

A Reinterpretation of the Gospel Healing Narratives

Introduction:

The Healing Narratives are those stories recorded in the gospels as examples of Jesus healing ministry. My research indicates that there are at least 20 such narratives in the canonical gospels or 23 if you include the three stories of the 'Raising of the Dead'. Many of these stories, some with variations, are repeated. In all there are 47 stories of healing recorded in the gospels. These can be divided into a number of categories such as physical and sensory disabilities, leprosy and chronic illness, demonic possession or mental illness, fever and raising the dead. The Jesus Seminar have identified 6 of these narratives that can be traced back to and originating from Jesus himself and with the repetitions 13 of these stories in all.

However, these narratives are but a tip of the iceberg if we accept the statements in the gospel according to Matthew 15: 29 – 30 "Great crowds came to him bringing with them the lame, the maimed, the blind, the mute and many others. They were put at his feet and he cured them, ..."

And again in Mark 1: 32-34 "That evening at sunset they brought to him all that were sick or possessed with demons. And the whole city was gathered around his door."

These narratives make up a significant and important aspect of the ministry of Jesus of Nazareth. John Dominic Crossan claims that the "Healing Narratives" and "Open Commensality" or "Open Table" are two of the most critical ingredients in understanding the life ministry of Jesus. Diarmuid O'Murchu in his book "Christianity's Dangerous Memory – A Rediscovery of the Revolutionary Jesus" writes, " healing and commensality serve primarily as empowering endeavours and should be prioritized if we wish to safeguard and promote the empowering tenor of the new reign of God in Christian lore." I will return to this concept of empowerment a little later.

Whilst there is a wealth of information about the healing ministry of Jesus there is a dearth of serious analysis about the importance of this ministry in the life of faith communities today. There is also a need to de-construct some of the misconceptions simply because they impact negatively on people with disabilities.

Traditional attitudes to people with illness and Disabilities:

I will only briefly touch on this area and Andy will go into more detail in his paper. Many of the negative traditional Christian attitudes to people with illness and disability have stemmed from a simplistic understanding of the healing narratives. This interpretation has failed to take into account the attitudes and beliefs of people in the 1st Century CE as well as our current knowledge of the disabling condition. Many people in the time of Jesus saw disability as a punishment. This interpretation has further been fashioned by a

belief that we live in a 'cause and effect' world. Nothing happens without a reason. Thus if we do this then the consequence will be this. Our traditional theological perspective has been fashioned around the concept of an interventionist God and that everything that happens to us has a divine purpose. These narratives in the past have been interpreted as miracles made possible by Jesus' divinity. Accordingly Jesus is not only divine and the 'Son of God', he is seen as equal with God, hence, some of the reasons given for disabling conditions in the past have been that God has done this as:

Punishment for sin.

An opportunity for Character development.

A test of faith.

Whilst these attitudes appear antiquated many still surface at times unconsciously, in times of stress.

Our theology and approach to people seeking healing has been determined largely by our interpretation of the healing narratives, which has been in turn fashioned by our image of the divine. Not only has it fashioned our approach to the individual it has formed our approach to the systemic forces that marginalize and isolate people seeking healing. Hence, there is a need to re-examine these narratives in the light of current practice and enlightened New Testament scholarship.

The Challenge:

During the last 25 years we have seen a challenge in our traditional interpretation of the gospel "Healing Narratives" and this has come from two almost independent sources. The first challenge came for people seeking healing themselves and their advocates. Many of these people were challenging the barriers that prevented their full participation as members of faith communities from a social justice perspective. Physical and social exclusion for places of worship were seen as discriminatory. Many of the barriers preventing people with healing needs from participating in communal life were connected to the traditional Biblical interpretation of the healing narratives. A movement sometimes referred to as "Inclusive Spirituality" advocated for people with disabilities to be included in all aspects of faith communities and urged a re-examination of the traditional interpretation of the healing narratives.

