

HEALTH AND HEALING IN NEW TESTAMENT TIMES:

Historical understanding and the health care debate

Pieter J.J. Botha

Professor: Department of New Testament
Unisa

OPSOMMING

'n Oorsigtelike bespreking van opvattinge oor gesondheid en siekte asook van genesingspraktyke in die antieke Mediterreense wêreld, veral die Nuwe-Testamentiese era, word in hierdie artikel aangebied. Die doel van hierdie bespreking is drieërlei. Eerstens, om daarop te wys dat Nuwe-Testamentici met 'n kruis-kulturele verstaansprobleem te doen het wanneer hulle genesing en genesingsverhale van destyds interpreteer. Nuwe-Testamentici se hantering van hierdie probleme kan nuttig wees vir die Suid-Afrikaanse diskussie oor gesondheid wat onder andere 'n kulturele probleem geraak het. Tweedens, gesien in die lig daarvan dat die meerderheid Suid-Afrikaners Christene is, en dat hierdie religieuse verband deel uitmaak van die konteks waarbinne mensheeld beoefen moet word, is 'n beter begrip van die historiese betekenisemoontlikhede van die Nuwe Testament relevant vir sinvolle interaksie tussen pasiënte, medici en verpleegpersoneel. Derdens wil hierdie studie, deur middel van historiese verstaan, selfkritiek en selfrelativering bevorder. Geen gesondheidsmodel is volmaak of vry van spesifieke kulturele waardes nie: besinning, nadenke, kritiek, begrip en ontwikkeling kan nie sonder behoorlike historiese insig bestaan nie.

ABSTRACT

In this article an overview is given of assumptions about health and illness as well as healing practices in the antiquity Mediterranean world, especially the New-Testament era. The purpose of this discussion is threefold. Firstly, to show that New-Testament scholars are faced with a cross-cultural understanding problem when they interpret healing and stories of healing of the past. New-Testament scholars' management of these problems can be of value for South African discussion on health as partially a cultural problem. Secondly, viewed in the light that the majority of South Africans are Christians, and that this religious connection is part and parcel of the context in which a whole person approach must be practised, a better understanding of the historical possibilities of meaning of the New-Testament is relevant for meaningful interaction between patients, medical practitioners and nursing staff. Thirdly, this study wants to promote, by means of historical understanding, self-criticism and self-relativism. No health model is perfectly free of certain cultural values: reflexivity, reflection, criticism, understanding and development cannot be attained without thorough historical insight.

INTRODUCTION

Few people seem to realise that reading the New Testament is actually to engage oneself with a very strange and often enigmatic culture. For instance, all modern translations of the New Testament disguise the fact that one of the illnesses that Jesus successfully healed, was "moonstruck". The Greek word used by Matthew (in 4.24 and 17.15) is often translated with "epilepsy", an unfortunate instance of ethnocentrism influencing the translation.

We must be aware of the assumption that the "meaning" of events and words can be freed from historical and cultural contingency. If we by some miraculous development could converse with the

ancients, we would find that they do not understand our concept "epilepsy", and will vehemently disagree with our treatment. After all, as any sane person of the first century will confirm, the body is controlled by the kidneys and not the brain. Meaning is *always* meaning-in-context. Hence, to translate ancient concepts directly with supposed modern equivalents is to ignore the context-of-meaning. It is to force one's own concepts onto others as the only valid truth. Understanding ancient ideas of health and healing is not unlike exploring meaning with fellow South Africans: a cross-cultural communicative act. Van Niekerk (1991), for example, enumerates a number of illnesses occurring in the Northern Province, such

as “sesipidi” and “sejeso” for which equivalents in my culture hardly exists. Van Niekerk (1991:228; Worsley 1982:334), in a thoughtful manner, discusses the problem of, “What type of pain is this, that Western medical doctors cannot detect, but that are treated, it seems, so successfully by traditional African doctors or Zionist prophets?”

The ancient illness of being “moonstruck” must obviously be understood within ancient culture, that is, within the first century Mediterranean world. A remark made by Plutarch, a Roman essayist and historian (who lived 50-120 CE * about the same time as the authors of the Gospels) gives us some insight into why moonlight was considered very dangerous:

Nurses are very careful to avoid exposing young children to the moon, for, being full of moisture like green wood, they are thrown into spasms and convulsions. We also see that those who fell asleep in the light of the moon are hardly able to rise again, as if their senses are stunned or drugged, for the moisture poured through them by the moon makes their bodies heavy (Plutarch *Table Talk* 3.10.658E-F).¹

HEALTH AND SICKNESS ARE ALWAYS CULTURALLY DEFINED

Reading ancient literature dealing with human anatomy, one is struck by the many accurate and detailed observations made by the ancients (for examples see Scarborough, 1969:126-133; Rosner, 1977:77-97). However, we should not be misled by such impressive accuracies. A number of interpretive problems can easily be underestimated. One might not recognise that despite these (apparent) accurate observations, they were made within very different, strange cultures. The temptation is to assume that modern concepts actually existed in antiquity, only under different names. This approach is completely inadequate for understanding ancient talk of illness and healing. In fact, it is prejudicial, because it presumes one’s own perspective to be the only possible perspective.

The interpretation of the New Testament in particular suffers from the tendency to utilise modern, Western, scientific medical concepts and models without regard for cultural differences (on these issues see Hemer, 1986:52; Malina, 1981; Pilch, 1988, 1992; Craffert, 1995). We must become sensitive to cultural pluralism, and imagine ancient authors’ language of sickness and healing in terms of *their* own culture.

