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Healing, Initiation and Community in Luke–Acts
A comparative analysis

by

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“Healing, Initiation, and Community in Luke–Acts: A Comparative Analysis”

ABSTRACT

The third evangelist portrays healing as an event like initiation. It is a corporate act performed on an individual, and healing is associated with worship. In my dissertation I argue that in Luke–Acts, the physical change of healing is linked with an initiatory socio-religious change. The evangelist views healing as a process that transfers a person from the demonic realm to the community of God’s people. There the person takes on a new status and a new role, as they would after an initiation. I find that the above view of healing was not limited to the evangelist. The concepts in Luke–Acts likely were shared and enacted by the text’s audience, and the text reflects that group’s worship and healing practices.

The first chapter of the dissertation examines the Acts 9 account of Paul’s conversion, which I find yields information not only about the evangelist’s views on the specific case of Paul and the events of his coming to be a follower of Christ, but also an overall theme in Luke–Acts. In chapter eight I analyze material that Luke receives and adapts for his gospel from Mark and the Q source. Chapter nine analyzes unique Lukan material in the third Gospel and Acts, and in chapter ten I discuss the authorship and provenance of the text.

Comparative material from healing cults sheds light on the Lukan material. In chapter five there is information on healing and initiation from a variety of groups and societies, including the indigenous people of Siberia and Central Asia, North America, Africa and South America. In chapter six I review an assortment of data from the Greco-Roman world, and in chapter seven I examine the case of the second-century orator Aelius Aristides. A model of affliction–healing is used to compare these various groups. This model describes a particular view of healing, where healing is seen as part of a process that brings a person into new relationship with the supernatural and new roles and status within a group. I argue that this view is also seen in Luke–Acts.

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CHAPTER ONE: PAUL'S HEALING IN ACTS 9

Introduction

The third evangelist portrays healing as an event like initiation. In Luke–Acts, healing is depicted as a corporate act performed on an individual, and healing is associated with worship. Both initiation and healing are concerned with change. In my dissertation I argue that in Luke–Acts, the physical change of healing is linked with an initiatory socio-religious change. The evangelist views healing as a process that transfers a person from the demonic realm to the community of God's people. Here the person takes on a new status and a new role, as they would after an initiation. Healing has been a rite of passage. I find that the above view of healing was not limited to the evangelist. The concepts in Luke–Acts likely were shared and enacted by the text's audience, and the text reflects that group's worship and healing practices.

In this chapter I focus on the Acts 9 account of Paul's conversion. A detailed examination of this account yields information not only about the evangelist's views on the specific case of Paul and the events of his coming to be a follower of Christ, but also on an overall theme in Luke–Acts. In Acts 9 the evangelist sketches for his audience the bold outlines of an affliction–healing story. This story's striking resemblance to a rite of passage alerts the researcher to Luke's distinctive view that healing is a positive transformation like initiation. This view pervades the text of Luke–Acts yet it usually is overlooked by scholars.

In Chapters Eight and Nine I examine the text of Luke–Acts in detail. I look at the evangelist's presentation of healing, and produce evidence consistent with my findings in this chapter. In Chapter Ten there is a review of issues in the authorship of Luke–Acts and the community behind the text. These factors help contextualize and explain the evangelist's particular view of healing. Cross-cultural anthropological studies (Chapter Five) and historical records of Greco-Roman healing groups (Chapters Six and Seven) provide comparative data for my thesis. Methodological questions are discussed in Chapter Two, and theoretical developments on healing and initiation are reviewed in Chapters Four and Five.

Acts 9:1-22, usually known as the story of the conversion of Paul, is one of the most analyzed New Testament passages, after the accounts of Jesus' crucifixion and death. The story of Paul's conversion has been commented on so many times that it would seem that little new could be said about it. Paul, along with Constantine and Augustine, have become touchstones in any discussion of the conversion process. Paul has long been of particular interest to Protestant theologians beginning with Martin Luther, who viewed Paul as a paradigmatic figure in the individual's struggle of faith. Acts 9 has been the subject of many kinds of analysis, such as theological, historical, psychological, and literary. However, two elements within this story have been left relatively unexplored. First, almost no attention is paid to the important role Luke gives *healing* in the chain of events. Second, this affliction–healing story bears a marked resemblance to the anthropological model of a *rite of passage*, a feature usually unnoticed by commentators.

Although in Acts 9:17-18 Luke describes a healing ritual performed by Ananias on Paul, this fact often is overlooked or given minimal attention by interpreters of the passage. Seldom do they give any weight to the healing in the passage as a whole or explore its significance. This may be due to several factors. The miraculous restoration of Paul's sight has often been seen merely as the reversal of the divinely-imposed affliction of blindness, rather than a healing *per se*. For most researchers, the transformation in Saul's character and religious allegiance—from enemy of the Christians to their friend, Pharisaic Jew to follower of Christ, unbeliever to believer—is more interesting than his physical cure. Since in Christian discourse the figure of Paul often serves as a paradigm, Paul's socio-religious change is seen as part of the process any believer must experience. This change is of more interest to theologians than the seemingly incidental physical change (the healing) which Luke says accompanied Paul's conversion.

Often, Saul's blindness is dismissed by commentators as being only a metaphor in Luke's narrative rather than a description of an actual event. Scholars assume that Luke's primary purpose for mentioning blindness is to take advantage of its symbolic meaning. Paul's blindness in the story is usually interpreted as referring to Paul's lack of faith, resistance to Christ/the truth, etc. As Luke recounts the story in subsequent accounts (Acts 22, 26) he reduces the emphasis on

healing and diminishes the role played by Ananias. Some scholars interpret this pattern as indicating the relative lack of importance of the healing motif in the overall story of Paul in Acts. These above factors are significant and I take them into consideration in this chapter; however their importance should not be overstated. If Acts 9 is examined without preconceptions and as a narrative unit, it is apparent that the story describes a healing. According to Luke, Paul is cured of blindness through a healing ritual performed by Ananias.

Those familiar with the rite of passage model used in cultural anthropology will be struck by the fact that in the account of Acts the character of Saul moves through the three phases of that model: separation, transition, and integration. Although the rite of passage model has been used to bring new insights to biblical and early Christian texts,¹ its application to Luke's story of Paul has been minimal to date.² At first glance, the similarity in structure between the events narrated by Luke and a rite of passage might be dismissed as coincidental or part of its literary structure.³ However, two elements in Acts 9 suggest otherwise. First, in this passage Luke describes Paul's rite of passage (i.e., initiation/baptism) into the Christian community: once healed, Paul is baptized and joins the Christian group. A rite of passage, which is suggested by the story's structure and events, is explicitly stated when Paul's baptism is described. The

¹ See Ascough 1994, Hanson 1994, Finn 1989, McVann 1994, McVann 1991, McVann 1988. See also Esler 1994, Douglas 1988, and Flanagan 1983.

² McVann (1991) uses the rite of passage model to analyze Jesus' transformation from private person to public prophet in Luke 3:1–4:30. McVann lists forty-five other passages in Luke–Acts which would benefit from study using the model (including thirteen healing accounts) yet curiously he omits Acts 9:1–22. Johnson (1992:169), in the section on Paul's conversion states, "Contemporary readers, perhaps schooled in religious phenomenology, can see vividly the classic stages of a *rite de passage*: entry into the mystery, liminality, re-entry into the profane realm." Aside from brief comments on pp. 164–5 (discussed below) he does not develop this idea.

³ In essence the rite of passage outlines a basic process of positive transformation. In this respect it is similar to the literary pattern of a comedy, in which a character moves from an initial state to decline and then improvement. This literary pattern has been identified by literary critics as a narrative structure found in many stories, so its presence here perhaps is to be expected. Schødjt (1986:94) speaks of rituals as having a "narrative structure." He also notes (p. 104) that many myths and narratives have the three-part structure of an initiation process.

second element relates to the topic of healing. Luke uses this distinctive act to designate the turning-point in Paul's rite of passage. What marks Paul's transformation from enemy to apostle is his *healing*. This element appears so unusual in this story—even inappropriate—with respect to conventional assessments of Lukan theology and purported authorial intent that Trocmé (1957:177) concludes that Paul's healing must refer to a historical event which Luke was forced to include in the interests of biographical or historical accuracy. Later in this chapter I discuss the issue of Paul's healing and health. At this point I note that I disagree with the above opinion and argue that the topic of healing serves Luke very well from a theological perspective, to describe how an outsider is transformed into a community member. In Chapters Eight and Nine I show how such transformations are a recurring motif in Luke–Acts.

The “Rite of Passage” Model

In 1908 the Belgian anthropologist Arnold Van Gennep published *Les rites de passage*.⁴ Van Gennep collected and compared ethnographic data on how different societies deal with transitional events such as birth, coming-of-age, betrothal, marriage, pregnancy, parenthood, new membership in groups and societies, and death. These events have the potential to be crises for the individual because they involve change; that is, the movement from one stable, socially-recognized state or status to another. Change also can be a disruptive element in society because change calls into question the stability of social boundaries and the permanence of group institutions. Many groups use rituals to control, mediate and facilitate social transition. Van Gennep found that these rituals have a pattern of three distinct phases with typical features or motifs in each phase and, based on his findings, he constructed a model which uses the analogy of a person passing from one room to another (Van Gennep 1960:10-11, 78-81).

The first phase of the rite of passage is separation: the initiate leaves the “room” (i.e., his/her previous status, identity or group affiliation). At this point, ritual activities and

⁴ Familiar in the English-speaking world through the translated edition, *Rites of Passage* 1960.

ceremonies symbolize separation and help achieve it. The person goes into seclusion. An isolated, often new location minimizes social interaction and detaches the initiate from previous ties. The initiate undergoes physical and mental activities (e.g., painful or difficult ordeals, fasting, meditation, purification, exorcism) which also weaken the links to his/her past. The community often compares this first phase to death, or regression to a formless or primordial state, and the initiate is thought to lose his/her identity. In the second phase, the initiate is in a transitional or a liminal state.⁵ In the rite of passage model, s/he is seen as in the corridor or passageway between rooms or states of being, neither in the old nor the new group. Because the initiate is between stable, socially-recognized or defined states s/he is in a sacred zone, a place conducive to change and transformation. S/he has become a *tabula rasa* upon which a new identity can be imposed. This period often features instruction, when the initiate learns knowledge and activities appropriate to his or her new role. In the third phase—incorporation—the group welcomes the transformed initiate into its midst as a member. They may share a common meal. The new member often receives or adopts a different name to signify a new identity. The community describes this process with concepts of birth, rebirth, or resurrection.

Groups often use conceptual contrasts to describe and demarcate the pre- and post-liminal states, and ritual acts dramatize these contrasts. Images of death and birth (sometimes resurrection) are frequent themes in initiation rites.⁶ Darkness and light are other recurring motifs: for example, a candidate may be blindfolded or put in a darkened room (symbolizing his/her previous state), and then brought into a brightly-lit setting where s/he sees sacred things (this experience symbolizes and begins the new life).⁷ Acts which transform the body, either temporarily (e.g., a haircut; the donning of a mask, paint, or new clothing) or permanently (e.g., circumcision or other amputation, scarification, the process of maturation in which adult physical

⁵ From the Latin *limen*, threshold.

⁶ Discussed at length in Eliade 1958 *passim*.

⁷ Van Gennep 1960:78, 88-92; Eliade 1958:110-14. This was a feature of the Greek Eleusinian mysteries (which were popular at the time of Luke-Acts), see Mylonas 1961:238, 261, 264-5, 273; Kerényi 1967:95-99.

features are noticeable) also contrast the old with the new. The person is separated from the past group and identified with the new group. The individual physical body often becomes an analogue for the social body (the group), and changes in one are comparable to changes in the other.⁸ The implications for healing are obvious. Healing is a perceived change in the body, and those who have been healed may be distinguished from the ill.

The above schema is a model. It is an idealized construct useful for description, comparison, and investigation. Van Gennep noted (1960:11) that groups emphasize or minimize particular phases of actual rites, depending upon the purpose of the ritual. For example, in some rites of passage the liminal period becomes an important and fully formed phase. The boundary between states is itself a significant position which people occupy, if only temporarily. It is a kind of way-station between the starting and ending points. An emphasis on liminality usually happens in initiation. The candidate is thought to undergo a large or significant transformation, one so great that it cannot be accomplished in one step or journey. Here, the cycle of separation, transition, and integration often occurs twice: first to detach the person from the previous state as an outsider and bring him/her into a sacred, transformative zone as an initiate, and then to take that initiate (someone with a qualified or probationary membership) back to society and to full group membership (Van Gennep 1960:11, 82).

Van Gennep's descriptive model has enjoyed wide acceptance and use in anthropological studies.⁹ The phrase "rite of passage" has entered popular parlance. In Chapter Three I explore some theoretical implications of rites of passage, and suggest points of connection between rites of passage and healing. Initiation rites usually are discussed as a subgroup of rites of passage, and the change they mediate is a positive one. Groups or societies that practice initiation consider that through it, the person is raised to a higher status or level of existence, often by means of the acquisition of new knowledge or experience. If healing is seen as an initiation, then

⁸ Van Gennep 1960:71-74; cf. La Fontaine (1985:26) who cites the work of Mary Douglas and Edmund Leach.

⁹ Noted by Gluckman 1966: 4; La Fontaine 1985: 25, 27.

it follows that the person has not merely been restored to a previous condition (i.e., health) but has been elevated to a new and higher one. This is a positive transformation, and I discuss this issue in Chapter Three. We will see healing presented as a positive transformation in the data I examine in Chapters Five through Eleven.

Although we may distinguish between various types of initiatory rites—puberty rites, admission into mysteries and secret societies, initiation of shamans and prophets—all these rites have the same basic three-part structure of separation, transition, and integration. Acts 9:1-22 fits this pattern, and this fact alerts us to features often overlooked in the narrative.

Rite of Passage in Acts 9

In Acts 9 Paul twice undergoes the cycle of separation, transition, and integration, and this pattern is characteristic of an initiate. Paul changes from powerful enemy to powerless initiate, and then from initiate to powerful leader. We can chart Paul's status in the Christian community moving from negative to zero to positive. The sign of this religious-social transformation is a physical change. Paul is healed from the blindness which has afflicted him.

In Acts, Luke introduces the character of Saul as not only an outsider but as an antagonist of the Christian group. When Saul enters Christian houses, it is as an arrogant enemy (8:3, cf. 9:1). The first separation in Saul's rite of passage detaches him from his antagonistic role. Saul is on a journey, between the cities of Jerusalem and Damascus (9:3). His spatial location—outside the city, on the road—is symbolic of society's margin, and it foreshadows his impending separation from his previous life. There, Saul has a unique experience that distinguishes and separates him from others. He sees Jesus in a supernatural vision (9:7). Saul's question, "Who are you, Lord?" (9:5), characterizes his initial lack of knowledge about Jesus. In the vision, Jesus identifies himself to Saul and instructs him to enter the city and await further instructions (9:6). Saul's first encounter with Jesus transforms him. Saul's physical state of blindness corresponds to his spiritual blindness as an opponent of the Christians. Humbled and sightless, he must be led by the hand into Damascus (9:8). This cycle of the rite of passage closes with Saul, the once-

powerful enemy, now entering a Christian home weakened and dependent upon the very people he has persecuted. He is neither an enemy nor a group member. He is an initiate.