The second force for a reinterpretation of the healing narratives has come from the dramatic rise in New Testament Scholarship, particularly from the historical Jesus school of theology. Perhaps the most significant impact of the New Testament Scholarship has been not only in a clearer definition of both Greek and Aramaic words but the more enlightened placing of each narrative in its social, political economic and religious context. This has allowed the bible student to more accurately understand the impact of the healing on the individual. However, perhaps more significantly we can more fully appreciate

the impact of Jesus actions on the contextual systems that label, isolate, marginalize and in some cases make 'dead' people undergoing normal bodily functioning such as menstruation.

Andy and I have been involved in both of these movements over the last 15 years and we see the importance of bringing them together. Firstly to understand from an 'historical Jesus perspective, how these narratives appropriately set in context, can assist us in understanding the needs of people seeking healing and wholeness. Secondly, we believe that by bringing these two forces together we can better address the systemic processes that create barriers, label and marginalize people with illness and disabilities.

In short the Biblical analysis of these narratives gives intellectual integrity to how we respond to people seeking healing.

The Woman who had been Hemorrhaging for 12 years:

Today we only have time to examine one example of how the recent New Testament scholarship impacts on the interpretation of the healing narratives and gives new direction as to how a community of faith we can respond. The story I have chosen is the well-known story of the woman who has been hemorrhaging for 12 years. I will also include briefly the story of Jairus' daughter because both these stories are interwoven in more ways than one.

This story can be found, with variations, in three gospels Mt 9: 18 – 26, Mark 5: 21 – 43, and Luke 8: 40-56. I will attempt to interpret this story from the perspective of a Jesus seminar scholar and Andy will consider the implications of this interpretation from a 'practice' perspective. Firstly let us quickly re-cap this story.

We begin with Jesus walking with one of the elders of the synagogue a man named Jairus, a leader in the community. They are heading to his house because his daughter is sick and Jesus has been asked to heal her. On their journey they are surrounded by a large crowd and as these people begin to press in Jesus experiences a special contact with a woman who has been hemorrhaging for twelve years. The number twelve is significant in that Jairus daughter is said to be 12 years of age.

As a result of the woman's touch Jesus stops what he is doing responds to the woman's need, whilst he is speaking to her he hears of the child's death, undeterred he continues to the house of Jairus and announces that the girl is not 'dead' but sleeping and he recommends she be given food.

Let us now examine closely the situation concerning this woman who has been hemorrhaging for twelve years. Remember that Jesus has a reputation for sharing meals and time with all comers including unattached women; so his direct response to a woman would not be considered out of character. However, it would have caused consternation for those around and especially his disciples. In reality Jesus condemns the world of exclusion because he does not condemn the woman for her actions simply, by using the term 'daughter'

he actually welcomes her. By this action Jesus is saying the woman's blood flow doesn't make her unclean, the 'purity laws' are themselves false boundaries that marginalize her and stand in the way for healing to occur. If healing is to be successful she will require the support of friends and family and she will need to be included in her community.

It is important for people who are seeking healing to feel that they are in, what Bonhoeffer refers to as a 'State of Grace'; that they belong, that they are people of worth and they are valued. The woman in this story is being denied a state of grace as well as being excluded from the nurturing personal and social activities that come from intimate contact. For 12 years she had been hemorrhaging. For 12 years; she had been considered unclean by her faith community, not only is she unclean, but everything she touches she makes unclean including the clothes that Jesus is wearing. Her touch makes Jesus unclean. Her partner, her children, the bed she slept on, her clothes her cooking utensils are all contaminated by her declared state of being 'unclean'. As sexual relationships are forbidden during this time it is quite conceivable that her partner has left her and that her family and friends have abandoned her.

To understand this situation we may find it valuable to imagine what it would be like to be this person, what does this condition mean to you as a human being. Just for a minute imagine what it would be like to spend a whole day without being touched, without being held gently and lovingly, without being caressed. Now try to imagine how you would feel if you went a week or a month without touch. Now imagine what it would be like to go through twelve long years of isolation; living without embrace. Forget for a moment the isolating effect of the 'purity laws'; consider for a moment how this woman would be feeling physically as well as psychologically. In all likelihood her iron count would be quite low bringing with it a loss of energy to compound her feelings of isolation. She must have felt exhausted and incredibly alone and quite possibly depressed.

