e. the perforation of one of the humors, as the cause of gout.

²³ *Il.* 9.505–507; 19.91–95; 113; 126–130 with Padel 1992, 162.

²⁴ Springtime (alongside autumn) is described as a particular favorable period for the onset of gout in a number of earlier and contemporary medical treatises. [See below.](#)

urges him to walk but his weak body holds him back (66–71). In an apostrophe to his *thymos* (a very Homeric body part) that is laden with pathos and accompanied by a strikingly pitiful 'pi' alliteration, Podagros addresses his bodily disjointedness: ὄμως δ' ἐπείγου, θυμέ, γινώσκων ὅτι / πτωχὸς ποδαγρῶν, περιπατεῖν μὲν ἂν θέλη / καὶ μὴ δύνηται, τοῦτον ἐν νεκροῖς τίθει (69–72). The gouty man declares that his current state of extreme pain has made him long for death. Similarly, for the vast majority of modern chronic pain sufferers, 'bodily experience assumes enormous proportions'.²⁵ Patients describe their pain as 'shattering' and 'world-destroying'. Pain, especially chronic pain, subjugates the body and defines body perception in ways that often defy established biomedical taxonomies. In addition to Podagros, other first-person narratives, such as Marcus Aurelius' letters to Fronto and Libanius' *Autobiography*,²⁶ provide similar reports of the excruciating pain inflicted by gout. In these texts, sufferers are often portrayed as either being on the brink of death or actively wishing for it, a common element that aligns the ancient patient's experience of one's body being fragmented by pain with that of modern sufferers.

The Podagroï, the chorus of gouty men,²⁷ draw attention to Podagros' walking stick and recognize him a fellow sufferer, or else, a fellow initiate of the invincible goddess: 'we see a *mystes* of the invincible goddess', μύστην ὀρώμεν τῆς ἀνικήτου θεᾶς (85). Podagros in turn acknowledges the Podagroï, who are all equipped with walking sticks like Podagros himself, and asks about the identity of the deity they honor with their frenzied dances (112–128). This scene refers to the social aspect of pain and how it forces sufferers to relate more closely to other sufferers. It also foregrounds the primary and secondary benefits of patient-centered groups and organizations. As Stuart Derbyshire argues in a different context, 'part of the trouble arises from treating pain as a private experience when the roots of pain lie in a *socially negotiated subjectivity* (emphasis mine)'.²⁸ The Podagros does not immediately recognize the Podagroï as his fellow sufferers, but his 'third leg' (54), that is his walking stick, provides a visual manifestation of their common inability to walk unaided. Thus, to put it in Arthur Kleinman's words (1988), pain becomes 'the central idiom of a network of communication and negotiation'.

²⁵ Good Delvecchio et al. 1992, 37.

²⁶ On Marcus Aurelius' intimate confessions to Fronto, see the introduction in Várhelyi 2010. On Libanius' chronic suffering, see Norman 2000, 123–131; and Renberg 2017, 689–713.

²⁷ Whitmarsh 2013, 182 emphasizes the fact that the text does not clarify the sex of the chorus. However, we can hardly imagine the Podagroï as women, unless Lucian had opted for a chorus of post-menopausal females. More on this topic in Petridou (forthcoming).

²⁸ Derbyshire 2016.

ΠΟΔΑΓΓΡΑ

Εἴτ' ὦ κατάρατοι καὶ κακῶς ὀλούμενοι, 275
 ἔστιν τις ἐν γῆ φαρμάκου δρᾶσις τόση,
 ὃ χρισθὲν οἶδε τὴν ἐμὴν παῦσαι βίαν;
 ἀλλ' εἶα, τήνδε σύμβασιν συνθώμεθα,
 καὶ πειράσωμεν εἴτε φαρμάκου σθένος
 ὑπέρτερον πέφυκεν εἴτ' ἐμαὶ φλόγες, 280
 δεῦτ', ὦ σκυθρωπαί, πάντοθεν ποτώμεναι
 βάσανοι, πάρεδροι τῶν ἐμῶν βακχευμάτων,
 πελάζετ' ἄσσον· καὶ σὺ μὲν ποδῶν ἄκρους
 φλέγμαине ταρσοῦς δακτύλων ποδῶν ἄχρισ,
 σὺ δὲ σφυροῖς ἔμβαινε, σὺ δὲ μηρῶν ἄπο 285
 ἐς γόνατα λειῖβε πικρὸν ἰχώρων βάθος,
 ὑμεῖς δὲ χειρῶν δακτύλους λυγίζετε.