There is another danger flowing from an ethnocentric approach, namely assuming a stance of superiority. For instance, a famous Roman remedy for dyspepsia and stomach worms was to take a concoction of pomegranate blossoms, old wine, fennel root, incense, honey and wild marjoram and then to climb a pillar and jump down ten times (Cato, *On Agriculture* 127.1-2). It is easy to smile at such a practice, but it is disrespectful. These people were intelligent human

beings. They did not think it stupid to do what they did. In fact, they developed their remedies in accordance with what they knew to be true about the world.

Another dilemma is the assumption that ancient ideas can directly be transmitted to modern times because the situations and descriptions seem so familiar. This is a problem where faith healing is practised.

In order to avoid the interpretive traps of ethnocentrism and subjectivist preferences, we should, like anthropologists and historians, carefully deal with these ancient texts and initiate a process of *cross-cultural communication*: understanding biblical healing and the New Testament concept of health within their contexts.

Today, to simplify, people with a basically Western world-view perceive disease as a malfunction of the organism which can be alleviated, fixed or healed, assuming cause and cure are known, by proper biomedical treatment. We (I am one such person) focus on restoring a sick person’s ability to function, to work, to achieve. However, this is but a *perspective*, a rather recent one and, in terms of humanity as a whole, a rather peculiar one (Geertz, 1983:55-70). In most other societies, and for by far the longest part of our history, the ability to function was *not* or still is not the heart of the matter.

In antiquity, *being* was valued far more than *doing*, what you are “due to birth, sex, heritage, supernatural events” was far more important than what one could make of oneself (an absurd notion in antiquity). In antiquity, the belief was that one did not develop from childhood towards maturity. Ancient psychology dictated that character was a fixed given from birth (Breisach, 1983:68,71); adult behaviour explains childhood narratives. More remarkably, individualism was something strange to the ancients. Individual goals were the ultimate sin. In the first century Mediterranean world one’s state of being was more important than one’s ability to act or function (useful introduction to these issues in Pilch & Malina, 1993). The healers of that world focused on restoring a person to a valued state of being rather than to an ability to function.

It is probably true that for first-century people, as in other kinship based societies, “experience of sickness is so thoroughly externalized that the body is reduced to an uninformative ‘black box’ and people’s attention is concentrated on the social and symbolic conditions of sickness” (Young, 1982:259). In many cultures even conditions as serious as malaria, yaws, measles, whooping cough and mumps are so much part of everyday life, that they are neither treated nor seen as “illness” while “cultural sicknesses” may be major preoccupations (Worsley, 1982:336; Foster, 1976). Clearly, what needs to be done is a description both of the disorders and the healings that took place in the first-century as experiences of their cultural presuppositions. It is preferable to use the term *cultural healing* to describe the “personal and social meaning for the experience of illness” (Kleinman,

1986:35), or even “symbolic healing” (Dow, 1986). In this regard it is interesting to look at skin diseases in antiquity. The Greek (and Hebrew) words often translated with “leprosy” (e.g. Mt 8.3; Mk 1.42; Lk 4.27, 5.12-13, 17.12) reflect a serious misunderstanding. So-called “leprosy” in antiquity does not refer to Hansen’s disease (what we today call leprosy), but to skin diseases which were believed to be the manifestation of “impurity” or transgression of taboos. The cleansing processes prescribed (e.g. in Leviticus 13-14) are not about effecting a cure, but a public declaration that the suffering person is ritually fit for readmission to normal society. Not the process of healing “leprosy” but the recognition that it has occurred and the solution of a problem of *ritual* impurity that threatens the integrity of the “holy” people was at stake (Kee, 1986:10-11, Hemer, 1986:77; Douglas, 1966:41-72).

Hence, the heuristic usefulness of distinguishing between *disease* (a biomedical malfunctioning or affliction) and *illness* (a disdained state of being affecting a person in which social networks have been disrupted and *social* meaning lost). Illness is not so much a biomedical matter due to physical causes as it is a social one. That is why, in the biblical world, sin and sickness are perceived as going together (in fact, often to be one and the same thing). Illness is a matter of deviance from (specific cultural) norms and values.

It follows that the perceived outcome of a sickness in healing and the actual, physical condition of the healed person is not the same thing. As with all other human activities, culture determines the meaning(s) we attach to matters of sickness and health. Precisely because humans give meaning to experiences, and because all meaning is meaning-in-context, the principle spelled out by Good and Good (1980:167; Young, 1982:265-267) that all illness realities are fundamentally semantic, is correct. We have no choice but to deal with our texts in a *meaning-centred* approach. While a lack of health may have biological or psychological correlates or causes, “sickness becomes a human experience only as it is apprehended, interpreted, evaluated and communicated “ that is, as it enters the world of human meaning and discourse” (Good & Good, 1980:175).

The above insights make us aware that illness and health are not merely objective phenomena which appear across cultures in a uniform way and which can be treated in a monotonous way. There are complex sets of conditions and cultural views involved in the processes of sickness and healing.

At this stage our conclusion must be that the use of the term “disease” is quite inappropriate to antiquity. The mere idea of suffering an illness *as an individual* would have been a strange concept. Furthermore, knowledge of disease hinges on the identification of microscopic entities such as germs, viruses and other pathogens. People of the New Testament era may

have been suffering from a disease but did not have the appropriate concepts or terminology to know and express it.