To make matters worse in Mark's account we read that she has spent money on physicians to no avail. Under the temple cult she would have been urged to purify herself by bathing in the pools just outside the temple and for this she would have to pay the priestly authorities. However, her search for a cure had only left her in a state of poverty (common today among people with chronic illness or disability), additional to her state of marginalization and shame.

In the depth of despair her search for healing becomes desperate so she embarks on this risky venture. She has obviously heard of the healing power of this man, Jesus of Nazareth and so with the protection of the crowd she comes up to him from behind and touches his clothes. Maybe she believed that this act in itself would be sufficient and then she could melt back into the crowd and return home. It does appear that she believed by this very act, that of touching his clothes she would receive healing. But what an incredible risk this woman takes just by being in a crowd in her state of ritual impurity. She takes an even greater risk by reaching out to touch Jesus. Regardless of her

condition just being a woman in the society of this day she would be shamed, simply by touching a male stranger without his consent and without being introduced to him by a male friend or member of her family.

Touching Jesus clothes is the same as touching his person, both his clothes and his person are now impure. Jesus would have been aware of this fact.

This is a desperate act but if she doesn't have a male friend to intercede for her so is there an option? If she were to shout 'unclean', 'unclean' the crowd would have prevented her from getting close. She has nothing to lose by taking this form of action. She is already treated as if she were non-existent, in fact she has been made 'dead' by her church and her society. The social actionist of the 1960's Saul Alinsky suggested that those who ask the question "Does the end justify the means?" have an alternative and so it is a non-question. If there is only one means the question is irrelevant.

It is interesting to note that young menstruating women were also considered 'dead' by their family and society. Diarmuid O'Murchu suggests that Jairus' daughter may have been experiencing her first menstruation and when Jesus requests that she be given something to eat, it is possible that he is instructing the family that she eat with them at their table. In so doing they are including her back into the embrace of the family.

What is Jesus reaction to the desperate action of this bold and assertive woman? He stops what he is doing and responds to the woman's dilemma. He responds to her by calling her 'daughter' a term of endearment and by so doing recognizes her as a person of worth. Jesus offers her something that she has craved for 12 years a relationship with another human being. Jesus then says, 'Daughter your faith has made you well: go in peace and be healed of your disease' (Mk 5:34). In making the statement, "Your faith has made you well." Jesus is giving the woman credit for the healing, rather than claiming credit for himself. Stephen Finlan in his book "Problems with the Atonement", emphasizes the theological point that healing is not dependent on the death of Jesus. If Jesus claims, "Your faith has made you whole", which he does six times in the healing narratives, then at that point you are whole. The healing experience is already available. Jesus doesn't say, "after my soon to occur death you will be healed and only after I am dead will you be made whole." Thus Jesus doesn't see salvation or healing as being dependent on his sacrificial death, (a point that needs far more exploration than we have time for today). Jesus at no time requests the woman to believe in him as 'Savior' before announcing she has been made whole, nor does he make this request in other healing narratives.

What then are the characteristics of interpreting the Healing Narratives in this way and how can we, in our faith communities, respond to individuals seeking healing? What can we learn from this exercise?

The Impact of recent New Testament scholarship

The differences between a 'progressive' interpretation of the healing narratives and a traditional interpretation can be summarized by a number of important characteristics.