Goddess Gout

Then, cursed ones whose death will be bitter, 275
 Is there on earth a remedy of such effect,
 An ointment potent which can check my violence?
 But come, upon these terms let us agree;
 Let's test the mighty of the remedy to find
 If it or if my burning pain prevails. 280
 Come, grim-faced ones, from every side fly here,
 torments, comrades of my Bacchic rites,
 approach, come near; you inflame the tips of their feet,
 from heel to utmost tip of toe;
 you assail their ankles; and you from the hip-bones 285
 down to their knees make your rank poison flow;
 and you must twist the fingers of their hands.

The Ponoι attack the individual parts of the physician's body. The painful fragmentation starts from the lower extremities (for the toes of his feet) and spreads upwards (to the fingers of the hands). No joint is to be left alone: ankles, thighs, knees, they must all be engulfed by excruciating anguish. This toe to top escalation of somatic suffering brings to mind analogous clinical descriptions of bodily breakdowns due to bouts of gout that appear in another medical author roughly contemporary with Lucian, Aretaeus of Cappadocia. Aretaeus was the author of a long medical treatise *On the Causes and the Signs of Acute Diseases* (*De causis et signis acutorum morborum*).³⁰ At 2.12.5 in this treatise, we read:

³⁰ On 'the shadowy figure of Aretaeus', see King 2018, 43–66.

5. [...] ἰσχιᾶδος μὲν ἀπὸ μηροῦ κατόπιν ἢ ἰγνύος ἢ κνήμης ἢ ἀρχῆ. ἄλλοτε δὲ ἐπὶ τῇ κοτύλῃ τὸ ἄλγημα φαίνεται, αὐθις ἐς γλουτὸν ἢ ὄσφρὸν ὀκέλλει, καὶ πάντα μᾶλλον ἐστὶν ἢ δόκησις ἰσχίου. ἀτὰρ καὶ τὰ ἄρθρα ὧδέ πως ἄρχεται· τοῦ ποδὸς τὸν μέγαν δάκτυλον ἀλγέει, αὐθις τὴν ἐπιπρόσω πτέρην, ἢ πότι στηριζόμεθα· ἔπειτα ἐς τὸ κοῖλον ἦκε, τὸ δὲ σφυρὸν ἐξώδησε ὕστατον.

[...] The commencement of ischiatic disease is from the thigh behind, the ham, or the leg. Sometimes the pain appears in the cotyloid cavity, and again extends to the nates or loins, and has the appearance of anything rather than an affection of the hip-joint. But the joints begin to be affected in this way: pain seizes the great toe; then the forepart of the heel on which we lean; next it comes into the hollow of the foot, but the ankle swells last.

I am not claiming here that Lucian must have read this exact treatise – such a suggestion would make for a very narrow and not particularly fruitful example of intertextuality. What I maintain is that these ideas were part of a rich range of medical topics that would have been popular with the members of the intellectual and socio-political elite of his times.³¹ What matters most is that the depiction of gout as incurable and cruel was not Lucian's invention. The majority of the ancient treatises on gout emphasize the extreme and chronic pain caused by the disease and its incurability.³² In the Hippocratic *On the Affections of the Parts* (6.242–244), for instance, gout is described as the most violent of all chronic joint affections and Aretaeus probably had these lines in mind when he concluded (*De causis et signis acutorum morborum* 2.12.2) that the pain induced by gout in the big toe and its ligaments is more severe than iron screws, cords, the wound of a dagger, or even burning fire.³³ Aretaeus also famously admitted

³¹ The bibliography on the issue of popularized medicine in the second century CE is vast. See, for instance, Van Nuffelen 2014, Paz de Hoz 2014, Petridou 2017b, and the introduction in King 2018 with more bibliographical references.