In antiquity the question was simply: by what means can human beings influence supernatural powers in order to gain and retain health? Because one dealt with inescapable forces, the problem is to achieve some influence on these forces through superhuman agencies.

HEALTH IN ANTIQUITY

The general situation

The evidence concerning general health in antiquity paints a grim picture, particularly for urban contexts. Illness and physical affliction were dominant features of daily life in this era. Cities in antiquity were incredibly crowded. A city like Antioch (used by the apostle Paul as home base for his journeys, Acts 13.1-3, 14.26, 15.22-36) housed about 600 persons per hectare (10 000 m²). Rome was even more densely populated at 1050 persons per hectare (see Stambaugh, 1988:89-90, 337n4; Stark 1991:192: temple areas have been excluded from my calculation). People often romanticise life in ancient cities (given the beautiful artifacts that have remained), but the harsh reality was one of extreme filth, poor water supply, inefficient or non-existent sewerage disposal and sanitation. All cultures of antiquity emphasise the importance of incense and perfume, for the very simple reason that the stench of ancient cities must have been overpowering for many kilometres surrounding them (Forbes, 1955; Miller 1969:1-30). Moreover, Greco-Roman cities were smothered in flies, mosquitoes and other insects that flourish where there is much stagnant water and exposed filth. The Greco-Roman world was periodically struck by deadly epidemics that raged for years and killed 30 to 50 per cent of the population each time (Zias, 1991:149).

Obviously disease and high death rates were not evenly spread across all elements of the population, but for most people who did make it to adulthood health would have been atrocious. Parasites were very common in everyday life. For example, half of the hair combs found at Qumran, Masada and Murabbat (Jewish communities of the first century) were infected with lice and lice eggs, probably reflecting conditions elsewhere (Zias, 1991:148). Further, it is safe to assume that approximately five per cent of the population were killed by infected teeth (Stark, 1991:195 n 2).

Given that the Greco-Roman city was a pesthole of infectious disease, one realises that the high figures of migration to cities do not indicate upward social mobility. The landless people migrated to urban areas because of the immense need of new labour, created not by economic opportunity but by the high mortality rate due to the dreadful health conditions among the urban non-elite (Stark, 1991:194-195).

Infant mortality rates have been estimated to average thirty per cent, and life expectancies were extremely short by contemporary, Western standards. Children in general suffered from disease and malnutrition and many never made it to adulthood before their parents were sick or dead. About sixty per cent of those who survived their first year of life were dead by age sixteen and in few families both parents would still be living when the youngest child reached puberty (Carney, 1975:88). A child born among the lower classes during the first century had a life expectancy of little more than twenty years (Stark, 1991:195; Lenski, Lenski & Nolan 1991:173).

To illustrate these conditions: in June 1968 four tombs dating from the first century CE were excavated at Giv'at ha-Mivtar (northeastern Jerusalem). The bones of thirty-five individuals, eleven males, twelve females and twelve children, were found. Of those thirty-five, one woman and her infant had died together in childbirth for lack of a midwife's help and three of the children (one of approximately 7 months, one of 3-4 years, one of 7-8 years) had died of starvation (Haas, 1970). The remarkable aspect is that this family was undoubtedly wealthy: they were buried in very costly limestone ossuaries (bone boxes), within traditional burial chambers cut into rock. Taking into account the paleopathological examination of skeletal remains from the Herodian period (40 BCE to 20 CE) and infant mortality rates (by examining the ratio of children to adults in tombs), it is clear that most people living in Judea and Galilee suffered from malnutrition, particularly the debilitating effects of protein deficiency since childhood (Fiensy, 1991:97-98).

In summary, poor housing, non-existent sanitation, economically inaccessible medical care and bad diet "as much as one-fourth of a male Palestinian peasant's calorie intake came from alcohol" (Broshi, 1986) "all adds up to an experience of everyday life, by common people, as stressful, even frightening. Life was brief, terrible and often incomprehensible. Given the belief in the activities of evil spiritual powers (Pilch, 1991:196-197) and the widespread physical suffering prevalent within the context of ancient cosmology, one can readily detect the ubiquitous fear and anxiety characterising the period" (Dodds, 1965). The pervasive presence of violence must also be added apart from the many and extensive wars one must remember the Roman way of maintaining order, very aptly described by Wells (1984:284) as "institutionalised terror". Given these stressful conditions, it is understandable that psychosomatic illness conditions prevailed, something to bear in mind in any attempt to understand the many stories of remarkable healings that have come down to us from those times.

Healing practices and medicine

Much like today, the ancients distinguished between medicine and magic/miracle. However, one should not be misled by these distinctions. Pliny the Elder (a

Roman nobleman writing in the second half of the first century), deplores the rise of the medical profession. This occupation came to Rome by means of those crafty, unscrupulous people, the Greeks, according to Pliny who admires traditional natural remedies (*Natural History*, 29.1). Sadly the supposed medical art has taken over, and has become "lucrative beyond all other arts". The physicians have abandoned the freely available natural substances intended for healing in favour of costly imported medicaments. They have also invented the need for visiting their consulting rooms (*officines*, sometimes translated here as laboratories). According to Pliny, we see once more "the fraudulent disposition of humans, combined with an ingenuity prompted by wealth". These doctors will promise everyone "an extension of life if one will pay for it". Gradually, "experience, by far the best teacher, particularly in aspects of medicine, gave way to words and hot air" (*NH* 26.10).