The second cycle of events in the rite of passage begins. Once again it starts with separation. Saul is preparing to become a full group member. Luke describes Saul as fasting for three days (9:9), suggesting repentance but also preparation prior to receiving revelation.¹⁰ For an early Christian community, this preparatory period could suggest the time of instruction before baptism.¹¹ Fasting, plus the fact that Saul is sequestered in someone's home (9:11), implies that Saul is in relative isolation. Luke's reference to a three-day period would remind his audience of Jesus' death and resurrection, thus associating death and rebirth with Saul's transformation.¹² Luke states that Saul prayed and had further visions during this period (9:11-12), suggesting that this was a time of preparation and mystical experience for Saul, possibly including instruction and a growing knowledge of Jesus and further encounters with him. These elements in the story imply that Paul was involved in a process analogous to initiation.

At the centre of Luke's narrative in Acts 9 is a ritual. This ritual combines instruction, healing, and dedication to office, and it is the focal-point of Saul's transformation to membership in the Christian group. It takes place within a house, probably Christian (9:17), a setting which was the typical Christian meeting-place. It is officiated by Ananias, whom Luke portrays as a

¹⁰ Repentance: Jer 14:12; Neh 1:4; Joel 1:14; Jonah 3:5, 8. Preparation for revelation: Exod 34:28; Deut 9:9; Dan 9:3; 10:2-3; 4 Ezra 5:13, 20; 6:31; 2 Baruch 9:2; 12:5; 20:5. Noted by Johnson (1992:164), who also states, "Paul is going through a holy period of transition, a stage of liminality, whose end is shown by his resuming the taking of food in 9:19." See commentary of Lake and Cadbury (1920:102). Pace Hedrick (1981:419) who thinks that Luke mentions Paul's failure to eat and drink only to accentuate the effect of his blindness.

¹¹ Conzelmann 1987:72, see *Didache* 7:4 (LCL); Justin Martyr *I Apology* 61 (ANF), Tertullian *On Bapt.* 20 (ANF). For a Hellenistic audience the number three could have had symbolic and magical connotations, see Lease 1919 and Tavenner 1916.

¹² Johnson 1992:164. See also the story of Jonah, who spends three days and nights in the belly of the fish (Jonah 1:17). This account has a death and resurrection motif (Jonah 2, see note below) which was developed in early Christian tradition (e.g., Matt 12:40, where Jesus compares himself to Jonah).

leader, someone prominent among the local Jewish-Christians of Damascus (cf. 22:12).¹³ Ananias interprets Saul's vision (9:17), and this act reminds us of instructions leaders give to initiates. Ananias informs Saul that Jesus wants Saul to be healed and to be filled with the Holy Spirit. There is the action of laying-on of the hands, in early Christian tradition a ritual act used for healing, initiation, and dedication to office. In 9:17 Saul is addressed as "brother" (ἀδελφέ), a term for a group member. The healing and the reception of the Spirit is confirmed by scales flaking off Saul's eyes and his ability to see again (9:18). Saul's transformation has two aspects: the physical condition of sight corresponds to his insight into God's will concerning his new role.

Saul is in the last part of his rite of passage. He is integrated into the group by baptism (9:18).¹⁴ He breaks his fast and he partakes of food (9:19).¹⁵ Because it is in a Christian house setting, such a meal would remind Luke's audience of the Lord's Supper or *agape* (ἀγάπη) meal, a communal celebration. Both the food and the Holy Spirit play a role in strengthening Saul (9:19), and the healing process is complete.¹⁶ Saul is now a member of the Christian community. He is with the disciples in Damascus (9:19) and he proclaims Jesus publicly (9:20). The comments of the crowd and the initial fear of the disciples at Jerusalem (9:21, 26) reiterate how dramatic the transformation was that God wrought in Saul, as do Paul's later speeches in 22:3-21 and 26:9-23. Subsequently, Saul adopts the new name Paul as he begins his career as Christian preacher and miracle-worker (13:4-12).

¹³ See Lake and Cadbury (1920:102) and Lake (1920:191) on Ananias as a possible disciple of Jesus.

¹⁴ Lake states (1920:104) that we see in 9:17-18 "baptism as a regenerative process analogous to the recovery of sight." He further notes (1920:105) that the conjunction of baptism with Paul's regaining of sight may be due to the fact that baptism sometimes was called "illumination" (φωτισμός) in early Christian circles.

¹⁵ Johnson (1992:165) states, "The baptism completes Paul's ritual passage out of the sacral state he was in since his vision, a return to profane existence signalled by his taking of food."

¹⁶ Pace Hedrick (1981:419, 422) who thinks that Luke only recounts Paul's baptism and eating of food to demonstrate the effectiveness of healing.

In summary, three things happen in Acts 9:1-22: Paul is stricken and then cured of blindness, he changes from enemy to prominent figure in the Christian group, and he goes through a ritual process (including healing and baptism) which moves him from outside to inside the group. Each of the above elements is interesting in itself. What is even more interesting is that they are *combined* in the same account. The healing cannot be detached from the rite of passage, in fact it is the focal-point of the process. In the story, the healing functions as the visible sign of Saul's change in character and it leads to his incorporation into the group. In Chapters Three and Four I review theoretical issues in healing and initiation. Based on those discussions, I devised a model which outlines and integrates the relevant features of a particular view of healing, and I make use of this model throughout my dissertation. The account of Paul's healing fits this model.

The affliction-cure model

Characteristics	Phase 1	Transformation	Phase 2
Attitude	opposed to god (e.g., scepticism, disbelief, impiety)	conversion	in accord with god (e.g., belief, devotion)
Activity	scoffing, impious acts		praise, special activity
Community	outsider, non-believer	initiation	group member with role
Physical condition	sick, afflicted	healing	well/healed

This model illustrates how there is a match between attitude (and activity, which demonstrates attitude), community status and physical condition in both phases of Paul's existence.

I have demonstrated that the events narrated in Luke's account of the healing and transformation of Paul have the structure and motifs of Van Gennep's model of a rite of passage, specifically an initiation ritual. What remains is to determine the significance of Paul's healing and the rite of passage and affliction-cure models for the rest of the Luke-Acts text. Is what we see in Paul's healing an isolated case? I argue that it is not. Rather, the account of Paul's healing provides a particularly striking example of a general tendency within Luke-Acts as a whole. Keeping the insights gained from this incident in mind, we can detect specific attitudes and patterns of behavior of the author and most likely his community. I discuss the implications of

these issues later in this chapter and throughout my dissertation, but first I address some matters related to the Acts 9 account.

The issue of Paul's health

In the case of Paul, we have an unique opportunity: we can compare two versions of accounts about him. We have the portrait of Paul as given in Acts. We also have Paul's epistles, which have the advantage of being his own personal writings, yet have the disadvantage (for our purposes) of not being autobiographical accounts. Paul is not writing to reveal general or background information about himself. His discourse is always tendentious, addressing specific concerns and issues. Whatever he reveals about himself serves a rhetorical rather than biographical end, serving to advance some point of argument.

In Acts, the third evangelist's description of Paul as someone with a health problem who finds healing within the Christian community is not inconsistent with what we can infer from Paul's writings. In a few places in his epistles Paul may be alluding to a health problem. The statement most likely relating to a physical affliction is in Gal 4:13-15, where Paul mentions a physical infirmity or weakness that manifested itself while he was preaching among the Galatians.¹⁷ In 2 Cor 10:10 Paul admits that some say (apparently with reason) that his body appears weak or unimpressive.¹⁸ We can only infer that these statements refer to a physical condition, and, if so, wonder what the cause might have been. Weakness is a recurring theme in Paul's writings, though it is often used in a general or rhetorical sense.¹⁹ By far the most interesting, yet the most cryptic comment is made by Paul in 2 Cor 12:7, where he speaks of his "thorn in the flesh" (σκόλοψ τῇ σαρκί). Although there has been no lack of speculation by

¹⁷ Literally, a "weakness of the flesh" (ἀσθένειαν τῆς σαρκὸς). Goddard and Cummins 1993 dispute the generally-held view that this phrase refers to a bodily ailment, seeing a reference to conflict instead.

¹⁸ Literally, "the presence of his body is weak" (παρουσία τοῦ σώματος ἀσθενῆς).

¹⁹ 1 Cor 1:27; 1 Cor 2:3; 1 Cor 4:10-13; 2 Cor 1:4-6; 2 Cor 2:4; 2 Cor 4:7-11. See Sumney 1993. Paul contrasts his "weakness" with the "strength" of his opponents: such self-effacement is typical in Hellenistic honor discourse.

commentators as to the meaning of this metaphor for suffering, all Paul tells us is that he considers it to be caused by Satan and apparently allowed by God, as a countermeasure to the elation of Paul's revelatory experiences.

Outside the New Testament, the first reference to Paul's healing is in Irenaeus (late second century). Irenaeus briefly mentions Paul's recovery of sight and baptism by Ananias (*Adv. haer.* III.12.9), and compares Paul's conversion with healing, "... his former ignorance was driven out by his subsequent knowledge, just as the blind men whom the Lord healed lost blindness and received power of vision" (*Adv. haer.* V.12.5). The late second century apocryphal text *Acts of Paul* alludes to Paul's conversion but does not mention the events, nor does it portray him as sick.²⁰ In the tract *On Baptism*, written around 200 CE, Tertullian discusses the healing of Paul within a baptismal context.²¹ John Chrysostom's *Commentary on Acts* (given as a series of homilies in 400 CE) is the only extant commentary of Acts within the first millennium of Christian literature. Chrysostom does not add much new to the account of Paul's healing: he notes that some say that the scales which fell from Paul's eyes confirm that Paul truly had been blind, and he agrees with this interpretation. Chrysostom also alludes to a spiritual aspect of Paul's healing, saying that a "double blindness" had been removed.²² Ambrose (late fourth century) compares Paul's healing to that of the man blind from birth who was healed by Jesus (John 9:1-12): for Ambrose, these events have typological significance concerning baptism.²³

²⁰ *Acts of Paul*, NTA II:237. *API* continues the portrait given in *Acts of Paul* as wonder-worker: he raises a boy NTA II:238, cures/raises a man of leprosy NTA II:247, heals a mute NTA II:250.

²¹ Tertullian *On Baptism* XIV (ANF): "Paul, when he believed, was baptised; and this is the meaning of the precept which the Lord had given him when he was smitten by the plague of loss of sight, saying 'Arise, and enter Damascus ... [and] be baptised.'" Tertullian also makes the general comment which is perhaps applicable to Paul's case: "Happy is our sacrament of water, in that, by washing away the sins of our early blindness, we are set free and admitted into eternal life" *On Baptism* I (ANF).

²² Presumably Paul's ignorance and his lack of sight. John Chrysostom *Homily XX* (on Acts 9:10, 12) NPNFC.

²³ Ambrose *Ep.* 80 (FC 26). On typology, see my discussion in Chapter Eleven.

Some early Christian writers commented on what Paul's epistolary allusions to his "thorn in the flesh" and various afflictions might mean. Their comments have been divided by the commentator Lightfoot (1914:186) into four categories: bodily affliction, opposition, carnal temptation, and persecution. Only the first category applies to my research. The earliest tradition was that Paul had suffered from some kind of pain in the head or ear. This is attested in Tertullian (early third century), and repeated by later writers such as John Chrysostom, Jerome and Augustine.²⁴ Augustine also has the interesting theory that Paul's pre-conversion rage to persecute the Christians drove him mad, and that this condition was cured in the conversion.²⁵ Paul's healing is a favorite topic of Augustine, who in sermons exhorts his audience to accept the "healing" and forgiveness of sins by Christ as did Paul.²⁶

As I mentioned above, modern commentators have speculated at length as to the nature of Paul's affliction.²⁷ Of the four types of interpretation given by Lightfoot which I noted above, the majority of current scholarship favors some sort of physical condition. However, beyond that, there is little agreement as to what the condition might have been: explanations include epilepsy, malaria, a nervous disorder, cerebral hemorrhage, migraines, opthamalia, and a speech defect. For the purpose of my research the specific condition does not matter: what is relevant is that both Paul's writings and early tradition contain a portrait of someone who apparently

²⁴ Tertullian *On Modesty* 13 (ANF), *Against Marcion* V.12 (ANF); John Chrysostom *Homily XXVI* on 2 Cor (NPNFC). Pope (1915:422, 427) cites Jerome *Commentary on Galatians*, Augustine *Ennar. in Ps. 98.13*, *Ennar. in Ps. 130.7*, *Sermon* 163.8.

²⁵ For example, Augustine *Serm.* 88.12.15 "Having lost his mind and being desperately ill, he [Saul] persecuted them [Christians] in his madness." Christ, by a word "struck him down, a raging man, and raised him up whole." Cited in Arbesmann 1954:18.

²⁶ See Augustine *Serm.* 175.8.9, *Serm.* 176.3f., *Serm.* 299.6. Cited in Arbesmann 1954:18-19.

²⁷ The following list is representative, not exhaustive. A recent and full review of the evidence in Paul's writings is given in Wilkinson 1980:112-142. Pope (1915:418-35) reviews Greek and Latin Patristic and Medieval commentators. See Thacker 1991:67-69, Hisey and Beck 1961:125-29, Mullins 1957:299-303, Clavier 1953:66-82, Menoud 1953:163-71, Mangan 1943:68-72, Clarke 1929:136-40, Plummer 1915:350-51, Lightfoot 1914:186, Wabnitz 1905:495-502.

suffered from health problems yet found meaning and a role within the Christian community. Such a portrait is consistent with what we see in Acts.

Sources and Resources

The writer of Acts did not create the story of Paul's healing/conversion *de novo*. Norman Beck discusses how the evangelist creatively combined various elements in his composition of Acts generally and in the accounts of the call of Paul in particular (Beck 1983:213-18). Beck (1983:213) rightly characterises the material that Luke drew upon as "resources"—that is, the traditions used by Luke exist in a conceptual rather than a strictly literary relationship to the narratives in Acts. Use of such traditions does not negate the authorial intent of the writer, nor does it deny the possible historical background of the material. Rather, it demonstrates the working context of the author. The evangelist drew upon and expressed himself in stories, terms and language of his time, yet he exercised considerable narrative freedom.²⁸ The story of Paul's conversion gives researchers a case study in how Luke combined different material in his narrative. For Acts 9, this material may be classified into the following groups.