³² Due to space restrictions I have not been able to provide here a full account of ancient medical treatises on gout and have restricted myself to Galen and Aretaeus, the two medical writers who were roughly contemporaries of Lucian. The interested reader is directed to Copeman 1964 and Porter and Rousseau 1998, ch. 2. Ancient medical treatises on gout remained in circulation in the Middle Ages. We often find them in popular manuals of diseases (essentially collections and/or compilations of medical literature), such as the eleventh-century manuscript known as the Salernitan text, or the *Passionarius/Liber Nosematon/Book of Diseases*, which was compiled by the physician Gariopontus of Salerno. It contains, among other things, two condensed adaptations of Caelius Aurelianus' *Acute Diseases* and *Chronic Diseases*, which in turn were known in several early Latin manuscripts as *Aurelius* and *Esculapius*, and a short excerpt from Alexander of Tralles' *De Podagra*.

³³ ἦν δὲ ἐξ ωύτέων πονῆ, οὐδὲν ἔτερον ἀλγέει τοῦδε δυνατώτερον, οὐ σίδηρα σφιγγοντα, οὐ δεσμά, οὐ τιτρώσκον ξίφος, οὐ καῖον πῦρ.

that although humans might try to understand the disease's probable causes, the true reasons behind occurrences of gout were only known to the gods: αἰτίην δὲ ἀτρεκέα μὲν ἴσασι μοῦνοι θεοί, εὐκυΐαν δὲ καὶ ἄνθρωποι.³⁴

Returning to Lucian's text, the transformation of the doubting doctor after the goddess' painful divine intervention is quick and wondrous (297–307). The physician whose joints have been torn apart by extreme pain admits defeat and addresses Podagra as *anassa* ('my Queen', 'my Lady'). His remedy has been proved useless in the face of chronic and acute pain and he has been forced to experience for himself that which he falsely claimed to be able to cure. Podagra acknowledges the Podagros' confession and change of mind (*metanoia*) and orders the Ponoι to retreat.³⁵ The vote is unanimous, the rhetorical *agōn* (311) has been won by Podagra. This whole scene, encompassing the physician's physical suffering and religious conversion into the *Mystēria* of Podagra is, of course, meant to be hilarious. However, as should be apparent by now, laughter in Lucian's *Podagra* is pointedly grounded in the realities of bodily suffering. The laughter caused by the Syrian doctor's succumbing to Podagra and being emerged in extreme physical agony is the laugh of physical powerlessness, corporeal infirmity, and human despair in the face of chronic pain and suffering.

All in all, Lucian in his *Podagra* presents gout as a chronic medical condition whose periodic attacks, despite being non-lethal, induce such extreme pain and a sense of bodily fragmentation to its sufferers that the whole experience of suffering can be perceived as an oscillation between life and death and, therefore, as a liminal condition. Undoubtedly, this idea of liminality would also have enabled the construction of a conceptual bridge between illness and initiation. Illness is experienced as a major crisis that challenges the foundations of the previously established identity and, thus, evokes ritually rehearsed crises that the individual has undergone in earlier initiatory rites. This idea of chronic illness as initiation, and of the 'lived body' in pain as undergoing a painful but worthwhile *myesis* into *Mysteria* of the highest order, finds a uniquely powerful expression in another text, Aelius Aristides' *Hieroi Logoi*.

³⁴ *De causis et signis acutorum morborum* 2.12.3.

³⁵ The episode has been rightly compared to the content of a confession inscription, such as those found in Phrygia and Lydia. See Petzl 1991.