Pliny's pet hate among the doctors is the well-known Asclepiades. The chief factor in his success, Pliny maintains, is "the idiocies of magic" (*NH*, 26.9). He quotes another Roman author:

"[Physicians] are a most immoral and worthless bunch, and you may take my word as the word of a prophet. They have conspired among themselves to murder all barbarians [=non-Greeks] with their medicine; but they do so for a fee. Have nothing to do with physicians!" (*NH*, 26.14)

However, despite Pliny's well-sounding advice about avoiding profiteering and deceitful doctors and not believing in magical claims, he is a man of his times. Pliny is adamant that natural resources have been "provided everywhere" (*NH*, 24.1, 26.21). These herbal remedies stand in sharp contrast to the magical approach to health. But when Pliny describes these magical remedies "which he does at great length" they are indistinguishable from those he presents as proper natural remedies. For example, after he chastises the charlatans for their use of hyena parts, he promptly prescribes as "a sure safeguard against miscarriage" an "amulet of gazelle leather containing white flesh from a hyena's breast, seven hairs from a hyena and the genital organ of a stag" (28.27.99). Or, in a completely straightforward manner, Pliny dictates that "the extreme end of the hyena's intestine prevails against the injustice of leaders and kings, guaranteeing successful petitions and a happy result to trials and lawsuits, if it is kept on the person" (28.27.106).

The point of these illustrations is that we should not impose our ideas when we come across terms like magic, medicine or health and healing in ancient texts. They did not make the same distinctions we do. The question for the ancients was not: *Do* powers exist? (like we ask). For them the invisible powers were simply a fact of life. The only question could be: How can one manipulate these existing powers to act in one's favour?

Healers in antiquity

Like today, people in antiquity often sought healing elsewhere than from the medical profession and often they went in search of miracles. The general reputation of physicians was not good. The Gospels tell the story of a woman who "in spite of long treatment by many doctors, on which she had spent all she had, had become worse rather than better" (Mk 5.26).

The medical profession

Physicians are referred to infrequently in the New Testament (Mk 2.17, 5.26; Lk 4.23, Col 4.14) as the New Testament does not reflect the upper strata of ancient society. The New Testament reflects common attitudes (as reflected in contemporary proverbial sayings). It is interesting to note that in the Roman empire about 80 per cent of doctors lacked citizen status (Nutton, 1992:39).

In antiquity physicians preferred to talk about illnesses rather than treat them. Failed treatment could mean death to the physician, as a physician could be held accountable for his diagnosis and prognosis (Horstmanshoff, 1990:180-182). The importance of words and rhetoric in the image of a healer must be emphasised.

Ancient healing practices were above all about philosophy and rhetoric, the focus was *not* on empirical activity. The image of wise man and teacher (rhetor) was valued far above that of applied knowledge. Ancient physicians did not prescribe any medications because they did not actually treat anything. It was all about making a prognosis. That was the purpose of medical arts in antiquity. "The benefit [of medical history/descriptions] did not consist in the greater control of events but rather in the mental preparedness afforded by reliable information concerning cautionary symptoms" (Horstmanshoff, 1990:180; Pleket, 1983; Singer & Wasserstein, 1970). Prognosis "was a *rhetorical* form with psychological effect. The patient was to experience his or her prognosis as a sort of prophecy". (Horstmanshoff, 1990:182). In short, the physician found recognition when he² was able to announce his abilities through rhetorical means. As Horstmanshoff notes, employment of physicians resulted rather "by a stirring argument about health and sickness and by a good show than by medical technique as such" (1990:182).

In second century A.D. Ephesus, for an audience keen on effect, physicians had to prove their competence by engaging in mutual competition in "chirurgy", "instrumentation", "problem solving," and "composition". I find it hard to avoid the impression that in all four events bombastic, ranting speech-making won the day (Horstmanshoff, 1990:182; Nutton, 1977, 1992:21-26).

This is a well known historical phenomenon. In pre-industrial societies the efficacy of medicine is demonstrated primarily by the physician's ability to

know whether the patient will die or not. The good physician does not apply his art to someone who is effectively already dead. Should he treat someone who later dies under his care, that only shows that he does not yet know whether a given illness is mortal or whether it can be healed. Even in the famous *Corpus Hippocraticum*, prognosis is clearly motivated by *occupational* concerns rather than scientific ones: at issue is the denial of responsibility.

This context has major implications for understanding the motives why healing stories about Jesus of Nazareth were so popular. The 'rhetoric', the presentation of an interpretation of reality, was as much part of the supposed healings as the actual events themselves.

Of course, those who believed they needed help and who preferred to stay out of the hands of the doctors could turn to other sources.

Divine aid

One could always ask one's God directly, in private or by appointment with a priest. The Greek god Asclepius, who specialised in healing, had shrines throughout the Mediterranean world, and hundreds of accounts of his healings have survived (Phillips, 1973:197-203; Rousselle, 1985; Kee, 1983:78-104; Coffman, 1993:413-418). Some of these healings are quite believable. A woman who had been unable to become pregnant went to his shrine and slept overnight in the dormitory. She dreamt that one of Asclepius' sacred snakes entered her. She woke up, went home and became pregnant. Today we would probably say that her inability to become pregnant was psychosomatic, the vision resolved her fears and tensions and her body functioned in the normal way. Sigmund Freud, one surmises, would have a lot to say about the symbolism of the serpent.