Pauline material

The first group is Pauline material, both his epistles and traditions concerning him. The relation between the author of Luke–Acts and Paul is a complex issue which has long exercised scholars. Was Luke familiar with the Pauline epistles? Even if he did not use Paul's writings directly, perhaps he had access to oral and written information about Paul from those who had known him.²⁹ Everyone who examines Luke's portrait of Paul wrestles with these issues. I look at this matter in Chapter Ten when I discuss the author of Luke–Acts.

²⁸ This aspect applies not only to Luke's story of Paul but to the rest of the material in Acts. In the third gospel, the evangelist likely was more constrained by his sources (primarily Mark and Q) but he still made significant editorial choices while composing the text. See Chapter Eight.

²⁹ See discussion in Lüdemann 1988:113-114, Beck 1983:214, Enslin 1938:83-84, Brodie 1984:37.

The story of Paul's conversion in Acts 9 is in agreement with some Pauline traditions and themes. Paul makes references to his personal history in Galatians 1 and 2. He mentions having persecuted the church (1:13, 23; cf. 1 Cor 15:9; Phil 3:6), receiving a revelation of Jesus Christ (1:12, 16, cf. 1 Cor 9:1; 15:8), being "set apart" and "called" by God (1:15; cf. Rom 1:1), and being in Damascus (1:17). Beck identifies these elements as the skeleton around which the evangelist fleshed out his narrative of Paul's healing and conversion (Beck 1983:215). Paul often uses opposing images of darkness and light (Rom 1:21; Eph 4:17-18; 1 Thess 5:4-5; 2 Cor 6:14-15) or blindness and sight (Rom 2:19; Rom 11:8,10; 2 Cor 4:3-6) to describe the contrast between unbelief and faith in Christ, and this perspective may have been adapted by Luke into a narrative of blindness and recovery of sight.³⁰ References of passage from darkness to light recall the Genesis creation account, an appropriate image for both Paul and Luke to suggest their themes of new creation. Paul alludes to his baptism in Rom 6:1-11 and he discusses baptism in more general terms in Gal 3:27-28. In both passages the theme of transformation (death and rebirth, new identity) is paramount. As I demonstrate, the same theme is central in many healing accounts, both in Luke-Acts and in other sources.

Although Paul does not state explicitly in any of his writings that he was healed, or that he himself healed, some of his remarks can be taken as signs of a lingering physical malady, as I discussed previously.³¹ Some authors estimate that a miracle story concerning Paul's healing was in circulation prior to Luke's texts.³² Perhaps Luke drew from this tradition. Of course, if the author was a companion of Paul he may have known about the incident from Paul himself. A related issue is Luke's stance regarding possible anti-Pauline traditions. In Acts 9, does Luke

³⁰ Luke makes similar use of images of light and darkness in Luke 11:34; 22:53 and Acts 26:18.

³¹ Regarding healing—in 2 Cor 12:12 Paul claims to have performed certain apostolic deeds: signs, wonders, mighty works (σημείους τε καὶ τέρασιν καὶ δυνάμεσιν) although he does not specify what these are. From the discussion of the χαρίσματα in 1 Cor 12:9, 28, we know that healing was practised in Pauline circles.

³² Trocmé 1957:177; Hedrick 1981:422.

draw on such traditions, and if so, does he endorse them or try to counter them?³³ Some scholars think that the three accounts of Paul's conversion—Acts 9, 22, 26, with some differences among them in points of detail—represent different traditions which Luke quotes.³⁴ However, it is more likely that Luke reiterates the account to emphasize and draw out new elements in the story.³⁵ Although Luke may not have referred directly to texts of the Pauline epistles, it is reasonable to assume that the epistles and Acts reflect some common traditions about Paul.³⁶

The Septuagint

The second group of material is from the Septuagint (LXX). The LXX was scripture for Luke and his audience, as it was for most early Christians and many Greek-speaking Jews. It is generally accepted that Luke drew upon the LXX for content and style as he wrote his own text.³⁷ Two elements in particular are relevant. The first is that Luke borrows concepts about

³³ Some scholars estimate that the role played by Ananias in Acts 9—as the healer, teacher, and initiator of Paul—originally was recounted as part of an anti-Pauline tradition which questioned Paul's authority. See Lake *BC* 5:188-191. Paul appears to dispute this tradition when he states in Gal 1 that he received his call without human mediation. However, Lundgren correctly notes that Ananias has an important yet limited role in Acts: while he heals Paul and instructs him as to Christ's and God's plans, he does not originate Paul's commission himself. Therefore Acts 9 and 22 do not diminish Paul, rather they validate his subsequent actions by confirming the divine intent behind them. See Lundgren 1971:117-122, Nicholas 1992:63-66, Wilson 1973:162-65.

³⁴ The three accounts are helpfully displayed in synoptic form in Mathews 1898:266-270 and Stanley 1953:323-24. Hirsch (1929:309), for example, finds that Acts 26 represents Paul's version (consistent with Gal 1:15ff.) whereas Acts 9 is an account which was current in the Damascus community of Christians, and Acts 22 represents a Lukan attempt at compromise. See also Lake (1920:188-91) who suggests a Jerusalem provenance for the healing account in Acts 9; Munck 1959:16-20; and Trocmé 1957:175-79.

³⁵ So Hedrick 1981:415-32, Stanley 1953:315-339; Conzelmann 1987:72; Lohfink 1976:40-46, Wilson 1973:161; Gaventa 1985. Acts 9 emphasizes the healing of Paul, Acts 22 and 26 develop the theme of Paul's role as witness to Christ and missionary to the Gentiles. Acts 26 also has the allusion to opening eyes, turning from darkness to light. This statement appears to be a Lukan gloss on the story in 9. See Hamm 1990:67.

³⁶ See discussion in Lohfink 1976:20-23, Haenchen 1971:328; Lüdemann 1988:7-10.

³⁷ See Beck 1983:213, 215; Haenchen 1971:72-77

healing from the LXX. In general, Isaiah is an important source for Luke.³⁸ Isaiah also provides a major motif for Luke concerning healing: miracles and healings are focal-points of God's saving activity, performed by God directly or through prophets, which occurs at strategic periods in history.³⁹ In Isaiah, the eschatological restoration of Israel is symbolized (or enacted) by curing of blindness.⁴⁰ The passage Isa 42:18-20 offers an intriguing conceptual parallel to the account of Paul's healing, since it discusses the necessary blindness (as a precursor to further transformation) of God's designated servant; in this case, the nation (Stendahl 1976:10).

The second element from the Septuagint is the laying on of hands, performed by Ananias on Paul. The laying on of hands—as is to be expected for ritual acts—simultaneously carries several meanings.⁴¹ Physical contact suggests relationship or community and the transfer or sharing of some attribute or quality (for example, power, sin, identity). In Hebrew scriptures this act is associated primarily with sacrifice but also at times with dedication to an office or a task, sometimes combining elements of both concepts.⁴² The common element in both activities is the notion of *transforming* a thing or person into something dedicated for divine use.

³⁸ Luke (as do all the New Testament evangelists and Paul) takes pains to quote Isaiah explicitly, see Luke 5:4-6; 4:17-19; Acts 8:28, 30, 32-33; 28:25-28.

³⁹ Lampe 1965:166. For Isaiah these acts mark the beginning of the messianic age and epitomize the divinely-powered change or transformation of the world associated with this era. The Isaianic passages which speak of the eyes of the blind being opened, a passage from darkness to light, and other healing acts (29:18-19; 35:5-6; 42:6-7; 61:1-2) are alluded to in Luke 4:17-19; 7:22 (concerning Jesus) and Acts 26:18, 23; 28:26-28 (concerning Paul). See Stendahl 1976:10; Hamm 1990:65, 67-69.

⁴⁰ Isa 35:5; 42:7, 16; 43:8; 61:1-2. See the discussions of themes of light and darkness in Hamm 1986:457ff and Hamm 1990:63ff.

⁴¹ The LXX translates the Hebrew *smk* as ἐπιτίθημι, the word used generally in the New Testament and specifically in Acts 9 for laying on of hands for the purpose of healing.

⁴² For *smk* and ἐπιτίθημι in sacrifice, see Lev 1, 3-4, 2 Chron 29:23, Lev 16:21. For dedication to office see Num 27:12-23 where Moses transfers authority to Joshua, and Num 8:11, 14, 16 concerning the Levites (the latter contains notions of sacrifice or setting apart for Yahweh's use). See Daube 1956:224-46, Sansom 1983: 323-26,

In early Christian tradition the laying on of hands had various uses, again with a transformative aspect. It was used in rites of healing, as we will see in some of Luke's accounts of Jesus.⁴³ It was used in rituals of blessing, bestowal of the Spirit and dedication to an office or role.⁴⁴ We will see this in the third gospel and in Acts. In later Christian use the act occurred in liturgical settings of baptism and ordination.⁴⁵ Acts 9 appears to be an early example of this practice. Coyle notes the fluid understanding and practice of laying on of hands among early Christians, and it appears that Luke uses the polysemous nature of this act to advantage. By placing the act in a variety of narrative settings Luke allows different contexts to comment on each other, thus suggesting a connection between healing/transformation, bestowal of the Spirit, baptism/initiation, and dedication to a task.⁴⁶ This view may reflect the practices of Luke's community. In Acts 9, Ananias lays hands on Paul to heal him and to induct him into a new role. We will see this combination of healing and new role elsewhere in Luke–Acts.

Clarke 1921:222-282, Vogels 1982:3-7. *Smk* is never used in the context of healing in the Hebrew scriptures, although it does occur in a DSS text. See Flusser 1957:107-8 and the cautious assessment by Coyle 1989:351 n8.

⁴³ Accounts of healing using the phrase "laying on of hands" (ἐπιτίθημι τὰς χεῖρας) by Jesus: Mark 5:23; 6:5; 7:32; 8:23, 25 (and parallels); Luke 4:40; 13:13; and by disciples: Mark 16:18, Acts 9:12, 17-18; 28:8. Descriptions of healing by a touch of Jesus: Mark 1:31; 1:40; 5:41; 7:33; 8:22; 9:27 (and parallels); Luke 22:51; and by disciples and other Christians: Acts 3:7; 5:12, 15; 9:41; 20:9-12. See Theissen 1983:62, 92ff. The use of laying on of hands for healing continued for several centuries in Christianity: see Irenaeus, *Adv. Haer* 2.32.4 (ANF), Ambrose, *De Poenitentia* I.8 (NPNFC), Possidius, *Life of Augustine* (FC).

⁴⁴ Mark 10:13-16 (and parallel); Luke 24:50; Acts 6:6; 13:3; 1 Tim 4:14; 2 Tim 1:6; Heb 6:2. In Acts, the laying on of hands, baptism, and the bestowal of the Spirit are closely connected, see 8:12-19; 9:17-18; 19:1-6. See discussion in Coyle 1989:341-343.

⁴⁵ The *Apostolic Tradition* of Hippolytus contains numerous references to laying on of hands during initiation, both in ordination of officials (AT 2.3.5; 8.1; 9.1, 6, 8; 10.1-2) as well as in the daily instruction, the series of exorcisms, and the baptism of catechumens (AT 19; 20; 22). See Hippolytus 1934 and discussion in Coyle 1989:339-353.

⁴⁶ In Acts, laying on of hands is used to heal (9:10-19 and 28:7-8), at baptism/reception of the Holy Spirit (8:14-24 and 19:1-7) and to dedicate to a task (6:1-6; 9:10-19; 13:2-3). See Coyle 1989, Coppens 1977:405-438, New 1920:137-138, Oulton 1955:236-240.

A topic around which the interests of Luke, Paul, and the authors of the Septuagint converge is that of the divine call. In the LXX, as in Luke's texts and alluded to by Paul, prophetic calls are understood as occurring during an epiphanic vision or revelation, when a supernatural being assigns a special task or role to a person. Form critics have constructed a model from the call narratives of Hebrew scripture, and this model is helpful in determining how New Testament texts draw on this tradition, particularly Luke–Acts.⁴⁷ I discuss this issue further in Chapter Nine. It is generally accepted among scholars that Paul considered his change from persecutor of Jesus' followers into a proclaimer of Christ to be the result of a divine call like that received by Jewish prophets.⁴⁸ Luke shares this Pauline interpretation.⁴⁹ However, in his gospel and particularly in Acts, Luke does not limit this notion to Paul or to a strictly prophetic role. In Luke–Acts, the divine assignment of a special task is a recurring theme. As I show in Chapters Eight and Nine, Luke suggests that this event is applicable to many followers of Christ, and Paul is but one of many paradigmatic figures in the service of God who are transformed by healing.

Several stories from the LXX fit the affliction–cure model I provided earlier in this chapter, and they may have influenced the evangelist's account of Paul's conversion and call, as well as his view of healing generally. Stories that fit this model describe a particular view of healing, one which sees healing as part of a positive transformation process. In the LXX, these accounts generally feature an enemy of God and God's people who suffers an affliction. This opponent is changed into someone who acknowledges God and is friendly or at least not antagonistic towards God's people, and his change in attitude and social behavior is marked by

⁴⁷ Mullins 1976:603–14, Hubbard 1977:103–126; Hubbard 1978:187–198. See also Lohfink 1976:61–64 for a discussion of a related form, the apparition dialogue.

⁴⁸ See Stendahl 1976:7–23; Munck 1959:25–29; Anderson 1930–31:90–92.

⁴⁹ Acts 9:15 (chosen instrument); 22:14–15 (witness); 26:16–18 (witness). In Acts 26:16–18 Luke quotes Ezekiel's call in Ezek 2:1, 3. See Stendahl 1976:9–10, Beck 1983:216, Lüdemann 1989:115; Stanley 1953:332, 334; Hedrick 1981:415.

healing.⁵⁰ The first is 2 Kgs 5:1-19a, Elisha's cure of the leprosy of Naaman the Syrian. As I note in Chapter Eight, this event is important for Luke, and he uses it in his account of Jesus' inaugural public teaching, a speech which sets the agenda for Jesus' ministry. As I discuss in Chapter Eleven, Luke's emphasis on the Naaman figure is continued in Patristic discourse, and Naaman's cure becomes a central theme in sermons and rituals having to do with baptism and conversion. Second Maccabees 3:1-40 (the affliction and cure of Heliodorus) and Daniel 4 (the madness and restoration of Nebuchadnezzar) provide other examples of affliction and cure accompanied by a change of heart.⁵¹ Particularly interesting to compare to Paul's case in Acts 9 are the stories of two prophets, found in Daniel 10 and Jonah 1-2. Although initially not an opponent, Daniel is stricken with weakness and then is strengthened as he progresses in his prophetic career.⁵² Jonah is commissioned to declare the will of God to the people of Ninevah and refuses. He therefore undergoes an affliction described in terms relating to death and the underworld, and he emerges from the ordeal conformed to the will of God and ready to act as his prophetic instrument. The comparison between Paul and Jonah is apt, and it is one that I have not seen in any scholarship. Jonah becomes extremely popular in early Christian catacomb art, where he is a symbol of deliverance and resurrection.