5 The ‘lived body’ in pain in Aristides’ *Hieroi Logoi*

In order to display the way in which the Pergamene cult of Asclepius acted as a mystery cult, and to showcase Aristides’s conceptualization of illness as initiation, it would be natural to examine a selection of passages from the *HL* and related orations in which Aristides depicts disease as a perpetual near-death experience and describes himself as being on the brink of death.³⁶ However, my focus here will be narrower. Chapters 38–39 of the second book of the *HL* bring home in a unique way how easy it was for Aristides to bridge and connect the concepts of illness and initiation, medicine and mystery cult:

μικρὸν δὲ ἀναλήψομαι. ἔτυχον μὲν ὦν ἐν τῷ προαστείῳ κατὰ θέρουσ ἀκμῆν, νόσος δὲ κατέσχε λοιμώδης πάντας σχεδὸν τοὺς προσχώρους. τῶν δὲ οἰκετῶν τὸ μὲν πρῶτων δύο καὶ τρεῖς ἔκαμνον, ἔπειτα ἄλλος καὶ ἄλλος, ἔπειτ’ ἔκειντο ἅπαντες καὶ νεώτεροι καὶ πρεσβύτεροι, τελευταῖος δὲ ἐλήφθην ἐγώ. ἰατροὶ δὲ ἐφοίτων ἐξ ἄστεος καὶ τοῖς ἀκολουθοῖς αὐτῶν ἐχρώμεθα διακόνους, οἱ δὲ τινες καὶ αὐτοὶ προσεδρεύοντες ἀντὶ διακόνων ἦσαν. ἔκαμνε δὲ καὶ <τὰ> ὑποζύγια, καὶ εἴ που κινηθεῖ τις, εὐθὺς πρὸ θυρῶν ἔκειτο· ὥστε οὐδ’ ἂν πλῶ χρήσασθαι περὶ τῶν συμβαινόντων ἐξῆν ἐτι ῥαδίως. Πάντα δ’ ἦν μεστὰ ἀθυμίας οἰμωγῆς στόνου δυσκολίας ἀπάσης· ἦσαν δὲ κἀν τῇ πόλει νόσοι δειναί. τέως μὲν οὖν ἀντείχον οὐδὲν ἦττον τῆς τῶν ἄλλων σωτηρίας ἢ τῆς ἑμαυτοῦ προνοούμενος, ἔπειτα ἐπέτεινέ τε ἡ νόσος καὶ κατελήφθην ὑπὸ δεινοῦ πυρὸς χολῆς παντοίας, ἢ συνεχῶς νύκτα καὶ ἡμέραν ἠνώχλει, καὶ τῆς τροφῆς ἀπεκεκλείμην καὶ ἡ δύναμις κατελέλυτο. καὶ οἱ ἰατροὶ ἀφίσταντο καὶ τελευτῶντες ἀπέγνωσαν παντάπασι, καὶ διηγγέληθι ὡς οἰχησομένου αὐτίκα. τὸ μέντοι τοῦ Ὀμήρου κἀν τούτοις εἶπες ἂν, ‘τὸ νόσος γε μὲν ἔμπεδος ἦεν’ (Λ 813).

I shall now give a brief *analepsis* (‘flash-back’).³⁷ I happened to be in the suburbs (sic. of Smyrna) at the height of summer. A plague infected nearly all my neighbors. First, two or three of my household neighbors grew sick, then one after the other. Then they were all bedridden, both the young and the old ones. And I was the last to have taken ill. Doctors came from the city and we used their companions as servants. Even those who attended regularly acted as servants. The beasts for the yoke fell ill too and if anyone became somehow agitated, he lay immediately dead in front of the door. As a result, due to current events at that time it was no longer possible to sail easily. Everything was filled with sadness, lamentations, groaning and discontent of every sorts. For there was also terrible sickness to the city. Up to that point, I cared no less for the safety of the others than I did for my own. Then the disease accelerated and I was attacked by the terrible burning of

³⁶ E.g. Or. 47.69: ἐπ’ ἔσχατον ἐλθεῖν, and Or. 47.73: λιποψυχοῦντα.