1. The Importance of Context:

Placing the story in context or as Crossan explains, "understanding the 'matrix'". Dominic Crossan has afforded us many insights and perhaps one of the most significant is to place the words and actions of the historical Jesus in a social, religious, political and economic context and he has done so with exquisite detail. He has not only achieved this he has also alerted us to the multiplicative approach of how these systems impacted and interacted with each other. Knowledge of the temple cult is important, but the relationship between the temple cult and the Roman authorities helps us understand the greater complexity of systemic interplay. We need to recognize in the example of the woman who has been hemorrhaging for 12 years the isolating power of the 'purity laws' and the inhibiting nature of the rules and roles of the patriarchal society. Only then can we experience a deeper understanding of the plight of this woman and the level of her disempowerment. Today as a result of Crossan's work and the work of other New Testament scholars, we know far more about the living conditions. We are also more attuned to the psychological effect of people living under the threat of a foreign military power and its impact on the individual's understanding of being liberated as a result of their work.

2. Healing and /or Curing

Both Kathy Black and Dominic Crossan raise the importance of making a distinction between curing and healing. As Black explains curing will mean that the person is healed, but healing does not necessarily mean that a person is cured. Crossan explains that disease is a personal thing, he states, 'it is between me and my body and the thing that infects me and when something is wrong with my body I take it to my doctor to be fixed. This does not tell us about the psychological effect of the illness or its social impact on my friendships.' The example Crossan gives is AIDS, he suggests that a cure for AIDS is important, but in its absence we can heal the illness by refusing to marginalize, those who have it, by empathizing with their anguish, and embracing their suffering with respect and love. The same can be said for people who have cerebral palsy or who are amputees or have been born with Down Syndrome. Many of these people feel whole and do not consider themselves in need of healing, but do desire to live with a sense of belonging.

3. Empathizing with the person seeking healing.

Bernard Brandon Scott suggested that to understand a parable we should attempt to imagine ourselves as being present and witnessing the event. By immersing ourselves in the healing narratives it may help us understand the full impact of the situation by attempting to experience the feelings of the person seeking healing as if they are our own. To use our own life

experience and knowledge of the situation or a similar one and to get inside the skin of the person as if it were happening to us will afford us a deeper understanding of the need for healing.

4. Reason, Experience and/or Knowledge, Tradition and Scripture.

It was John Wesley who emphasized the importance of seeking enlightenment from the sacred by including not only scripture as does Martin Luther and not only scripture and tradition as do the Catholics, but our own personal knowledge or experience and reason in interpreting the sacred. Paul Laughlin a Jesus Seminar scholar has just written an article about Wesley's contribution in a forthcoming book "We Weren't Told". Colin Williams book on Wesley also is a good resource in this matter. To use reason and our own experience and knowledge grounds our interpretation as a human experience and removes our understanding of healing from the realm of the supernatural. Healing becomes a human activity that we all have the ability to possess. There is no magical mysterious 'nose twitching' required. Healing in this way requires a perceptiveness of the controlling societal systems as well as an awareness of the needs and strengths of the one seeking healing. If reason, experience and knowledge conflict with scripture and tradition we need ask why.

5. Changing the Power Relationship

A Progressive Theological interpretation of the healing narratives changes significantly the relationship between the person seeking healing and the healing community. When Jesus proclaims, "your faith has made you whole", he changes the relationship with the sacred from one of master/servant to in Crossan's terms a 'companionship of empowerment'. O'Murchu takes this issue up in his book 'Christianity's Dangerous Memory'. The healing narrative I have presented today is not about curing a natural bodily function. It is a metaphor about liberating a woman who have been declared 'dead' to the community and excluded from participation by inappropriate religious and societal practices. This is a story about empowerment and liberation. This healing is possible when just one person stands in solidarity with the marginalized and names the debilitating systems that isolate.

Conclusion:

A re-interpretation of these narratives that gives value to all human life will have the most significant impact on people with disabilities and those seeking healing. Further an historical Jesus reinterpretation of these narratives will appropriately place in context the systems that marginalize and isolate those people seeking healing. . But the question still remains, "how can we as individuals and communities of faith, put this information into practice so that people with disabilities and those seeking healing, will be recognized, included and affirmed?"

Appropriate medical care makes a significant and important contribution and is essential but, equally important is being surrounded by people who embrace, give love, support and inclusion, as O'Murchu states, "The gospel healing narratives – understood afresh offer hope and promise for the broken heartedness of our traumatized age." P93

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