Hellenistic literature

The third group of resources to consider is Hellenistic literature. The relation between Luke-Acts and other Hellenistic literature and traditions is an important issue. Luke was an accomplished writer in the Greco-Roman period. We should be alert to contemporary texts or concepts which may have influenced Luke. For example, visions and double dreams (where two persons receive interrelated dream-vision messages, as do Paul and Ananias) are a recurring

⁵⁰ Compare the account in 2 Kgs 6:15-23 of the blinding and healing of the Syrian army with Acts 9.

⁵¹ On Heliodorus, see Haenchen 1971:326-7 and Windisch 1932.

⁵² See discussion in Beck 1983:215, Lohfink 1976:79-80, Selby 1962:163.

motif in Luke–Acts, and they were common plot devices in Hellenistic novels.⁵³ The Lukan theme that gods reveal their purposes through miraculous interventions in human affairs is as much a staple of Greek literature as it is of Jewish writings.⁵⁴ There is a well-attested connection between dreams and medicine in the ancient world: often deities appeared in dreams and gave advice on how to bring about healing.⁵⁵ I look at this latter issue in Chapters Six and Seven.

There are similarities between Acts 9 and the initiation practices of some mystery cults. In the Eleusinian and Dionysian mysteries a publically known part of the initiation involved certain objects being revealed to a candidate who had been veiled.⁵⁶ Luke's Hellenistic Gentile audience may have thought of such acts as they heard about Paul's blindness and restoration of sight during his initiation (baptism) into the Christian community. I examine points of comparison between mystery cults, healing cults, and Luke–Acts in Chapters Six and Seven.

Finally, the motif of moving from darkness to light is commonly used in Greco-Roman discourse concerning conversion or enlightenment.⁵⁷ This motif may have influenced the Acts 9 account. Images of light and darkness are an important conceptual background to Luke's description of Paul's blindness and recovery. Discussions of conversion in first-century Hellenistic Jewish literature also sometimes use the metaphor of passage from darkness to light. For example Philo wrote concerning Jewish proselytes: "We must rejoice with them as if, though blind at the first they had recovered their sight and had come from the deepest darkness to behold

⁵³ Conzelmann (1987:72) and Pervo (1987:73) cite examples, see Lohfink 1976:73–77, Beck 1983:215, Haenchen 1971:108. See Hanson (1980:1414–1421) on double dreams and (1980:1421–1425) on dreams in Christianity.

⁵⁴ Kee 1983:174.

⁵⁵ Asclepius, Sarapis and Isis appeared in such dreams, cf. Hanson 1980:1397–8, Downing 1990:565–6.

⁵⁶ We know that this was public knowledge because it is depicted in art. See Bianchi 1976:27–29, 35–36 (figs. 47, 49–50, 84, 86–87), Ferguson 1970:100, 107, 109, Kerényi 1967:96, Kloos and Duff 1990:67–68, Myer 1987:5, 10–11, Nilsson 1961:42, 49–50, 148 (fig. 15).

⁵⁷ See Gaventa 1986 and Bernidaki-Aldous 1990, Garrett 1991:95.

the most radiant light.”⁵⁸ A dualistic contrast between light and darkness is common throughout Jewish literature, especially of the apocalyptic kind.⁵⁹

From Acts 9 to Luke–Acts as a whole

The story of Paul’s healing in Acts 9 contains the structure and features of what we would call a rite of passage. These elements alert us to an often overlooked dimension in the story and in Luke–Acts generally. This dimension is the importance of healing in Luke–Acts, and the evangelist’s distinctive view of healing. In Chapters Eight and Nine I demonstrate that the rite of passage aspect of Paul’s healing/transformation is not unique in Luke–Acts. It is part of a pattern which is detectable in the accounts of other characters in the narrative. This pattern involves a positive transformation which combines the physical change of healing with religious and social change. Characters undergo a divinely-instigated transformation in their bodies which corresponds to a change in their relation to God and to others. The status of these people within the Christian group advances, marking their initiation into the group.

Acts 9 is a narrative key that can be used to unlock subtle but important features in the stories of other characters in Luke–Acts. It is a key because its elements—healing and rite of passage—are so evident. Having recognized these elements in Acts 9, the researcher ponders the nature of the connection between healing and rite of passage for the evangelist, and queries other passages in Luke–Acts. We find that the conjunction of physical change (healing) and religious-social change (conversion or new relation to the God and members of the Christian group) is a deliberate feature, one that is repeated many times in the text. The rite of passage model (especially as it relates to initiation) is a useful tool in bringing to light features in Acts 9 and

⁵⁸ Philo *On the Virtues* 179 (LCL). Similar uses of this imagery in connection to conversion are found in *Joseph and Aseneth* 8.10 (OTP, Hellenistic period), the *Sibylline Oracles* Fragment 1.25-34 (OTP, Hellenistic period), 1 Peter 2:9 (late first century), *1 Clem* 59.2 (LCL, late first century). See discussion in Burchard 1985:213 note Y.

⁵⁹ Dualistic imagery involving light and darkness occurs in the Pseudepigrapha (i.e., *T. Levi* 14.4, 19.1; *T. Gad* 5.7), and the Dead Sea Scrolls (1QS and 1QM *passim*). See also Proverbs 4:18-19 and discussion in Garrett 1989:80-83.

Luke–Acts in general that might otherwise escape notice. The story of Paul’s conversion and healing fits the model. This insight alerts us to the importance of healing in Acts 9, and suggests that healing might have been more than a symbol or metaphor, and more than an *ad hoc* charitable act for the Lukan author and his community.

At this point I mention briefly the method of inference I am using. As I have noted, there are certain distinctive features in the account of Paul’s healing and conversion in Acts 9. I analyze whether these features are important not only for that account but for the text of Luke–Acts as a whole. In Chapters Five through Ten I consider a variety of data. This back-and-forth movement—working from initial evidence to hypothesis to corroborating evidence which demonstrates the probability of the hypothesis—is known as “abduction.”⁶⁰ Abduction has been identified as the starting-point of the discovery or exploratory process, and it is a necessary precursor to deductive and inductive analyses.⁶¹ Bruce Malina notes that abduction is a helpful technique to uncover realities not explicit in the textual material under analysis, such as implicit social values and group beliefs.⁶²

Structure of the dissertation

My dissertation is divided into two parts. In Part A, I review theoretical and methodological models and insights associated with healing and rites of passage. Part A contains four chapters. In Chapter One, I demonstrate how the account of Paul in Acts 9 fits the social-scientific rite of passage model. In Chapter Two there is an examination of the general methodological issue of how social-science models may be used to research ancient texts. Properly understood, such models may be used to provide new questions with which to interrogate these texts. In Chapters Three and Four, I look at the state of the issue of theories of

⁶⁰ So named by the American logician Charles Pierce (1958:367-371). Pierce also calls this method “retroduction.”

⁶¹ Kinneavy 1971:141-143; Pierce 1958:367-371.

⁶² Malina, cited in Elliott 1993:48.

rites of passage, initiation, and religious healing. This is a necessary element in my dissertation, for many biblical scholars have left themselves open to criticism for adopting and utilizing social-scientific models in a simplistic manner.⁶³ In my review I strive for a nuanced use of these models. Models and insights from cultural and medical anthropology and ethnomedicine are helpful in the task of analyzing biblical texts. Based on my review of the theories, I devised the affliction–healing model which I use throughout my dissertation.

In Part B, I turn to various levels of evidence, examining cases in which healing and rite of passage are connected. In particular, I investigate the social aspect of rituals of initiation and healing, that is, the effect these activities have not only on the individual but on the community. Both acts represent and enact transformations that convey a variety of meanings: physical, social, religious. In Chapter Five, there is a review of cross-cultural anthropological studies of modern societies. These modern cross-cultural cases demonstrate a common practice in human society to associate healing with a rite of passage, often an initiation. In Chapters Six and Seven I turn to ancient documents and examine them to see if there is evidence that this conjunction of healing and initiation existed in the ancient world. This evidence from the Greco-Roman and Hellenistic Jewish world comes from the milieu of Luke-Acts. In Chapters Eight and Nine I examine the text of Luke-Acts itself in detail. The view of healing as a kind of initiation is not an isolated feature in the story of one person (Paul): rather it is a recurring theme in the accounts of several characters, and it influences Luke–Acts generally. Chapter Ten reviews issues of the authorship and community of Luke–Acts. In Chapter Eleven I move the discussion beyond the time of the text to consider traditions of the Lukan view which demonstrate that the features we see hinted at in Luke–Acts are developed further in early Christianity. In Chapter Twelve I summarize the findings of my dissertation and outline my contribution to scholarship.

⁶³ Noted in Elliott 1993:99.

CHAPTER TWO: SOCIAL-SCIENTIFIC METHODOLOGY

In my dissertation I make use of theories, data and models from the social sciences, in particular anthropology and sociology. I examine rites of passage and initiation, ethnomedicine, and patron–client relations. I have found these topics to be helpful in explaining and integrating much of the material in Luke–Acts, and in comparing Luke–Acts to other evidence. The application of the social sciences to New Testament and Early Christian studies is a relatively recent development in scholarship. It is a useful approach, but it requires an understanding of the issues at stake, and a nuanced application in order to be effective. In this chapter I present the rationale behind my use of these social-science resources, I discuss some arguments concerning this methodology, and I identify issues of relevance to my dissertation.

Social sciences and the study of early Christianity

In his book *What is Social Science Criticism*, John Elliott (1993:7) gives a succinct description of social-scientific criticism of the Bible.

[It] analyzes the social and cultural dimension of the text and of its environmental context through the utilization of the perspectives, theory, models and research of the social sciences....

[It] studies (1) not only the social aspects of the form and content of texts but also the conditioning factors and intended consequences of the communication process; (2) the correlation of the text's linguistic, literary, theological (ideological) and social dimensions; and (3) the manner in which this textual communication was both a reflection of and a response to a specific social and cultural context—that is, how it was designed to serve as an effective vehicle of social interaction and an instrument of social as well as literary and theological consequence.

These points are fundamental to my study. I examine the text of Luke–Acts in relation to its contexts: the community of its audience, and the larger cultural settings that affected that audience. The evangelist responds to and articulates concepts and values from his context, and he also seeks to affect the lifestyle and interpersonal relationships of his audience.

I use insights from the social sciences to investigate Luke–Acts, a first-century Christian text. I supplement my redactional and literary analysis of the text of Luke–Acts with comparative studies in contemporary first-century texts and cross-cultural anthropological accounts. The use of the social sciences in analyzing the New Testament is a recent development, and anthropological studies are only beginning to have an impact on the field of Early Christian studies.¹ My research contributes to this growing area of research by considering healing as a rite of passage, a topic that has not been explored significantly in early Christianity. I draw upon two areas of anthropological theory to ask new questions of the Lukan texts.² The first has to do with rites of passage. Van Gennep's model shows that in many cultures a person's change in social status is facilitated by rituals which move the person through three stages: separation, liminality, and integration. In Chapter One I noted that we can detect the features of a rite of passage in the account of Paul's healing in Acts 9. I discuss Luke's presentation of healing in Chapters Eight and Nine. The evangelist presents healings as being comparable to initiations: each facilitates a change in status and social affiliation to a new community. Cross-cultural studies show that rites of passage meet certain social needs, and I examine the Lukan text for evidence of such group needs.

The second area of anthropological theory I use comes from ethnomedical studies and the anthropology of medicine. These theories assert that the community plays an important role in defining health, assessing problematic health states, and helping the patient achieve wellness. In most discussions of healing in early Christianity, the patient–healer relationship has been the primary, if not sole focus of attention. The role played by the patient's *social network* in the healing process has not received the attention it deserves in Early Christian scholarship. The Lukan community was part of a society in which healing often had a religious component, and

¹ Use of the social sciences in New Testament research started in a concerted way in the 1970's, although there were earlier precedents. For a review of the history of this scholarship, see Stowers 1985:149, Elliott 1993:18-20.

² I discuss these theoretical areas in Chapters Three and Four.

where group factors played a major role in a person's self-image (including personal assessments of health). The Lukan community evidently had an interest in religious healing within a corporate context. I demonstrate in Chapters Eight and Nine that this interest is suggested by the evangelist's particular view of healing. Further, we know that early Christian groups practiced healing among themselves. If we consider that Luke's community practiced healing as not only an *ad hoc* charitable activity but as an act that met group ends (e.g., evangelism and integration into the community), we get an interesting new picture of early Christian practices and concepts. These textual accounts likely stand in relation to contemporary practices, both reflecting and justifying them. If they do, we might well ask, did the Lukan community actually practice ritualized healing within a liturgical context? In my thesis I assess the credibility of this picture.

Anthropology investigates the social or corporate aspects of human existence. The person is not seen as an isolated individual, but rather as a being defined by and relating to the complex web of social relationships within his or her society. Rites of passage involve not only the individual but the group, since one's status and identity is defined and maintained within a social context. Ritual is performed by persons within a group setting; and it expresses, creates, and maintains a shared ideology.³ The relation of the social corpus to the personal physical body reveals the close connection between the group and the individual. For example, Mary Douglas finds that the physical body is often a microcosm for the social body (the group or society): the issues and concerns of the latter are replicated in an analogous fashion in the former. This insight has been applied profitably to issues of purity and group-definition in early Christianity, yet the very obvious implications for healing have not been explored.⁴ As I discuss in Chapter Four, ethnomedical studies reveal that the realm of health is subject to group influence, and a person's concepts of health are a combination of group assessments and individual feelings.

³ Geertz's ritual analysis (1966:28-29) argues that ritual not only articulates but shapes beliefs and ideas.

⁴ Douglas 1966:138; 1970:93, 98. See discussion in Chapter Three.

Why use social-scientific models?

Why do models and insights from the social sciences contribute to a historically valid investigation of an early Christian text such as Luke–Acts? They reduce the tendency towards ethnocentrism and anachronism: that is, assumptions that the concepts and values of non-Western societies are the same as ours. The first-century audience addressed by early Christian texts lived in a world very different from our own. The goal of historical criticism is to gain an understanding of the meaning of the text in its original setting. Towards this end, we need to be sensitive to obvious differences in history, technology, geography, and language between the twentieth-century English-speaking Western industrial world and the first-century Greek-speaking Mediterranean urban and agrarian societies. We also need to attend to the many subtle and implicit cultural differences that lie behind these texts. These cultural aspects are part of the social world that shapes a person's view of reality. Attitudes and ways of perceiving and interpreting reality are socialized at an early age, and they are often assumed by group members as part of the shared social world. Although not expressed explicitly, these understandings inform and shape discourse at an implicit level.⁵

John Elliott discusses how texts are situated within their social context.⁶ Texts reflect their milieu and are conditioned by it. Texts are also forms of communication or social interaction. Because texts articulate the concepts and values of their setting and put them in a concrete form, they affect that setting. Thus a text is not separate from its social context; rather it is intimately connected with it in an interactive way: each is affected by and affects the other.⁷ By examining appropriate cross-cultural studies in anthropology and sociology, researchers

⁵ Elliott (1993:10–11) notes that the writings of antiquity are what anthropologists call “high context”: they presume a broadly shared acquaintance with and knowledge of the social context referred to in the text. Elliott (1993:47) states that social-science models make explicit the scenarios presumed in texts under study and the social codes embedded but not explicitly mentioned in these texts.