³⁷ In Genette’s narratology, analepsis (i.e. the narrative technique whereby the narrator recounts after the fact an event that took place earlier than the present point in the main story) is a form of anachrony, the other being the prolepsis (i.e. when the narrator anticipates events that will occur after the main story ends).

every sort of bile, which tormented me constantly, come day or night; and I was turned away from food and my strength was diminished. And the doctors took their distance from my case, and in the end they all gave up on me, and it was announced that I would die at once. However, even under those circumstances you could use that Homeric saying (*Iliad* 11.813): 'Still his mind was firm-set.'

The episode is set in the suburbs of Smyrna in the peak of the summer of 165 CE. Both the city and its environs were infected with an epidemic illness (often identified as smallpox)³⁸ that became better known as 'the Antonine Plague'.³⁹ Aristides presents himself as bed-ridden and evidently *derelictus a medicis*.⁴⁰ The passage quoted above contains an exhaustive account of his continuous suffering (ἢ συνεχῶς νύκτα καὶ ἡμέραν ἠνώχλει) and his physical weakness (καὶ ἡ δύναμις κατελέλυτο) during that period. He bases his account on hard medical facts, namely the rise of the fiery bilious mixture and his resulting abstinence from food (κατελήφθην ὑπὸ δεινοῦ πυρὸς χολῆς παντοίας . . . καὶ τῆς τροφῆς ἀπεκεκλειμην).⁴¹ Aristides' despair about his lamentable state of health

38 Smallpox: Behr 1968, 96–97, 166–167; Behr 1981, 430 n. 64.

39 This mysterious but highly infectious disease, which flared up during the reign of Marcus Aurelius and continued well into the reign of Commodus, swept the entire Roman Empire and depleted it of its resources. Despite its profound consequences for both the economy (agricultural and urban) and the religious market place of the Empire, the modern historian is faced with a very limited number of descriptions of the disease (mainly from Galen), in which the emphasis is laid more on the therapeutic course proposed than on the clinical image of the disease. Hence, although scholarly speculation on the nature of the illness is abundant, any sort of palaeopathological confirmation of it being smallpox is lacking. Sabbatini and Fiorino 2009 assert that the Parthian War in Mesopotamia and the wars against the Marcomanni in north-eastern Italy, in Noricum, and in Pannonia facilitated the spread of the disease. Other influential accounts of the epidemic include Gourevitch 2005; Gilliam 1961; Fears 2004. Some historians of religion have recognized a direct link between this enormous health-related crisis and the rise of religious ideas and practices with prominent henotheistic tendencies, such as Asclepian and Isiac cults, Mithraism, Christianity, etc.

40 *Derelictus a medicis*: a *topos* in narratives (epigraphic, papyrological, and literary) that account for patients' experiences with divine healers after having been despaired of by human physicians. Cf. here the following second-century inscription from Rome: Dittenberger, *Syll.*³ III, 1173.7, 11 (= *IG* XIV, 966): Λουκίῳ πλευρειτικῷ ἀφηλπισμένῳ ὑπὸ παντὸς ἀνθρώπου ἐχρημάτισεν ὁ θεὸς ἐλθεῖν κτλ.; Asclepius-Imouthes intervenes when mortal practitioners fail in *POxy* 1381, co. III, 54: πολλάκις ἀπηυδηκυῖης τῆς ἰατρικῆς πρὸς τὰς κατεχούσας αὐτοὺς νόσους ἔσωσεν; and, finally, Asclepius of Epidaurus saves a female patient from the incompetent mortal healers who operated on her in his absence in Aelian *NA* 9.33: καὶ ὑπὸ χειρὸς θνητῆς ἐς ἄκεσιν ἦκειν ἀδύνατοις. More on this *locus* in Horstmanshoff 2004, 281 n. 13.