Asclepius' snake, incidentally, has remained to this day the principal symbol of the medical arts.

Other reports of healings are completely incredible. A man who had lost his eyes dreamed that the god poured a potion into his eye sockets and when he woke up he had eyes.

It is important to realise that these stories stand side by side: the ancient priests and patients did not consider the one believable and the other not. These people, though critical of fraud and dishonesty and suspicious of fantastic claims, did not see truth and fiction like we do: a miracle was a miracle. This realisation has bearing on how and for what purposes people today can claim authority from and imitate the miraculous healings reported in ancient texts, including Christian Scriptures.

Miracle-workers

A famous late first-century hero was Apollonius of Tyana, a travelling philosopher, cult reformer, healer and exorcist. Once when Apollonius was teaching he recognised the behaviour of one of the listeners as revealing demon possession. Apollonius addressed the

demon as a master does a servant, ordered it out and to prove its exit by a sign. The demon promised to throw down a statue, and promptly did so. The afflicted young man rubbed his eyes as if he had just woken up ... and assumed a modest attitude. ... He no longer ... stared madly about, but returned to his own self... He gave up his fancy soft clothes and the rest of his sybaritic way of life. He fell in love with the disciplined lifestyle of the philosophers, donned their cloak, and stripping of his old self, modelled his life in future upon that of Apollonius (Philostratus, *Life of Apollonius*, 4.20).

Healing by charismatic, gifted individuals are well known in early Jewish circles. Josephus, a first century Jewish historian, claims that Judeans inherited their skills in healing and exorcism from Solomon (*Jewish Antiquities* 8.46-49). At the time persons with deviant behaviour and peculiar mental habits lived with their relatives (Porter, 1992:279). This must have been a strong incentive to frequent exorcists.

ʿanina ben Dosa, a rabbi famous for his powers, lived in Galilee about one generation after Jesus. One of his acclaimed cures parallels one of Jesus: the son of the Pharisee Gamaliel was ill with fever in Jerusalem. On request ʿanina, in Galilee, prayed for the boy. The skeptic messengers asked rather sarcastically whether ʿanina was a prophet also (who claimed to know that the youth was healed). ʿanina explained that if his prayer was fluent in his mouth he knew that the sick person was favoured by God. The messengers of course noted the time and day, returned to Jerusalem and found that it happened exactly as ʿanina said (Cartlidge & Dungan, 1980:158-159; discussion of relevant Rabbinical traditions in Vermes, 1973:65-82).

Jesus of Nazareth

Because of the steeply stratified structure of society of antiquity most people, the commoners, peasants, labourers and slaves, had little access to professional medical practitioners (probably just as well). Villagers, peasants and poor people had to rely on traditional healers. These healers were willing to use their hands and traditional remedies like spittle and risk failure. Jesus of Nazareth, the historical person, adopted the role of such a traditional healer: one who has power over unclean spirits and a variety of illnesses, and with his power he restores people to their place in the community. Given the communal value system of antiquity, a refocusing of an individual's meaning in society was essential to healing illnesses.

It is important that an emotional and sensitive issue such as the historical Jesus be approached correctly. Sanders (1993:133) makes a telling and highly important point, namely that Jesus' healings (or miracles) are to be studied in the light of other healings and miracles of his day, and not in the context of the subsequent Christian doctrine that Jesus was both human and divine. This is best achieved in the manner described by Vermes:

First, to reanimate Jesus, his natural background, first

century Galilee, must be filled in. Second, to perceive the truth and purpose of his mission as an exorcist and healer, it must be reinstated in the place to which it belongs: that is, in the charismatic stream of post-biblical Judaism (1973:42; 1983:vii).

Jesus was a Jewish holy man in the charismatic style: this is the context of his "affinities with the spiritual trends of his time". Jesus stands in the line of charismatic Jewish wonder-working holy men, who are also represented by rabbis such as ʿoni the Circle Drawer and ʿanina ben Dosa. He is a Galilean with a sublime and original ethical teaching, intensely aware of God's fatherhood and anxious to have others share in this experience of the Father (Vermes, 1973:58; convenient summary in Vermes, 1983:1-43).

It is ignorance of early Judaism that contributes to frequent assertions about the uniqueness of Jesus and his followers (Charlesworth, 1988:8, 10, 191).

What were the illnesses that Jesus healed? There are several reasons why it is hardly likely that Jesus could successfully treat serious conditions.

Firstly, the evidence provided in the gospel tradition itself. As Dunn remarks:

What is rather striking is that no instances of healing purely physical injuries or mending broken limbs are attributed to Jesus in the earliest stratum of tradition * that is to say, there is no instance of a healing miracle which falls clearly outside the general category of psycho-somatic illnesses (Dunn, 1975:71; Brown, 1983:367).

Secondly, Jesus' healing activity is fully compatible with similar cultural-anthropological data. As Kleinman and Sung (1979:24) conclude their study of cultural healings, traditional healers deal with three types of sicknesses:

(1) acute, self-limited (naturally remitting) diseases; (2) non-life threatening, chronic diseases in which management of the illness is a larger component of clinical management than biomedical treatment of disease; and (3) secondary somatic manifestation (somatization) of minor psychological disorders and interpersonal problems.

The people healed by Jesus and others in the Jesus movement were mainly sufferers of *conversion disorders*, the alteration or loss of physical functioning that suggests physical disorder, but is instead apparently an expression of a psychological conflict or need (see the excellent study of Davies, 1993). Psychological problems at the time relate to community attitudes of honour and shame (Malina, 1981:25-50; Malina & Neyrey, 1991).