⁶ Elliott 1993:7, 10, 33, 50–51. Cf. Esler 1994:22.

⁷ Geertz argues (1966:28–29) that ritual is in the same sort of interactive relationship with its social setting.

become aware of world views other than their own, and of the many possibilities of human thought and endeavor. By keeping these views in mind, we are aware of the constructed nature of our own social world. We then reduce our tendency to make ethnocentric and anachronistic assumptions about the texts of ancient societies.

What are some examples of inappropriate readings of early Christian texts? There are three that are relevant to my thesis. First, some scholars have portrayed early Christianity as a history of abstract ideas, and by doing so ignore or undervalue the physical and social dimension of existence. This separation is based on attitudes derived from modern rationalism and existentialism. Scroggs (1978:165) talks about the “methodological docetism” of many New Testament studies, which limits “the reality of Christianity to an inner-spiritual, or objective-cognitive system...as if believers had minds and spirits unconnected with the individual and corporate bodies.” Similarly, Holmberg calls this strongly distorting perspective of early Christianity the “fallacy of idealism,” the view that “the determining factors of the historical process are ideas and nothing else, and that all developments, conflicts, and influences are at bottom developments of, and conflicts and influences between, ideas.”⁸ This is not to deny the importance of ideas and beliefs in understanding groups such as the early Christians, only to recognize that such ideas do not comprise the whole of any group’s existence and that there is interaction between ideas and material-social structures.⁹

One example of this docetism is a scholarly concentration on the spiritual aspects of early Christian healing to the exclusion of its physical component. Just because texts refer to the

⁸ Holmberg 1990:2, cf. Holmberg 1980:201ff. Cf. Meeks 1983:1-2 who notes that an “air of unreality” pervades much of the scholarly literature about New Testament and early Christianity. According to Meeks this scholarship depicts an unrealistic world, one composed exclusively of theological ideas and abstractions. Esler 1994:44 advocates the use of comparative models, trenchantly noting that these “are rooted in the actual religious experience of real communities, rather than originating in a scholarship imbued with the rationalist attitudes of the university or seminary.” Cf. Stowers 1985:149.

⁹ Elliott (1993:12), citing the work of Gager, Holmberg, Elliott, Meeks; cf. Elliott 1993:51. See the discussion of this issue in Holmberg 1990:118-144.

“healing of the soul” or the “medicine of immortality” we should not assume *a priori* that these terms have a solely spiritual connotation that is divorced from the corporeal. I consider this issue in Chapter Eleven when I review the metaphorical and typological use of healing terms in early Christian discourse. Scholarship has tended to focus on abstract theological aspects of Paul’s conversion in the Acts 9, as I noted in Chapter One. Such a view misses the importance of healing in that account. Another case of this docetic view is the valuation of belief over ritual. J. Z. Smith has exposed a persistent negative evaluation of ritual that is intrinsic in much Early Christian scholarship. Faith and belief often are thought to contain the essence of religiosity, and deeds and rituals are seen as the mere trappings or external expressions of this faith.¹⁰ The important role ritual plays not only in expressing but shaping belief is ignored. The implications for healing are significant. Some scholars might be uncomfortable with the idea that Jesus practiced ritualized healing: such a practice would make him not unique but similar to many other magicians and folk healers of his day.¹¹ Similarly, the prevailing (yet largely undeveloped) scholarly understanding of early Christian healing portrays it as a spontaneous, charitable activity. Only a few scholars entertain the notion that it might have been part of a deliberate evangelistic strategy.¹² The role that healing might have played in group formation and worship, and its formal or ritualized aspects, have essentially been ignored. In Chapters Eight and Nine I

¹⁰ Smith 1990:43-46. The basis of this evaluation is an implicit Protestant polemic against Roman Catholicism. Here, the Reformation-era struggles of Protestantism against Catholicism are retrojected back to early Christianity and other religious groups of the time. Defining elements of Protestantism such as an emphasis on faith, simplicity of worship, and lack of religious hierarchy, are positively valued and identified with the earliest forms of Christianity. Elements of Roman Catholicism such as valuation of ritual, an ornately ceremonial worship, and a multi-levelled priestly hierarchy, are negatively valued and identified with religious groups contemporary with early Christianity such as mystery or gnostic religions (which are portrayed as opponents or competitors) or a later version of Christianity that was putatively influenced or corrupted by pagan sources. Mary Douglas has a similar discussion, see Douglas 1966:29-40, 77-78.

¹¹ The books by Morton Smith (1978) and Stevan L. Davies (1995), which each present the latter portrait, have caused controversy in early Christian scholarship.

¹² On healing as an evangelistic strategy, see Fiorenza 1976, Smith 1978:8-9, MacMullen 1984:22ff.

discuss Luke's presentation of healing as a community-building, liturgical act.

A second example of inappropriate reading of early Christian texts, related to that noted above, involves seeing the development of early Christianity as solely grounded in the lives and concerns of individuals. This view separates or compartmentalizes persons from their corporate or social setting. This tendency has been shaped by modern Western attitudes of existentialism and individualism (Meeks 1983:2). Holmberg rightly calls for scholarship to investigate the social dimension of New Testament faith and theology and to recognize the dialectical relationship between ideas and social structures. He notes that both the individual physical bodies and the corporate social bodies of early Christians are not inconsequential things which can be ignored as we seek to discover the essence of Christianity. Faith is held by people who existed in real bodies and who lived and interacted within concrete social groups.¹³ Just as the person does not exist apart from the physical body, so the individual usually does not live in isolation. We live in social groups which are networks of relationships, roles, institutions and values. These affect and shape us and our perceptions of the world. For example, Esler (1994:1-2) argues that New Testament texts manifest a complex interpenetration of society and Gospel, of context and kerygma, and that we cannot understand either without the use of appropriate methodologies from sociology and anthropology for dealing with the social side of life.

Admittedly, it is probable that the majority of early Christian texts were written or redacted by individuals: followers of various leaders, scribes, letter-bearers, and other community workers. That being said, it is a mistake to assume that these texts address strictly individual concerns or come out of a solely personal perspective. We must remember that, regardless of who produced them, these texts were addressed to and used by Christians who shared the larger social world of the authors. Meeks (1983:2) states that scholarship should seek

¹³ Holmberg (1990:3) states, "As with any human being or reality, the soul is not to be had without the body, i.e., we are not going to see the meaning of early Christianity unless we see the social embodiment of this meaning and the dialectic process between belief and social structure this entails."

to recognize ordinary Christians “through the collectivities to which they belonged and to glimpse their lives through the typical occasions mirrored in the texts.” I argue that Luke’s view of healing is shared by his audience, and that we can see the healing practices of Luke’s community reflected in the healing accounts of Luke–Acts. Furthermore, the modern focus on the individual can be seen in Western understandings of illness, where the individual is seen as the one subject to infection, injury, etc. and is the one who must receive treatment. As I show in Chapter Five, in many societies, issues of illness and health are centered more in the group than the individual, and the network of relations between the healer, the patient, and the community is not only acknowledged but is exploited in the healing process. In assessing early Christian healing, we need to be aware of the corporate dimension of healing and its importance not only for the individual but for the group. In Chapters Eight and Nine I show how Luke consistently places healing within a corporate context.

A third area of potential difference between the world of the researcher and the ancient world also lies in the area of sickness and healing. Here, we need to recognize that many people in the ancient world or in non-Western cultures see the gods or spirits involved in affliction and healing. This view is evident in Luke–Acts, where the demonic element of illness is emphasized, as well as God’s role in afflicting certain individuals. To appreciate this understanding of illness non-Western models of healing are helpful. John Pilch contrasts the biomedical models arising from Western culture with alternatives to the biomedical system that have been suggested by ethnomedical studies. He identifies these as “cultural” or “hermeneutic” models of healing, and notes that the latter are primarily concerned with finding meaning in health situations rather than simply attributing causality and reducing symptoms.¹⁴ Thus healing comes about as a result of the attribution of meaning. I discuss these issues in Chapter Four.

¹⁴ See my discussion in Chapter Four.

Methodological uses and limits

The use of social science models in the interpretation of historical data has been critiqued on several points. One often-raised concern, especially by scholars of ancient religions and early Christianity, is the potential for reductionism. By introducing an analysis of the social components of ancient religions it is feared that other factors (such as unique historical circumstances or the role of the transcendent) will be eliminated. Everything might be portrayed from a functionalist perspective, as being the result of mundane, pragmatic and typical social forces.¹⁵ Some early social-scientific analyses had this tendency; however, most scholars today recognize that the use of social sciences should supplement and enrich other investigatory methods, not replace them.¹⁶ In fact, from a scholarly viewpoint, any monolithic explanation—historical, social-scientific, or theological—is rightly viewed as reductionist.

Another set of critiques are more complex and have to do with methodology, namely the appropriateness of social science models for analysis and how they should be used to study ancient societies. One example of this concern is the view that models from the social sciences may not be commensurate with historical data, because these models are usually drawn from data of societies (either modern Western or non-Western) that are substantially different from ancient societies.¹⁷ A second concern is that the models may be used to fill gaps in the data. Because we often lack information about certain aspects of ancient societies, scholars could speculate that the missing features, found in a model, also were present in the group under study. The potential exists for seeing something that was not there.

To a certain extent these are valid critiques, or at least reasonable cautions. They are worth noting for two reasons. First, it is true that social-science models often are based on contemporary societies. Many of the cases I cite in Chapter Five are from such groups. We have

¹⁵ Meeks 1983:2-4, Rodd 1990:638-9, Elliott 1993:18.

¹⁶ Esler 1994:2, Malina 1993:xiii, Elliott 1993:55. Stowers (1985:159) asserts that explanations should in the first instance be emic (from the insider's point of view). Etic considerations should only be supplementary.

¹⁷ Rodd 1990:639, Stowers 1985:150ff., Holmberg 1990:139-144.

a wealth of information from contemporary societies that we can use to generate models: we can conduct field studies, formulate theories and then if we wish, check the validity of our analysis with living members of that society. This is a luxury that historians envy. Historians are constrained by their data. Data may be fragmentary, has survived by chance, and often does not directly address social science issues.¹⁸ One way to increase the commensurability of models is to broaden their cross-cultural database, and include information from ancient societies when possible.¹⁹ I took into consideration data from ancient sources as I constructed my affliction–healing model. The second caution also is valid: it is tempting to use models to plug holes in data. However, scholars who use models are in agreement that this is an inappropriate practice.²⁰ For example, Holmberg (1987:15) correctly notes:

... [models] are simply abstractions, constructed types that do not depict any reality exactly. It is illegitimate to use them as prescriptions or prognoses about what must have happened or been there when there is no evidence to say so.

The comparative process

I use the rite of passage model, and the model of affliction–healing, to compare data. I find that a variety of groups have concepts and practices in healing that fit these models. At this point it is useful to step back and consider a general question: what is the purpose of analytical comparison? Clarification of this issue is necessary in order to understand what are appropriate and inappropriate uses of models. Comparison can be used for two analytical purposes: to prove

¹⁸ Theissen 1982:175, 194. For example, Theissen states (1982:175) “these sources have been shaped by interests quite different from that of providing information about their social background. In fact, religious sources tend to *mask* their foundation in human activity. They prefer to speak of the god’s activity or of a reality beyond the human experience.”

¹⁹ A useful comparative model should be stripped of specific cultural referents; see Wilson, 1973:2-3, 11-18.

²⁰ Meeks 1983:5, Holmberg 1990:15, Esler 1987:12, Rodd 1990:639. Scroggs (1978:166) gives cautious approval to this practice.

hypotheses, and to generate hypotheses. To prove or lend support to hypotheses, close comparison is used; to generate hypotheses, distant comparison is used.²¹ These methods have different goals, yet they are comparable and they may be complementary. The comparative process juggles similarity *and* contrast: one can neither compare things that are identical, nor things that are totally different. What distinguishes close from distant comparison is the emphasis or priority given to similarity and contrast.²²

Close comparison essentially is a substitute for the scientific experimental method. In experiments, the researcher holds all factors constant except for the one under study. S/he then allows that factor to vary, charts the different outcomes, and uses the results to prove or disprove a hypothesis. The experimental method is not always possible in the social sciences, given the constraints of examining humans and their societies; and it is not possible in historical research, since there is a pre-set field of data (Esler 1987:9). Close comparison attempts to control variables by finding a common context: that is, a similar culture, location, and time period. Here, the context is held constant, and differences within this context are then analyzed as being the result of variance of a particular factor or factors.²³ An example of the close comparative method is when I examine various Greco-Roman healing cults and compare them to Luke–Acts. I assume that each of these groups was subject to the same general societal context, and that they exhibit various responses to that context. To reiterate: as with the experimental method, the purpose of close comparison is to prove or disprove hypotheses.

The second comparative approach is distant comparison. Its purpose is to *generate* hypotheses. In contrast to close comparison, no attempt is made to control the general contextual variable; in fact, items from contexts widely separate in location, time and culture may be compared. Here, it is evident at the outset that the data are subject to different conditions.

²¹ I am following Duverger and Theissen's discussions here. See Duverger 1964. Esler uses and acknowledges Duverger's approach, cf. Esler 1987:9-10. See also Holmberg 1990:11.

²² Duverger 1964:261, Theissen 1982:192-4.

²³ See the discussion in Duverger 1964:265-6, Theissen 1982:193-4. Theissen calls this "contrasting comparison."

Therefore similarities are the focus of attention, and the investigator seeks to explain them. One explanation might be that these similarities are a comparable response to analogous social circumstances.²⁴ An example of distant comparison involves use of the cross-cultural model of rites of passage. A great number of societies mark a person's change in status with a three-phase ritualized process (containing stages of separation, liminality, and integration). Anthropologists explain this similarity by looking for a similar social condition (a constant) that is faced by the various societies: in this case, it is the social and conceptual difficulties involved in changing status within the group. Rites of passage facilitate this transformation for the individual and the group. My affliction-healing model shows how many groups deal with the difficulties of illness by ascribing a socio-religious meaning to the condition. In summary, the distant comparative approach is a means of looking for hypotheses, and generating ideas and theories.²⁵

The above discussion lays a foundation for an understanding of the comparative process. Distant comparison may be used when we realize its limitations. It cannot prove or disprove hypotheses, nor can we allow it to change the data by plugging gaps. However, it is permissible, even desirable, to allow distant comparison to change the investigator! Carney has argued convincingly that all researchers operate with models: whether researchers use implicit models based on alleged and often unexamined "commonsense" or "intuition," or whether they consciously draw upon explicit models, there is always an evaluative process in the analysis of data.²⁶ The researcher chooses what items are significant or insignificant, what patterns and relationships are worth or not worth investigating.²⁷ When the analytical process draws only on

²⁴ See the discussion in Duverger 1964:267, Theissen 1982:194. Theissen calls this "analogizing comparison."