41 As Downie 2013 and King 2018 have shown, Aristides recalibrates medical language and embeds it firmly in his rhetorical and religious agenda. We do not have to assume that Aristides reproduces terminology he has acquired by listening to the medical experts who

(εἰς τοῦσχατον ἦλθον) echoes the dire prognosis of his attending physicians (καὶ οἱ ἰατροὶ ἀφίσταντο καὶ τελευτῶντες ἀπέγνωσαν παντάπασι). Evidently, he was not alone in believing that he was dying, as the medical experts present agreed that he was on the brink of death (καὶ διηγγέλητι ὡς οἰχρησόμενου αὐτικά). Aristides' subjective view echoes the 'objective' perspective of the medical experts. However, Aristides goes one step further: he internalizes the power-gaze of his physicians,⁴² and describes himself as watching his own body from afar as if it belonged to someone else (οὕτω παρηκολούθουν ἑμαυτῶ, ὡσπερ ἂν ἄλλω τινί, καὶ ἦσθανόμην ὑπολείποντος ἀεὶ τοῦ σώματος). He graphically refers to his body as ever slipping away and himself as reaching the threshold of death (εἰς τοῦσχατον ἦλθον).

In modern neurological terms, these experiences can be described as 'a state of altered consciousness' or an 'out of body experience', also known as 'autoscopy'. Sensations of the complete alienation of one's mind and body are often concomitant with deep dreaming, extremely stressful and life-changing experiences, and near-death experiences (NDEs).⁴³ Near-death experiences of this sort share a number of similarities with mystic initiation rituals in the Greek-speaking world, as has been noted by Richard Seaford:

Mystic initiation was a rehearsal of death. Moreover, it has numerous points of similarity with the modern near-death experiences (NDEs) that have been so exhaustively recorded and investigated over the last two decades. The NDE displays a fair degree of similarity across different culture, and I suggest that the mystic ritual of the Greeks was in part a dramatization of their experience of NDEs.⁴⁴

looked after him. Knowledge of this sort could just as easily have been acquired by reading popular contemporary medical treatises on the topic. The interdependence between food input and humoral balance was explored in number of treatises, such as Galen's *On the Humors*, *On Black Bile*, *On Uneven Bad Temperament*, *On the Causes of Disease*, *On Barley Soup*, and three books *On the Power of Foods*. For a translation of these passages, see Grant 2000.

42 Powerful gaze of the Second Sophistic: Petsalis-Diomidis 2010, 71–73 compares the *Hieroi Logoi* with *Leukippe and Kleitophon*, one of the most celebrated Greek novels and a first-person narrative populated by dreams, divine epiphanies, statues, images, temples, and gazing at the human body. She concludes that it is easy to see how the authoritative, powerful, diagnostic gaze of the first and second centuries CE (expressed in a wide range of scientific texts of the period, such as Polemo's *Physiognomy* and Galen's medical treatises), was translated on the narrative level into an authoritative, controlling, first-person voice.

43 Autoscopy has also been linked to the pathology of the brain, the pathophysiology of trauma and coma, and to medical conditions such as epilepsy and psychosis: Blanke et al. 2004. On dreams and autoscopy, see Occhionero and Cigogna 2011.

44 Seaford 2005, 605. Jan Bremmer 2002, 90–96 compares NDEs to a number of Greek texts, such as the myth of Er in Plato's *Republic*. On mystic initiation as a descent to the Underworld