We have to remember that influencing a patient's perception of reality and condition is a "powerful healing force" (Good & Good, 1980:178). The function of retelling the stories about healings by Jesus should be pictured along the following lines:

Like the shaman of Siberian tribes [or exorcists in African societies], he could master, by diagnosing, by entering into relation with, by solemnly overpowering, those inexplicit undertones of

aggression, envy and mutual recrimination that build up so easily in the relatively small groups, with which the historian of exorcism deals (Brown, 1971:89).

Magic

We have seen that people could seek healing from God (or the gods) directly, or from an especially pious, gifted or charismatic individual. There was also, however, a third potential source of healing (or even miracles), namely magicians. Magicians were not charismatic and autonomous; they did not perform miracles because of their special relationship to a god. Magicians followed rules; it was a craft, and magicians were for hire.

Magic was an integral part of the ancient experience. The idea of magic was based on a particular application of a widespread view: "reality" consists of a huge, hierarchical chain of being. Everything is linked to something, above and below it. The manipulation of one element or certain "loaded" (powerful) elements such as garlic, goat's urine and some plants would influence the beings next on the ladder and so up to the deity. The correct manipulation of the lower elements, together with the right incantations and appropriate divine names, would make the higher deity perform one's desires.

Everyone knew about magic and were concerned about the power of magicians. "You foolish Galatians, who has afflicted you with the evil eye?" asks Paul (Gal 3.1). Note also the reference to "power" flowing from Jesus through his robe to the haemorrhaging woman (Mk 5.21-43). Another interesting example is the Aramaic words in the Gospels: *talitha qumi* and *ephphatha* (Mk 5.41, 7.34). The reason for the preservation of foreign words in these cases (and not in other more important events) indicates a background of belief in words of power, like a magicians' incantations.

The vast majority of people believed in spiritual forces, and they thought that specially selected humans could contest their power, control them or manipulate them. Jesus of Nazareth himself held this view. He, however, had a special trust in God who could be influenced by prayer alone, and taught his disciples similarly: to trust in the Creator God who could do anything he wished.

Healing in antiquity including the Christian traditions should be placed in the context of a specific, historical context: ancient cosmology. The cosmos was populated by good and evil spirits who could at will enter the world of sense perception.

This was a magical world-view. The magnitude of the role of magical beliefs and practices in the daily lives of these people can hardly be overestimated. These people did not merely *believe* in magic, spirits, demons, and powers; these phenomena were part of what they saw themselves to *be*, part of the unity of life. Even the human self was regarded as a godlet (a daemon in the vocabulary of the time) which could be handled by the magician in the same way as all

the other energies of the universe (Betz, 1981).

In this world-view everything has purpose as all events have an instigator. The logic is absolute and terrifying. It is a fallacy to claim that moderns, people with a scientific world-view, are absolute believers in causal law. It is in fact *we* who accept the possibility of pure chance, while for the dweller in the magical world, no event is "accidental" or "random". Each event has its chain of causation in which some invisible power, or its opposite, is the decisive agency. If a shepherd loses an animal, this is not regarded as a random event, such as the intersection of a roving predator and a wandering herd, but rather a specific cause: either the lack of supernatural protection (due to sin, neglect of the deity's egotistical needs, et cetera) for the shepherd or the superior malevolent power of an enemy (Wax & Wax, 1962:183-4).

One of the most profound points of difference between the scientific and the non-scientific world-view is disciplined willingness to live with open questions, even painful and frightening questions. The world which lives by the magical creed contemptuously rejects the answer "we do not know".

Within such world-views there is always an answer: someone or something (power) is responsible. When people view the world magically they see it as controlled by beings (human or nonhuman) over against which one is perilously exposed (see Wax & Wax, 1963; Pilch 1991:201).

Summary

People in antiquity paid little attention to impersonal cause-effect relationships and therefore paid little attention to the biomedical aspects of disease. Healers focused on persons in social settings rather than on malfunctioning organs or the presence of averse life-forms (bacteria, viruses). Socially rooted symptoms and causes bothered people.

First-century people did not separate natural from supernatural and society from person. Psychosomatic disorders in their world did not run along the paths identified in a world where such separations do exist.

INTERLUDE: A NOTE ON CONTINUITY

If my discussion creates awareness of the *otherness* of ancient experience, it will be successful. However, before we become smug due to pride in the achievements of modern developments, we should look at the full picture. There are many continuities between them and us. In fact, the tragedy is not so much on their side, because, as we shall see, in many crucial aspects there have been very little development.

For instance, attitudes toward and coping with disability and deformity are tragically much in line with antiquity. Concluding his gripping study of deformity and disability in the Greco-Roman world, Garland (1995:182) writes: "we live in a society which, if it no longer tends to regard its disabled either

as portents or as objects of amusement, continues to view them as a problem, the curing of which is their final elimination. Inasmuch as we still equate Truth with Beauty and Beauty with Truth, we lie in direct descent from our classical forebears”.

It must also be highly disconcerting to all of us to be reminded that many people still believe that inanimate rocks, clouds of gas and burning suns falling through space billions of kilometers from our own planet are determining our emotions, actions and well-being. The biggest lesson, however, I think from the past is that we are in danger of becoming overconfident in the abilities of biomedical science. The ancients did very well under extreme conditions. They were acutely aware of the interpersonal and communal factors determining human well-being; something that Western health-care systems tend to ignore or to undervalue (on the dangers of biological reductionism and fragmented understanding of health, see, amongst others, Eisenberg & Kleinman, 1980; Young, 1982:258).