²⁵ Duverger 1964:267, Leach 1968:341, cf. Theissen 1982:194, Esler 1987:10, Elliott 1993:43-47. Holmberg (1990:15) says that models should be used heuristically, i.e., as a help to frame new questions and look for evidence nobody considered before. See also Holmberg (1990:11-12), "sources are like witnesses: they have to be asked before they begin to speak." He notes that clever interrogation can produce a lot of relevant data that no one had seen before—because no one had asked for it.

²⁶ Carney 1975:1-8, cf. Meeks 1982:5.

²⁷ My assertion is consistent with the theory of the sociology of knowledge, which states that perception and

unexamined models, there is a risk of ethnocentrism and anachronism, since the researcher's own social world is the sole basis for analysis.²⁸

Historical research is properly understood as a cross-cultural enterprise. It brings together two cultures, the researcher's and the group being studied. These cultures may share common elements. For example, the modern Western culture of the biblical researcher has been shaped by Judeo-Christian and Greco-Roman traditions. However, the differences between the social worlds of ancient and modern societies cannot be underestimated. The incorporation of cross-cultural models and information into research increases the data bank available to scholars, and it widens the scholar's perspective and stimulates their imagination. Duverger 1964:267 says that distant comparison is a creative, even artistic endeavor. It is a means

of provoking the shock which produces discovery. Intuition feeds on everything. Distant comparisons are more an attitude of mind consisting of keeping eyes open for relationships, analogies and resemblances when faced with any phenomena, rather than a rigorous method.²⁹

This comparison brings into focus the researcher's own social world and makes him/her aware of other social worlds. Having been made aware of new possibilities, s/he can explore the data for information previously ignored.³⁰ This process relates to the abduction method of inference I discussed at the end of Chapter One.

Based on the above discussion, the following is how I handle models and data in this dissertation.³¹ In Chapters Three and Four I review theoretical material. Based upon these

cognitive functions such as assessments of meaning have a socially constructed foundation. See Chapter Four.

²⁸ Carney 1975:5, Esler 1987:12, Esler 1994:23-24, 44.

²⁹ Esler (1994:13) says that this exercise is designed to stimulate the imagination, to free the object of our gaze from the "patina of the obvious." See also Elliott (1993:15, 43-4) where he discusses the heuristic function of models.

³⁰ Leach (1968:341) notes that similar configurations of cultural phenomena recur in different contexts. These similarities are not due to deterministic social laws, but rather because customs are human inventions and represent mental configurations of which all human minds are capable. "We are not discovering truths of nature which are independent of human actors but rather the possibilities of human action as such."

³¹ Here I am following Elliott (1993:33) and Esler (1987:5-6, 12) on the exegetical use of social-science criticism.

theories, and the case studies I discuss in Chapters Five through Seven, I constructed a model of affliction–healing. I use this model, which draws upon concepts from rites of passage, to compare a variety of data. The affliction–healing model describes a particular view of healing, one which interprets healing as a positive transformation akin to initiation. In Chapter Five I use distant comparison when I examine the cross-cultural data on healing societies in relation to Luke–Acts. In Chapters Six and Seven I use close comparison as I examine Greco–Roman data in relation to Luke–Acts. In Chapters Eight and Nine, I use insights gained from this data to probe the Luke–Acts text. I find in that text clearly evident features relating to healing which have remained unexplored, unexplained, and unintegrated within scholarly analysis to date. My analysis explains and integrates these features.

What is new about my research

Many previous studies in early Christianity have interpreted texts and history in light of contemporary models and paradigms. For example, there is an emphasis on ideas and belief, to the exclusion of action or ritual. There often is an emphasis on the individual, which ignores the corporate dimension of life. In studies of healing there is an emphasis on a Western biomedical model, which sees health problems either as “illness” (the onslaught of objective pathogenic agents) or a “psychosomatic syndrome” (the influence of internal mental states upon physical condition), and ignores emic understandings of the religious aspects of health issues.

Have factors been ignored because of these preconceptions? In the case of Luke–Acts, I argue that they have. It has long been recognized that Luke–Acts displays a particular interest in the subject of healing, yet aside from exegeses of specific healing accounts or analyses under the larger category of miracles and their place in Lukan theology, there are not many studies that consider the general topic of healing in the Lukan texts. From a social-science perspective, there are only a few essays on the subject.³² The topic of group membership, initiation and

³² See my review of the literature in Chapter Nine.

conversion in Luke–Acts is another prominent interest of the evangelist, and these areas have been the study of some scholars. Few however have tackled the issue from a social-science perspective.³³ As I noted in Chapter One, the relationship between healing and initiation in Luke–Acts has not been explored, although these areas share some intriguing features. Both healing and initiation are processes involving transformation. Both have a corporate (social) component and a religious dimension. Both may involve the practice of ritual. Luke understands healing to be an act appropriately performed in a corporate, worship context. Since a text such as Luke–Acts not only reflects but shapes its context, we must take seriously these factors and investigate their function in the Lukan community. The view of healing we see in Luke–Acts likely is shared and enacted by the audience of the text.

The programmatic essay noted earlier by Robin Scroggs which criticized early Christian studies for “methodological docetism” shows how many analyses artificially separated the physical dimension from the spiritual, the individual from the group (Scroggs 1978:165). The topic of religious healing has the potential to unite these various categories, and I take advantage of this potential. Religious healing involves a transformation with physical and spiritual aspects, and this healing process involves both the individual and the group. Healing is an apposite topic to examine in the goal of considering early Christianity in a holistic manner.

³³ See Esler 1987 and Neyrey (ed.) 1991.

CHAPTER THREE: RITES OF PASSAGE, THEORETICAL FACTORS

This chapter contains a discussion of anthropological scholarship on initiation and rites of passage. There are comparable features in initiation and healing, such as social (similarities in setting), goal (change or transformation in state), structure (the three-part schema of Van Gennep), and function (expression of social concerns). Positive transformation is an important aspect of initiation, and it relates to certain types of religious healing. At the end of Chapter Four I synthesize the information in Chapters Three and Four into a comparative model of affliction–healing. This model is used to compare data in Chapters Five through Eleven.

Rites of passage and Initiation

Below is a discussion of three major scholars noted for their studies on rites of passage. I then review other scholars, discussing their work according to particular themes.

Van Gennep, Eliade, Turner

In Chapter One, I outlined the seminal work on rites of passage by the Belgian anthropologist Arnold Van Gennep, who coined the term “rite of passage.” Van Gennep identified separation, transition, and incorporation as basic stages in rites of passage, and he found that typical motifs and actions symbolize and enact each stage. The model of a three-phase ritual process by which societies and groups manage the difficult issue of social change continues to be used, albeit with a variety of modifications, in the analyses of many anthropologists, ethnographers, and scholars of comparative religion.¹ This three-part schema is a model: it is a comprehensive and idealized construct useful for description, comparison, and investigation. It systematically sets out the range of features and activities that could occur in the process under consideration. When we examine specific cases, we find that groups may

¹ Noted by Gluckman 1966:4, 8 and La Fontaine 1985:25.

emphasize or minimize each phase, and they may or may not make use of particular acts and concepts, depending upon the purpose of the ritual.² Van Gennep explains the cross-cultural similarity among various rites of passage as a result of their serving the same social purpose (managing change), rather than the result of any particular influence of one upon another or the diffusion of a kind of Ur-rite (Van Gennep 1960:114). Although these rituals are structured mechanisms for achieving social transition, this does not exhaust their meaning or function: they may contain other features and serve other ends (Van Gennep 1960:11-12).

The contribution of Van Gennep to the study of rites of passage is two-fold.³ First, by examining these rites as a cohesive unit (rather than only looking at individual components or acts) he identified a common structure and recurring features among a variety of cases, thus creating a useful model for comparing data. Second, by examining these rites within their larger social settings he recognized the important relationship between the individual and the group. The person does not usually exist in isolation, and the changes which occur in the person's life have social implications for the group with which s/he interacts. Rites of passage address group as well as individual needs, a point to which I will return later in this chapter.

Mircea Eliade, the Romanian scholar of comparative religions, is well known in the area of initiation rites studies. Among the many works of this prolific writer was his 1958 book *Rites and Symbols of Initiation: The Mysteries of Birth and Rebirth*, based on lectures Eliade gave at the University of Chicago in 1956.⁴ Eliade explicitly uses Van Gennep's term "transition rites,"

² Van Gennep (1960:11) notes, "These three sub-categories are not developed to the same extent by all peoples or in every ceremonial pattern. Rites of separation are prominent in funeral ceremonies, rites of incorporation at marriages. Transition rites may be an important part...in pregnancy, betrothal, and initiation; or they may be reduced to a minimum in adoption, in the delivery of a second child, in remarriage, or in the passage from the second to the third age group."

³ See the discussion by the editors of the English translation of *Rites of Passage*, pp. v-vi, and Malefijt 1968:190ff.

⁴ This work draws upon some of Eliade's earlier studies, including *Le Chamanisme et les techniques archaïques de l'extase* (1951), translated and revised as *Shamanism: Archaic Techniques of Ecstasy* (1964). See Chapter Five.

and he commends Van Gennep's work in a footnote.⁵ Eliade's dependence on Van Gennep runs deeper than these instances, for he examines initiation rites according to a three-phase structure very similar to that described by Van Gennep.⁶ Eliade identified symbolic *death* and *rebirth* as the beginning and end points of initiation rites, and he found that such rituals enact the initiate's descent into a *chaotic state* and an ascent into a new life and new identity.⁷ In order to be created anew, the old must first be annihilated:

In the scenario of initiatory rites, "death" corresponds to the temporary return to Chaos; hence it is the paradigmatic expression of the *end of a mode of being*—the mode of ignorance and of the child's irresponsibility. Initiatory death provides the clean slate on which will be written the successive revelations whose end is the formation of the new man.⁸

Such "death" is an entrance into a creative mode of being out of which a new identity is forged.

Although the focus of Eliade's work concentrates on the existential (therefore personal) nature of transformation involved in initiation, he acknowledges the social dimension when he discusses the culturally constructed nature of the new identity achieved in initiation.⁹ Eliade also

⁵ On the term "rites of transition," see Eliade 1958:x n1. In a reference to "several excellent" sociological and anthropological studies on initiation, Eliade notes Van Gennep's *Rites of Passage* (1958:1 n1).

⁶ Eliade (1958:3) states, "there is a sort of structural common denominator among all these categories of initiation, with the result that, from a certain point of view, all initiations are pretty much alike." Eliade's schema of death, chaos, and rebirth during initiation corresponds essentially to Van Gennep's model of separation, transition and integration in rites of passage, although he does not explicitly acknowledge this similarity. Eliade's dependence on Van Gennep is noted by Schødt 1986:96.

⁷ Eliade 1958:xii. See also the discussion on pp. xiii-xiv.

⁸ Eliade 1958:xiii, emphasis author's. See also Eliade's comment (1958:xiv) that the concept of death here involves "regression to a preformal state, to a latent mode of being...rather than absolute annihilation. These images and symbols of ritual death are inextricably connected with germination, with embryology; they already indicate a new life in course of preparation."

⁹ On the existential aspect of change, see Eliade 1958:xiii and Malefijt 1968:193. On the social aspect, see Eliade 1958:xiv-xv and his comment on initiation producing a change in social status, 1958:x.

notes that initiation involves not only individual novices, but the group as a whole. Through the instruction of initiates and the reactualization of traditional rites, the community is regenerated.¹⁰

Like many others who draw upon Van Gennep's model, Eliade seeks to improve it by dividing it into categories. Eliade distinguishes between three types of initiation: collective rituals which bring about a transition from one societal group to another (e.g., age groups), rites for entering a voluntary group (e.g., a secret society, an association, or a confraternity), and rites for entering a mystical vocation such as a religious healer or shaman (Eliade 1958:2). Entrance into the first class usually is not voluntary; that is, it involves a process which any member of a society must go through at some point of his/her life. For the second class, joining is a voluntary matter. An interesting feature noted by Eliade is that entrance to the third category often combines elements of choice and perceived compulsion (Eliade 1958:2-3). Eliade found that those who were initiated into a religious vocation typically arrived at that state as the result of a personal quest and/or a spontaneous (and apparently compulsory) "call" that often included illness and healing in the process.¹¹ Such a feature is typical in the case of shamans. I discuss this important issue in Chapters Five through Nine as initiatory illness or affliction—cure.

Eliade rightly has been criticized by some scholars for overstating the universality of themes of death and rebirth in the rites of passage of various groups, but he has identified an important feature.¹² Eliade, like Van Gennep, recognized that death and rebirth are among the symbols that groups use to express what is central in rites of passage: change or *transformation*.

¹⁰ Eliade 1958:4. Malefijt (1968:195-96) cogently summarizes Eliade's thesis: "Ritual is, in Eliade's view, primarily a re-enactment of sacred prototypes, the repetition of the actions of divine beings or mythical ancestors. Ritual recalls these past events, preserving and transmitting the foundations of society. Participants in the ritual become identified with the sacred past and thus perpetuate tradition as they re-establish the principles by which the group lives and functions. The motif of death and re-birth is both a ritual transformation of the individual and a re-enactment of the birth of the group. By his own rebirth, the individual also gives new life to the group."

¹¹ Eliade 1958:3, 87. See my discussion of shamanism in Chapter Five.

¹² Young (1965:4-5) and La Fontaine (1985:22-23, 48-49) note that this overstatement may in part be due to Eliade's tendency to interpret religious phenomena in light of Christian belief and practice. These authors suggest

The American anthropologist Victor Turner is closely associated with Van Gennep's rite of passage model. Turner explicitly adopted Van Gennep's three-part schema, and in a series of interesting and nuanced works he developed the theoretical and philosophical implications of the middle phase of rites of passage.¹³ Turner popularized the term "liminal." Turner contrasted the beginning and end periods of rites of passage with the liminal or transition phase. He found that separation and integration relate to the structures of mundane society, either moving away from them or towards them. The liminal period, however, relates to what Turner terms "anti-structure." For Turner, liminality is not just without structure; rather it is different than, and opposed to, the stable states of normal society.¹⁴ The liminal phase is paradoxical. It is a challenge to mundane societal structures; yet it partakes of the sacred, because of its creative and unfettered qualities.¹⁵ By placing the liminal period within a ritual context, groups can contain

that Eliade subscribes to an evolutionary view of religion, in which religions develop towards a level most fully realized in Christianity. Christ's death and resurrection were an important (though not the sole) theme in early Christianity, and this theme was central in Pauline-influenced Christian theology. See also Schødt 1986:95.