Be that as it may, what matters here is that although Aristides is presented with a 'scientific' explanation of his situation (a rising of the bilious mixture) and with the hard, but pragmatic prognosis of his death, when processing the medical data (and the Homeric citation is, in my view a clear, albeit very self-conscious, reference to intense processing of sensorial and intellectual data)⁴⁵ he chooses to tap into previous religious experiences which centered on and around the body. In 2.39 in particular, the reader is explicitly told that Aristides' physical suffering prepares the ground for and solidifies this feeling of alienation (ὥσπερ ἄν ἄλλω τινί). Feelings of self-alienation and distancing from previous conceptions of identity are commonly reported by participants in initiatory rites, such as those who partook in the *mysteria* of Eleusis. In a much-quoted Aristoteleian fragment (fr. 15 Rose), the initiatory experience (most likely that of the mysteries at Eleusis) is described as a *pathos*, a kind of suffering (physical or psychological), and an intense psychological experience: 'thus, Aristotle has it that the initiants must not learn something in particular, but suffer and being psychologically predisposed' (καθάπερ Ἀριστοτέλης ἀξιῶ τοὺς τελουμένους οὐ μαθεῖν τι δεῖν ἀλλὰ παθεῖν καὶ διατεθῆναι). Similarly, in Sopater's *Divisions of Questions*, a feeling of self-alienation is reported by the narrator, who has undergone an oneiric initiation into the *mysteria* of Eleusis (more on this below): 'when I had gone in the interior of the Telestērion, and being a *mystēs*, had seen both the hierophant and the dadouchos, I saw that very initiation ritual, that all of you initiates know very well of, and went out of the Telestērion feeling a stranger to myself' (ἐπεὶ οὖν εἴσω τῶν ἀνακτόρων γεγένημαι, καὶ μύστης ὢν ἱεροφάντην ἅμα καὶ δαδοῦχον τεθέαμαι, καὶ τὴν τελετὴν ἐκείνην εἶδον, ἣν οἱ μεμνημένοι πάντες ἐπίστασθε, ἐξῆεν ἀπὸ τῶν ἀνακτόρων ἐπ' ἐμαυτῷ ξενιζόμενος).⁴⁶

In all likelihood, Aristides, just like Podagros in Lucian's text, draws upon previous bodily knowledge acquired through intense initiatory experiences, quite possibly from his own initiation at Eleusis.⁴⁷ They both tap into their previous experience of initiatory rites to describe their relationship with their

in Greek religions, see Riedweg 2011. Cf. also Seaford 2009. On NDEs, see Moody 1975 and Moody 1988.

45 Notice the emphatic disengagement between the dying body and Aristides' *noos*, which, in true Homeric manner, was said to have remained ἔμπεδος ('steadfast').

46 Sopater, *Divisions of Questions* (*Diairesis Zētēmatōn*) 8.115 Watz.

47 Although we cannot claim with any certainty that Aristides was indeed an initiate, this seems very likely to have been the case given the increased and renewed popularity of the Eleusinian *mysteria* in the imperial era, as well as Aristides' visit to Eleusis and his emotional attachment to the city and the mysteries as expressed in his *Eleusinos* (*Oration* 22 Keil). On the Eleusinian Mysteries in Imperial times, see Clinton 1989, Muñiz Grijalvo 2005, and Galimberti

bodies at a time of crisis. In both narratives, illness is conceptualized and described as sharing physical boundaries with both life and death, as being in between the two states. Effectively, illness is framed as the liminal period that disrupts healthy life within the community, segregates the sufferer, and prepares them by means of excruciating physical pain and/or mental anguish (the medical equivalent of the Eleusinian *pathos*) for their reintegration into the community of the healthy. This is achieved by the resolution of the medical crisis brought about by the epiphany of Asclepius, the healing deity in Aristides, and by Podagra, the personification of the disease, in Lucian.

6 The ritually experienced and religiously expressed physiology of the Second Sophistic

Despite these similarities, there are also a number of distinctive differences between the two narratives as well. Unlike Aristides' *HL*, the entanglement of medical and mystery imagery in Lucian's *Podagra* is generally treated as little more than a rib-tickling tool aimed solely at raising a laugh. However, the perceptive reader will have noticed that the recasting of illness (especially chronic and acute illness) in terms of a painful initiation into a mystic cult is pointedly grounded in the realities of bodily suffering. I have addressed precisely this sort of question elsewhere, asking why religious imagery in general, and terminology drawn from mystery cults in particular, are employed to describe bodily knowledge in some of the most emblematic narratives of the Second Sophistic, such as Lucian's *Alexander the Pseudo-Prophet*.⁴⁸ I argued that these texts, and many others from the same period, present us with a *new kind of physiology*, a physiology that is ritually experienced and religiously expressed. However, I wonder now whether Lucian's *Podagra* should also join the list of texts that present us with facets of this newly conceived physiology. In all these texts, illness is portrayed as a sort of painful initiation and pain itself is presented as having immense transformative powers that are capable of shaking the foundations of a previously established self and paving the way for the establishment of a new enlightened self. This ties well with ideas set out by modern medical anthropologists such as Jason Throop (2010, 2), who examines pain and its