CONCLUSION

In this study a brief and simplified overview of health, sickness and healing in antiquity is presented. The discussion is furthermore limited to the first century Mediterranean world, with the explicit aim to illuminate the early Christian traditions and the healing activities of Jesus of Nazareth. Although not done thematically, the aims are:

* To show that New Testament scholars are dealing with a problem of cross-cultural communication when they interpret and explain the healing narratives from antiquity. Their experience and successes (and failures!) can contribute to the contemporary South African debate on health care which has clearly become, amongst others, a cultural problem (De Villiers, 1993; Lewis, 1980).

* To contribute to a better understanding of early Christian traditions, particularly the New Testament healing stories. The majority of South Africans claim allegiance to Christianity, hence the importance of better historical understanding of our traditions. Well-being, as the ancients were so acutely aware, is well-being in context. The use of Scripture, faith healing and so forth are significant features of our society, and it is imperative that we try to develop as comprehensive and proper an understanding of these texts and practices as possible.

* To promote historical sensitivity. The value of historical study, finally, lies in its ability to facilitate critical awareness. Confrontation with our past is like intense conversation with an *other*: it leads to self-awareness, reflection, criticism, insight and development. That is why history (even of early Christianity and antiquity) is relevant for the conversation about appropriate health care models and systems. Historical understanding is a prerogative for escaping prejudice as well as for grasping the implications of a holistic approach to well-being.³

REFERENCES

- BETZ, HD 1981: The Delphic maxim “Know Yourself” in the the Greek Magical Papyri. *History of Religions*, 21: 156-71.
- BREISACH, E 1983: *Historiography: Ancient, medieval and modern*. Chicago: University Press.
- BROSHI, M 1986: The diet of Palestine in the Roman period: Introductory notes. *Israel Museum Journal*, 5: 41-56.
- BROWN, JP 1983: Techniques of imperial control: The background of the gospel event. (In: Gottwald, NK ed. 1983: *The Bible and liberation: Political and social hermeneutics*. Maryknoll: Orbis:357-377.)
- BROWN, P 1971: The rise and function of the holy man in late antiquity. *Journal of Roman Studies*, 61:80-101.
- CARNEY, TF 1975: *The shape of the past: Models and antiquity*. Lawrence: Coronado Press.
- CARTLIDGE, DR & DUNGAN, DL eds. 1980: *Documents for the study of the Gospels*. Cleveland: William Collins.
- CHARLESWORTH, JH 1988: *Jesus within Judaism: new light from exciting archaeological discoveries*. New York: Doubleday.
- COFFMAN, RJ 1993: Historical Jesus the healer: Cultural interpretations of the healing cults of the Greco-Roman world as the basis for Jesus movements. *Society of Biblical Literature 1993 Seminar Papers*:412-43.
- CRAFFERT, PF 1995: The anthropological turn in New Testament interpretation: Dialogue as negotiation and cultural critique. *Neotestamentica*, 29(2):167-82.
- DAVIES, S 1993: Whom Jesus healed and how. *Fourth R*, 6(2):1-11.
- DE VILLIERS, S 1993: Perceptions in anthropological context, with specific reference to health-care. *S.A. Journal of Ethnology*, 16(1):9-16.
- DODDS, ER 1965: *Pagan and Christian in an age of anxiety: Some aspects of religious experience from Marcus Aurelius to Constantine*. Cambridge: University Press.
- DOUGLAS, M 1966: *Purity and danger: An analysis of the concepts of pollution and taboo*. London: Routledge.
- DOW, J 1986: Universal aspects of symbolic healing: A theoretical synthesis. *Cultural Anthropology*, 88:56-69.
- DUNN, JDG 1975: *Jesus and the Spirit: A study of the religious and charismatic experience of Jesus and the first Christians as reflected in the New Testament*. London: SCM.
- EISENBERG, L & KLEINMAN, A 1980: Clinical social science. (In: Eisenberg, L & Kleinman, A eds. 1980: *The relevance of social science for medicine*. Dordrecht: D. Reidel: 1-23.)
- FIENSY, DA 1991: *The social history of Palestine in the Herodian period: The land is mine*. Lewiston: Edwin Mellen.
- FORBES, RJ 1955: *Cosmetics and perfumes in antiquity*. *Studies in ancient technology*, 3:1-49.
- FOSTER, GM 1976: Disease etiologies in non-Western medical systems. *American Anthropologist*, 78:773-82.
- GARLAND, R 1995: *The eye of the beholder: Deformity and disability in the Graeco-Roman world*. London: Duckworth.
- GEERTZ, C 1983: *Local knowledge: Further essays in interpretive anthropology*. New York: Basic Books.
- GOOD, BJ & GOOD, MD 1980: The meaning of symptoms: A cultural hermeneutic model for clinical practice. (In: Eisenberg, L & Kleinman, A eds. 1980: *The relevance of social science for medicine*. Dordrecht: D. Reidel:165-196.)