¹³ Turner's works on rites of passage and liminality include Turner 1974, 1969, 1967. See summary of Turner in Pentikäinen 1979:156ff.

¹⁴ Turner (1967:93-94) notes that if our basic model of society is that of a structure of positions or states, then the period of margin or liminality is an inter-structural situation. "State...refers to any type of stable or recurrent condition that is culturally recognized," and includes legal status, profession/office/calling, rank/degree, culturally-recognized degree of maturity, ecological conditions, and the physical/mental/emotional condition of a person or group at a particular time. Rites of passage bring about transitions between states, and liminality moves out of structure to bring about a new structure. Turner also speaks here of transition being a process (usually a transformation) rather than a state itself.

¹⁵ Turner adopts a concept from Mary Douglas (1966): what is unclear, contradictory, ambiguous (i.e., combining two or more categories) often is regarded both as sacred and yet ritually unclean, impure, and polluting. The concept of pollution arises to protect the categories of society from contradiction. So too with liminality. Transitional beings are regarded as polluting: they are neither one thing nor another, or they are both simultaneously. For example, initiates are not outsiders and yet they are not group members. Often the neophyte is thought to be in close connection with deity or superhuman power. Thus both sacred and yet polluted, initiates are isolated or secluded from culturally ordered states and statuses. See Turner 1967:97-98. As I argue, illness and healing fit well

and control it and use it towards social ends (Turner 1974:14). In Turner's model, human existence is a series of dialectical movements between structure and anti-structure. Personal identity and group affiliation are created in liminal periods, lived out in mundane existence, and changed or created again in new liminal periods.¹⁶ As I noted earlier, Turner developed the concept, originated by Van Gennep and explored by Eliade, that the middle period of a rite of passage is not just a neutral space between two end points. Turner (1967:95) portrays it as the arena of change, and he stresses that it is important and developed in initiation rites:

Liminality may perhaps be regarded as the Nay to all positive structural assertions, but in some sense the source of them all, and more than that, as a realm of pure possibility whence novel configurations of ideas and relations may arise.¹⁷

Turner developed the concept of *communitas*. *Communitas* is related to but not identical with liminality: it is the social dimension of liminality that arises when a number of persons go through a rite of passage together. Because each person is within the liminal phase at the same time—a period characterized by lack of social status and distinctions—a relationship of comradeship and egalitarianism is created among the initiates. This relationship is grounded in “the basic generic bond [of humanity] recognized beneath all the hierarchical and segmentary differences and oppositions” (Turner 1974:56).

The *communitas* relationship exists among participants in the liminal phase. However, a group may seek to perpetuate the spontaneous *communitas* that arose during initiation by

into this schema. The sick person may be considered unclean, yet his/her illness may be thought to have put them into contact with supernatural afflicting and healing beings.

¹⁶ Turner 1969:97. See also Turner 1974:252.

¹⁷ Turner 1967:97. See also Turner (1974:15), where he notes that human society is based on the process by which individuals stand aside at times from the models, patterns, and paradigms conditioned in them from youth in order to make new patterns. In liminal activity, all previous standards and models are subjected to criticism, and fresh new ways of describing and interpreting sociocultural experience are formulated. Turner (1974:50) states that anti-structure is not a negative thing *per se*. The components of anti-structure, such as *communitas* and liminality, are the conditions for the production of root metaphors, conceptual archetypes, paradigms, models, etc.

institutionalizing it in certain egalitarian societal structures or repeating it in ritual acts.¹⁸ In a passage suggestive for my dissertation, Turner describes how the *communitas* within a charismatic leader's activities may become a behavioral model that is presented to subsequent communities in liturgical form:

This ritual structure has two important aspects: on the one hand, the historical deeds of the prophet and his closest companions become a sacred history, impregnated with the mythical elements so typical of liminality... on the other hand, both the deeds of the founder and his visions and messages achieve crystallization in the symbolic objects and activities of cyclical and repetitive rituals (Turner 1974:248-9).

Such a process is in view in the healing accounts of Luke-Acts. The evangelist rehearses the healings performed by Jesus and his early followers in such a way as to portray healing as an act like initiation that brings people into the community. Luke also shows that healings and exorcisms performed in Jesus' name legitimated early Christians by demonstrating that they carried on the charisma and authority of Jesus.¹⁹ At the same time such healing acts legitimate Jesus, the figure proclaimed in evangelism and in whose name the healings are done. Luke understands healings to be an effective evangelism tool. The same likely was true for Luke's audience: they may have used healing for community-building, status-legitimizing, and even liturgical or "sacramental" purposes. I discuss these issues in Chapters Eight and Nine.

Van Gennep, Eliade, and Turner are the most prominent scholars associated with rites of passage. Others also have contributed to the theoretical development of this model. Rather than undertaking a comprehensive or chronological survey of their writings, I have arranged these next works under topics that relate to my thesis. I have identified three important themes: types of rites of passage, the social dimension of these rites, and the role and function of ritual.

¹⁸ Turner 1974:56, 1969:96-97.

¹⁹ See Acts 3:6, 16; 4:7, 10; 16:18.

Types of rites of passage

The first theme has to do with elaborations of the types of rites of passage. Many scholars, while admitting that Van Gennep has devised a valid three-part structure for rites of passage, find the model to be too comprehensive: in their opinion, it applies to such a variety of rites as to lack precision for comparison and analysis.²⁰ Some writers distinguish rites of passage from other types of formal group activity. For example, Chapple and Coon (1942) separate rites of passage from rites of intensification.²¹ Passage rites are non-periodic (usually unique) events, are concerned with an individual's change, and restore societal equilibrium after that change. Intensification rites are repetitive or cyclical events, are primarily concerned with the group as a whole, and restore equilibrium after a group change or disturbance. Rites of passage are life-crisis events such as those listed by Van Gennep (e.g., birth, puberty, marriage, death), whereas rites of intensification are events like seasonal festivals and recurring formal gatherings such as meals, assemblies, or worship services.²² Some social-science analysts of early Christianity use a similar framework as they distinguish among two kinds of rites: "rituals" and "ceremonies." Rituals are said to achieve transformation whereas ceremonies achieve group stability and maintenance.²³

Some scholars seek to refine the category of rituals or rites of passage by dividing it into sub-units or categories, each with a particular function, goal, or set of participants. As I noted

²⁰ Noted in La Fontaine 1985:26, Pentikäinen 1979:154, Gluckman 1966:10-15.

²¹ Chapple and Coon 1942:485-486, 507-528. See also Malefijt 1968:192.

²² Chapple and Coon (1942:486-487) also distinguish various levels or intensities of interaction rates in rites of passage; see their discussion of quantitative differences.

²³ E.g., Neyrey (1990:76-77) notes that ceremonies are regular, predictable or planned events that confirm roles and statuses in institutions and have a past-to-present focus. Rituals are irregular, only take place when needed, are concerned with status and role transformation (positive or negative) and have a present-to-future orientation. Examples of ceremonies in Pauline groups include meals, the Jerusalem collection, the exchange of correspondence, visits. Examples of rituals include baptism, circumcision, marriage, excommunication, anathemas. McVann (1991:334-35) has a similar discussion.

above, Eliade distinguished between rites of passage into age groups, social groups, and religious vocations. It is valid to consider particular social settings and functions when examining rites of passage; however, attention to these factors should not obscure similarities between the types. Each of these sub-categories has the three-part structure identified by Van Gennep.²⁴ The element of choice varies among the three types, as I noted above, and this is a significant factor. Persons typically have little choice regarding age-related rites (birth, maturity, death), they do have choice about entering social groups, and entrance into religious vocations frequently is interpreted as a mixture of choice and compulsion. The latter category is particularly appropriate when we consider the affliction–healing model I use.

Jens Schjødt makes a lucid and helpful observation in his detailed taxonomy of various types of rites of passage (Schjødt 1986:93-108). He asks what distinguishes initiation from other rites of passage, since all are concerned with transformation. He analyzes rites as to the type of change they are thought to achieve, and finds that initiation rites bring about a *positive* transformation. Initiation leads to a new status that is not only perceived as qualitatively different but better (i.e., higher, more advanced) than that prior to the rite.²⁵ Initiation rites of passage thus differ from other rites of passage which restore lost status or reduce status.²⁶ The implication here for healing is significant. If a community thinks healing is analogous to

²⁴ La Fontaine (1985:15-16, 28-29, 102-104) identifies other common elements among the various rituals: (1) transformation due to an unusual experience or the acquisition of specialized knowledge (itself an experience), (2) certain practices, e.g., oaths and affirmations, testing and ordeals, (3) symbolic themes of death and rebirth.

²⁵ Schjødt 1986:99. Malefijt (1968:193) notes that the theme of positive transformation is in Eliade's analysis of initiation rites.

²⁶ Schjødt (1986:99, 102) compares the status prior to and after the rite as the criteria for distinguishing among rites. He identifies three possible conditions at each stage: negative, neutral (the original state), and positive. There are thus nine possible categories of ritual, although he discusses only five: crisis (negative to neutral), calendrical (neutral to neutral), initiation (neutral to positive), abdication (positive to neutral), degradation (positive to negative). The generalization by Schjødt of the original state as "neutral" is arbitrary and not always appropriate; however, his general insight that the purpose of initiation rites is to achieve positive transformation is useful.

initiation, the change brought about through healing would not be seen merely as a restoration of the person's health; rather it would mark a new and improved phase or status in the person's life. Otherwise, healing would be a restorative rite or an act of maintenance, something along the lines of purification. I find that the Lukan evangelist views healing as a positive transformation, as do many other groups that interpret health changes according to the affliction–healing model.

Barney Glaser and Anselm Strauss have identified many variables to consider in the analysis of rites of passage, such as desirability and importance of the effect for participants, reversibility or repeatability of effect, individual and group components, issues of choice and control during the process, and shape and duration of the rite.²⁷ I have identified three of their variables that are relevant to my thesis on healing: reversibility, desirability, and the process of shaping the passage.

Reversibility has to do with the direction of the passage. Rites of passage mediate a change, but is there a possibility that this change will reverse? What would be the consequences of such a reversal? Do the parties involved take steps to ensure that a reversal cannot occur? These questions are interesting to consider when we examine healing in conjunction with rites of passage, especially initiations. Initiation is usually considered to be a one-time event: it is seen as unique, life-altering, permanent in effect, and non-reversible.²⁸ If the person's status (group membership) changes negatively after initiation, this usually produces a challenge and considerable turmoil for the community, as is evidenced in early Christianity. For example, in Acts 5:1-11 (the account of Ananias and Sapphira), Luke tells the story of the accusations of Peter against immoral believers, which resulted in their deaths.²⁹ Other examples of problems in early Christianity over negative changes in status include Paul's drastic recommendation to cast

²⁷ Glaser and Strauss 1971:4-10.

²⁸ The situation is more complex in cases where there is a series of initiations, each designed to bring the person to a deeper level. There are examples in the ancient world. Apuleius' account of Lucius' initiations into the Isianic mysteries has several stages, Mithraism and Gnosticism appear to have had multiple levels.

²⁹ This is an affliction story, a common feature in Luke–Acts, especially Acts. See Chapter Nine.

out the immoral member in Corinth³⁰ and the Donatist controversies over *traditor* members in third-century North Africa.³¹ The practice in early Christianity of delaying baptism until one's deathbed reflects a desire to avoid any possibility of reversing the initiation.

The situation regarding illness passages seems less straightforward. In some cases (especially minor illness) the patient recovers or is cured and remains so; in other more serious illnesses, the disease symptoms are only temporarily relieved (if at all) by treatment. Often the disease recurs, remains or gets worse.³² In the case of successful cure, the passage would be interpreted as non-reversible; in the case of recurring or worsening disease, the passage of healing would be seen as having reversed.³³ However, these scenarios overlook an important factor, namely the social dimension of health assessments. I discuss this issue further in Chapter Four, so now I will limit my comments noting that "illness" and "health" are social constructs, not absolute states. As such, they can be shaped by group needs and views. How these terms are defined can control the shape of the passage and keep it from reversing, despite a patient's apparently negative physical symptoms. Persons with problematic symptoms can still be considered "healthy" or "cured," particularly if they are members of a "healthy" community.

Glaser and Strauss find that reversibility is affected by the *desirability* of a passage: the more desirable it is, the more efforts will be made to make it irreversible (Glaser and Strauss, 1971:16-17). If both parties find the passage desirable, then cooperation is the norm, and there usually is a heightened use of ceremony and ritual to mark the transition (Glaser and Strauss

³⁰ In 1 Corinthians 5:2, 5 Paul calls for the expulsion (ἀρθῆ ἐκ μέσου ὑμῶν) and "delivery to Satan" (παραδοῦναι τὸν τοιοῦτον τῷ Σατανᾷ) of an immoral man from the group. See discussion by Neyrey 1990:80, 91-92.

³¹ The Donatists were a hard-line group who refused to accept for re-entry into the Christian community those who had wavered in the faith during the Diocletian persecutions.

³² See Glaser and Strauss (1971:15), who note that chronic disease, dying, and the life cycle are typical passages.

³³ The issue of reversibility relates to the discussion above on restoration versus transformation. If healing rites are thought to restore health, then they would function as restorative rites (e.g., purification). If they are thought to achieve a new status, then they would be initiation. See discussion below.

1971:89-91). Since initiation involves a positively estimated change in status, it usually is seen as desirable by both parties, and cooperation and ritual are typical components of this rite of passage. Similarly, health is a positively estimated state of being, and healing passages tend to involve cooperation between the patient, the healer, and at times the community. What is interesting is Glaser and Strauss's suggestion that desirability of the passage often is accompanied by a use of ritual. This may explain Luke's emphasis on the corporate and worship setting of healing, which I discuss in Chapters Eight and Nine.

The third variable in the schema of Glaser and Strauss relevant to my thesis has to do with the *shaping* of the passage. It is here that some of the most interesting questions emerge relating to how healing passages may have originated, developed and been viewed in early Christian groups. Glaser and Strauss note new status passages often form as "emergent processes"—they arise spontaneously in an open-ended, innovative way out of the interactions between passagee and control agent.³⁴ Such may have been the case with Jesus and his first followers, especially those whom he healed. However, these emergent processes soon become chartered passages, through a process of institutionalization.

[A] chartered passage is set up by the duly authorized people of an organization, group, or institution.... The first people to become the agents and passagees are charter members, who will put the passage into effect, they take it "off the books" and carry it out.... If the passage is similar to one which agents have been through themselves, this specific experience is important.

³⁴ Glaser and Strauss 1971:85 state, "Both passagee and agent discover each other's and their own capacities for controlling the shape of the passage. They build a relationship with some degree of reciprocity regarding what they do for each other and what they gain from the passage. They selectively discount as they gather and appraise the facts of what is happening and negotiate a balance of control over what is happening. They may borrow from similar older passages as they discover new ways of acting. If made public, their transactions and innovations may be followed by other people."