2010. The most comprehensive discussion of *Or.* 22 and Aristides' relationship to Eleusis remains Humbel 1994, 19–37.

48 Petridou 2017 and 2018.

transformative power: 'throughout its various manifestations, a foundational property of pain's existential structure is its capacity to enact a transformation in the subject who experiences it, whether for good or for ill'.

The goddess Gout strikes a very fine balance between appearing as the personification of gout-induced pain and as a healing deity who delivers the patients from this painful condition. Her mysteries just are the seasonal bouts of gout that plague the gout-suffers and, since there was (and still is) no cure for this chronic ailment, the only effective treatment was to endure the pain and transform your conception of it. Critical body-related crises were often conceived as religious affairs, even in the wider medical circles as Aretaeus of Cappadocia's famous statement demonstrates: 'humans may try to understand the disease's probable causes, but the true reasons behind gout were only known to the gods'.⁴⁹

Lawrence E. Sullivan, an anthropologist and historian of religion, argues that 'critical knowledge of the body is frequently related to critical experiences that are religious. Such critical experiences are envisaged as crises'. He believes that this kind of physiology is central to the study of religions.⁵⁰ Sullivan, who extensively studied 'the medical ritual systems' of traditional communities in the Americas, South Africa, Oceania, and Japan, concluded that the members of these communities acquired much of their knowledge about the body through life- and status-changing ritual experiences, such as rites of passage, purification rites, and initiatory rites. Illness, when experienced as a major crisis, challenges the foundations of the previously established identity and, thus, evokes other ritually rehearsed crises the individual has undergone in the context of earlier initiatory rites.

In a similar vein, one might argue that the 'lived body' in pain in the writings of Lucian, Aristides, Marcus Aurelius, and, even two centuries later, in the works of Libanius,⁵¹ is construed, fragmented, and reassembled in ritual, while its processes are thought of as controlled and determined by ritual contact with prominent healing deities, such as Asclepius of Pergamum and *neos Asklepios Glykon* ('the Gentle One'). The body as a vibrant object with increased agency is the main focus of a plethora of medical writings of the Antonine period, but Lucian's *Podagra* and Aristides' *Hieroi Logoi*, as well as Lucian's *Alexander*, are

⁴⁹ *De causis et signis acutorum morborum* 2.12.3: αἰτίην δὲ ἀτρεκέα μὲν ἴσασι μούνοι θεοί, εὐοκυῖαν δὲ καὶ ἄνθρωποι.

⁵⁰ Sullivan 1990, 86–99.

⁵¹ Libanius' *Autobiography* 243–247. The year Libanius refers to is 386 CE. He has been suffering (on and off) from gout and migraine since 371. His symptoms include depression, neuralgia, and vertigo. The pain is so intense that he often expresses the desire to die.

unique in presenting us with a close-up of this new conception of a body that is dismembered and repaired in ritual.

These observations, along with Sullivan's view that bodily knowledge in many traditional communities is a religious affair, offer a particularly useful framework for approaching the ways that Aristides and his peers viewed and experienced their own bodies both in and out of the Asclepieion of Pergamum. The same conceptual outline can also help us understand the pairing of initiation, oracular rites, and healing rites instituted in honor of *neos Asklepios Glykon* at Abonouteichos, or the pairing of illness and initiatory rites in *Podagra*. In other words, socio-anthropology puts the close correlation of illness and initiation, medical and mystic imagery and terminology, in the second century CE into a wholly new perspective, and one that is much more amenable to the Lived Ancient Religion approach.

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