- HAAS, N 1970: Anthropological observations on the skeletal remains from Giv'at ha-Mivtar. Israel Exploration Journal, 20:38-59.
- HEMER, CJ 1986: Medicine in the New Testament world. (In: Palmer, B ed. 1986: Medicine and the Bible. Exeter: Paternoster Press:43-83.)
- HORSTMANSHOFF, HFJ 1990: The ancient physician: Craftsman or man of science? Journal of the History of Medicine and allied Sciences, 45:176-97.
- KEE, HC 1983: Miracle in the early Christian world: A study in sociohistorical method. New Haven: Yale University Press.
- KEE, HC 1986: Medicine, miracle and magic in New Testament times. Cambridge: University Press.
- KLEINMAN, A 1986: Concepts and a model for the comparison of medical systems as cultural systems. (In: Curren, C & Stacey, M eds. 1986: Concepts of health, illness and disease: A comparative perspective. New York: Berg: 29-47.)
- KLEINMAN, A & SUNG, LH 1979: Why do indigenous practitioners successfully heal? Social Science and Medicine, 13B:7-26.
- LENSKI, G, LENSKI, J & NOLAN, P 1991: Human societies: An introduction to macrosociology; sixth edition. New York: McGraw-Hill.
- LEWIS, G 1980: Cultural influences on illness behavior: A medical anthropological approach. (In: Eisenberg, L & Kleinman, A eds. 1980: The relevance of social science for medicine. Dordrecht: D. Reidel:151-162.)
- MALINA, BJ 1981: The New Testament world: Insights from cultural anthropology. Atlanta: John Knox.
- MALINA, BJ & NEYREY, JH 1991: Honor and shame in Luke-Acts: Pivotal values of the Mediterranean world. (In: Neyrey, JH ed. 1991: The social world of Luke-Acts: Models for interpretation. Peabody: Hendrickson:25-66.)
- MILLER, JI 1969: The spice trade of the Roman empire 29 BC to AD 641. Oxford: Clarendon.
- NUTTON, V 1977: Archiatri and the medical profession in antiquity. Papers of the British School at Rome, 45:191-226.
- NUTTON, V 1992: Healers in the medical market place: Towards a social history of Graeco-Roman medicine. (In: Wear, A ed. 1992: Medicine in society: Historical essays. Cambridge: Cambridge University Press:15-58.)
- PILCH, JJ 1988: Understanding biblical healing: Selecting the appropriate model. Biblical Theology Bulletin, 18(2):60-66.
- PILCH, JJ 1991: Sickness and healing in Luke-Acts. (In: Neyrey, JH ed. 1991: The social world of Luke-Acts: Models for interpretation. Peabody: Hendrickson:181-209.)
- PILCH, JJ 1992: Understanding healing in the social world of early Christianity. Biblical Theology Bulletin, 22:26-33.
- PILCH, JJ & MALINA, BJ eds. 1993: Biblical social values and their meanings: A handbook. Peabody: Hendrickson.
- PHILLIPS, ED 1973: Greek medicine. London: Thames & Hudson.
- PLEKET, HW 1983: Arts en maatschappij in het oude Griekenland: De sociale status van de arts. Tijdschrift voor Geschiedenis, 96:325-47.
- PORTER, R 1992: Madness and its institutions. (In: Wear, A ed. 1992: Medicine in society: historical essays. Cambridge: Cambridge University Press:277-301.)
- ROSNER, F 1977: Medicine in the Bible and the Talmud. New York: Ktav Publishing House.
- ROUSSELLE, R 1985: Healing cults in antiquity: The dream cures of Asclepius of Epidaurus. Journal of Psychohistory, 12: 339-52.
- SANDERS, EP 1993: The historical figure of Jesus. London: Penguin Press.
- SCARBOROUGH, J 1969: Roman medicine. London: Thames & Hudson.
- SINGER, CJ & WASSERSTEIN, A 1970: Medicine. Oxford Classical Dictionary:660-664.
- STAMBAUGH, JE 1988: The ancient Roman city. Baltimore: John Hopkins University Press.
- STARK, R 1991: Antioch as the social situation for Matthew's gospel. (In: Balch, DL ed. 1991: Social history of the Matthean community: Cross-disciplinary approaches. Minneapolis: Fortress Press:189-210.)
- VAN NIEKERK, AS 1991: Pain and pastoral care in African Independent Churches. Praktiese Teologie in S.A., 6(2):227-34.
- VERMES, G 1973: Jesus the Jew: A historian's reading of the gospels. London: Collins.
- VERMES, G 1983: Jesus and the world of Judaism. London: SCM Press.
- WAX, R & WAX, M 1962: The magical world view. Journal for the Scientific Study of Religion, 1:179-88.
- WAX, M & WAX, R 1963: The notion of magic. Current Anthropology, 4(5):495-518.
- WELLS, C 1984: The Roman empire. Glasgow: Collins.
- WORSLEY, P 1982: Non-Western medical systems. Annual Review of Anthropology, 11:315-48.
- YOUNG, A 1982: The anthropologies of illness and sickness. Annual Review of Anthropology, 11:257-85.
- ZIAS, J 1991: Death and disease in ancient Israel. Biblical Archaeologist, 54(3):147-59.

¹ Classical Texts can be consulted in the Loeb Classical Library series, which provide both text and English translation. Translations in this article are my own, including from the Greek New Testament.

² In antiquity by far the majority of physicians were male, although some women were trained in medicine by a father, husband or patron (Nutton, 1992 : 54). I do not share the distinct male prejudice of ancient texts, nor should these ancient attitudes be seen as any criticism of contemporary values.

³ I would like to thank Pieter Craffert for many fruitful discussions on the issues dealt with in this article.