In various degrees they will want built into the new passage a recapitulation of the “bright” and correction of the “dull” aspects of their own passages.³⁵

The above comments are suggestive since in some early Christian communities—perhaps Luke’s—the group likely contained those who had been healed.³⁶ Did any of these go on to become healers, as Paul does according to Acts? If so, these people may have drawn upon their collective history of Jesus’ healings and those of his early followers, their own experiences, and the interpretation put upon their experiences by the community, to understand and perpetuate the rites of healing of subsequent group members. Further, as I note in Chapter Five, the election or call that is seen in some cases of illness can be used to legitimate roles within the community. Legitimation is part of an institutionalization process. The Lukan evangelist partakes of this view, as I show in Chapters Eight and Nine.

The social dimension of rites of passage

The second theme has to do with the social dimension of rites of passage. Traditionally, analyses of rites of passage focused on the individual, examining the transformation brought about in a person’s state or identity. However, scholars soon realized that identity or status are not just personal, existential concepts derived in isolation. They are social constructs, and they are determined to a great extent by interactions between the individual and the group.³⁷ Adoption of a new identity therefore involves a transition between social states. Chapple and

³⁵ Glaser and Strauss 1971:86-87, see Dow (1986:61) on the mythologizing of religious healers.

³⁶ Luke’s assertion that among Jesus’ followers were women who had been healed and exorcised by him (Luke 8:1-2) would have had appeal to an audience of healed persons. The Synoptic gospels each describe healed persons acting as proclaimers or evangelists of Jesus’ power (Matt 9:31; Mark 1:45; Luke 8:39), and John 12:11 suggests that the stories about Lazarus (spread by him? or his friends?) served a similar function. See Smith (1978:9-10) and Theissen (1983:260-1), for discussions of the *Sitz im Leben* of the miracle tradition among those who had originally been involved in it (i.e., the healed and exorcised).

³⁷ La Fontaine (1985:11) notes that the particular emphasis that anthropology brings is the *social* nature of ritual. Psychiatrists typically use “ritual” to denote repetitive and formalized behavior of an *individual*.

Young find that rites of passage mark changes in systems of social relations: new interactions take place, old ones are eliminated, and levels of interaction change.³⁸ La Fontaine (1985:14) goes so far as to state that the primary function of these rituals is to mark relationships between group roles, rather than individuals *per se*. Gluckman summarizes the social aspect of these acts:

Rituals...are built out of the very texture of social relations, each person having to perform symbolical actions, or undergo symbolical operations, which emphasize his role in relation to the other participants in the ceremony.³⁹

The third evangelist shows how those who have been healed go on to adopt new roles within the community, as I demonstrate in my analysis of Luke–Acts. Rites of passage meet group needs. They articulate (and create) group concepts, ideologies, and values.⁴⁰ Rites of passage maintain the group in two ways. Cooperation in a social activity creates group solidarity.⁴¹ The performance of religious rituals is part of the process by which a group institutionalizes its values and concepts.⁴² Institutionalization leads to group stability and perpetuation.

Rites of passage contribute to a particular aspect of group maintenance: they create and establish social boundaries. Jean La Fontaine (1985) has an extended discussion of this issue. It is her thesis that what is basic to societies and groups are divisions and categories (what Turner has termed “structure”). These categories include who is and is not a member of the group, and various hierarchical positions within the group. Rites of passage relate the life-passages or

³⁸ Chapple and Coon 1942:484. Glaser and Strauss (1971:3) similarly note that rites of passage reflect social structure and changes to it. See also La Fontaine 1985:33.

³⁹ Gluckman 1966: 43, see also p. 37 where he states that in rites of passage, social relationships are ritualized to assist persons at crisis-points.

⁴⁰ La Fontaine 1985:11, 33. See discussion of Clifford Geertz below.

⁴¹ Young 1965:24, see also La Fontaine 1985:11.

⁴² Young (1965:66) notes that if the activities of the group are given a religious interpretation, they tend to be more stable and easily communicated. Stereotyped ritualization and dogmatization of activity stabilize the form of the communication and thereby insure that the meaning will remain the same. Also see Bourdieu 1992:81ff., Malefijt 1968:190, 192.

changes of individuals to a larger framework, namely the group or society with its boundaries and structures, and the implicit world-view behind these structures. La Fontaine notes:

ritual, by regulating the relation of individual events to these basic divisions, maintains social order, locating individuals in relation to positions within it. It is a short step from recognizing this to perceiving that the effect of ritual is to maintain boundaries. The ritual transfer of individuals across boundaries is the means by which these boundaries are made manifest and reaffirmed as significant (La Fontaine 1985:27).

Van Gennep's rite of passage schema includes the concept of crossing of a variety of boundaries: spatial (territories and locations), temporal (time and season), and social (status).⁴³ It is the latter change which concerns us here. Changes in status, particularly those when an outsider goes through an initiation rite, involve the demarcation and crossing of boundaries of outsider and insider. La Fontaine states:

The change in the novice also serves to define the group as distinct from the wider society to which it appears to be opposed. The marginal stage... is also the boundary enclosing members; the transfer of individuals across it emphasizes its existence and underlines the solidarity of members whose loyalty to one another is declared in the formal oaths of allegiance.⁴⁴

In New Testament studies, Jerome Neyrey has applied the concept of rites of passage as boundary-making enterprises in his analysis of rites and ceremonies in Paul's writings, and he estimates that the establishment and maintenance of social boundaries is a central theme in Paul's writings.⁴⁵ As I discuss in Chapters Eight and Nine, Luke's understanding of how healing

⁴³ La Fontaine 1985:24. See Van Gennep *passim*.

⁴⁴ La Fontaine 1985:53. See also p. 58: "The ritual creates the boundaries which separate outsiders from members, for it emphasizes in dramatic form the distance that separates the two statuses which initiands must pass. Experience of the ritual and knowledge of its meaning both constitute secrets, possession of which is the right of every member, and is denied to non-members." Bourdieu (1992:81) makes essentially the same point: that the social function of ritual is to legitimate the boundary between those who undergo the rite (members and potential members) and those who will never undergo it (outsiders to the group).

⁴⁵ Neyrey 1990:77-81. See also Christensen 1995.

moves a person from the demonic realm into the community of the people of God partakes of a boundary-crossing mentality.

The effects of rites of passage are corporate as well as individual, concerned with group maintenance as well as personal transformation. This is generally known and accepted among researchers. However, what is less recognized is the corporate dimension of healing. As I discuss in Chapter Four, the same issues of relationship between the individual and the group which I have discussed in the case of rites of passage also apply to the issue of healing, and the issues of boundary-making and group maintenance may also be found in health concerns.

Role and function of rites of passage

The third theme relevant to my thesis is the role and function of rites of passage. Here I am concerned with how these rites achieve the transformation in status they mark. An assessment of many anthropologists is that these rites are a form of drama which enacts in symbolic form the change that has happened, is happening, or is desired to happen.⁴⁶ Within the confines of ritual (a non-secular, extraordinary, emotionally-charged zone) the participants create a microcosm in which concepts (e.g., status transition and transformation) are acted out (Young 1965:12). Thus, Chapple and Coon find that a rite of passage is a conditioning and learning process for the involved parties, a mechanism of social transition during which new relationships are symbolically dramatized in a ritualized sacred setting prior to their adoption in secular society.⁴⁷ Frank Young's thesis (1965) is that these rites are drama. They are a social or public event which partakes of a community's stock of accepted symbols to evoke intellectual and

⁴⁶ In addition to those discussed below, see Gluckman 1966:43, Pentikäinen 1979:155, La Fontaine 25, 30-33, 53.

⁴⁷ Chapple and Coon pp. 484-485, 504-505. Young (1965:74) makes a similar comment in discussing the dramatization of status change during initiation. He finds that the ritual serves as a "practice session" for life in the secular world. He states, "If the audience can be led to imagine the new situation with the help of a little staging, it will find it easier to continue doing so and will finally be so taken in by the whole thing that it comes to accept the change as permanent, real, and legitimate."

emotional responses in the actors (initiate and initiating officials) and audience (community) which leads to consensual validation of the person's new status (Young 1965:10, 16). Ritual drama therefore can be seen as a form of social expression or communication, by which a community articulates in concrete form certain concepts that affect the group.⁴⁸

However, to see ritual as the mere expression of pre-existing or fully-formed concepts does not do justice to its importance. Ritual drama not only expresses ideas and values, but through the enactment process ritual actually shapes, develops, and even creates them. By giving form to abstract ideas, ritual gives them reality. Geertz cogently observes:

it is in ritual—i.e., consecrated behavior—that this conviction that religious conceptions are veridical and that religious directives are sound is somehow generated. It is in some sort of ceremonial form...that the moods and motivations which religious symbols induce in men, and the general conceptions of the order of existence which they formulate for men meet and reinforce each other. In a ritual, the world as lived and the world as imagined, fused under the agency of a single set of symbolic forms, turn out to be the same world...it is, primarily at least, out of the context of concrete acts of religious observance that religious conviction emerges on the human plane.⁴⁹

Given the importance of ritual, we should be alert to the possibility that a text such as Luke—Acts which speaks of abstract concepts may also be reflecting ritual behavior. To dismiss such a possibility out of hand is to fall into the methodological docetic trap discussed in Chapter Two.

Geertz's above insight has been applied by other anthropologists to rites of passage. For example, Young (1965:1-3) uses Geertz's theory when he states that social concepts such as

⁴⁸ Bourdieu 1992:84, Young 1965:1-3, 9.

⁴⁹ Geertz 1966:28. Geertz also pithily notes (1966:29), "in these plastic dramas men attain their faith as they portray it." See Geertz's analysis of the interpretive and constructive functions of models (models of reality and models for reality) on p. 7, and his often-cited definition of religion (p. 4) as a system of symbols which acts to establish moods and motivations by aligning human actions with a conceived transcendent order and projecting images of that order onto human experience. Mary Douglas (1970:41-42) makes a similar point.

group solidarity must be constantly renewed within the community through the ritual dramatization of initiation ceremonies. Young also notes (1965:26) that the participants in initiation maintain and create their distinctive world-view in the rite, including their concept of human society. La Fontaine 1985:25 finds that rites of passage dramatize social transition by creating a boundary between two social states and then transferring the individual across that boundary from one state to another. Bourdieu (1992:81) states the process more directly: rites of passage emphasize or create differences between states whose differences are arbitrary—that is, socially defined, not absolute or intrinsic. Bourdieu finds that these rites institutionalize the difference between group members and outsiders.⁵⁰

When we compare ritual with texts, interesting similarities emerge. Both are forms of communication which draw upon symbols. It is common for anthropologists to speak of the “text” of a ritual.⁵¹ Both rituals and texts articulate and therefore facilitate in the creation of abstract concepts and values. Both may be used to legitimate or institutionalize these concepts by interpreting human activity against a transcendent perceived order. I argue that the text of Luke-Acts may stand in close relation to actual healing rites practised in the evangelist’s community: it may be commenting on and providing a narrative/mythological support for them.

Conclusion

Rites of passage typically have a three-part structure, with phases of separation, liminality, and integration. These phases describe the relation of a person to a community: thus

⁵⁰ Bourdieu 1992:81. Mary Douglas (1966:81-86) made the same point. See her comment on p. 83: “The process of institution is an act of social magic which has the capability of creating differences *ex nihilo*, or equally (and this is more frequently the case) of exploiting in some way or other preexistent differences.”

⁵¹ For example, Schultz and Lavenda (1990:177) state, “A ritual has a particular sequential ordering of acts, utterances, and events, a text. Because ritual is action, we must pay attention to the way ritual text is performed. The performance of a ritual cannot be separated from its text; text and performance shape each other dialectically. Through ritual performance, the ideas of a culture become concrete, take on a form.... At the same time, ritual performance can serve as a commentary on the text, to the extent of transforming it.”

the initiate is separated from, liminal with respect to, and integrated into a specific group. The liminal period is time apart from the conventional structures of society. Symbolic acts and concepts are associated with each phase, and these all relate to the theme of change or transformation. Rites of passage are cohesive units of activity which have the purpose of changing the social status of a person. Initiation rites are a particular type of rite of passage, one concerned with a positive transformation, that is, a change to a new status that is perceived as somehow higher, better, and more valued than the previous status.

Although a rite of passage is concerned with an individual or group of individuals, it has a social aspect. This dimension arises because the change is in status, which is a socially defined state. What is being achieved is a new relationship and a new set of interactions between the person and the group. These rites serve a social function: they facilitate the difficult and disruptive process of social change by containing it within a ritual setting, they articulate and shape ideas and concepts within the group, and they legitimate and institutionalize the group by creating boundaries between the group and outsiders (those who have not or will not undergo initiation). These rites achieve the desired change by dramatizing it and getting those affected to participate in the drama. The rite is a communication process that not only expresses but creates a type of reality. The issue of choice in undergoing initiation and entering the group varies according to the type of group. Often in rites leading to a religious vocation there is thought to be a mixture of choice and compulsion. Sometimes those who have undergone a spontaneous change will seek to institutionalize the process for others in a formal rite of passage. Their experience will serve as a paradigm. If a change is deemed desirable by all parties, then cooperation usually occurs, and the change often is marked by a deliberate ritual.

I incorporate the above features into my model of affliction–healing which I present at the end of Chapter Four. This model is used to compare the material in Chapters Five through Nine.

CHAPTER FOUR: HEALING, THEORETICAL ISSUES

In this chapter I examine healing from the perspective of ethnomedicine and the anthropology of medicine. Health issues relate to the person within his or her socio-religious context. This context includes community institutions and values, and interactions between people. Health issues have both a social and a biological reality, and they draw upon, give form to and perpetuate the concepts and behavior of a group.¹ As I did in the previous chapter for rites of passage, I discuss how certain social-scientific concepts from anthropology and sociology can inform the researcher's understanding of appropriate ways to investigate and understand healing in a cross-cultural sense. There are further comparisons between healing and initiation. Finally, I synthesize the theoretical material on initiation and religious healing into a model of affliction-healing, which I use in the second half of this dissertation.

The socio-cultural construction of health issues

Much of the current social-scientific scholarship on healing recognizes the social or cultural dimension of health issues, and this dimension is central to my discussion.² This assessment is a relatively recent development in the analysis of health issues, and it is related to more general theories concerning the social construction of knowledge. Prior to recognition of the social construction of knowledge, scientists, researchers and physicians often considered the search for knowledge (especially medical and scientific knowledge) to be a value-free endeavor.

¹ Scholars such as Kleinman (1980:26) and Young (1982:266-267) have analyzed medical systems drawing on Geertz's definition of a cultural system as both a model of and a model for reality.

² On this subject I am indebted to John Pilch, who has written many articles summarizing the scholars I discuss below and applying their theories to the New Testament world. See Pilch 1995, 1992, 1991, 1988, 1986, 1985.

They thought that facts existed as things in themselves, awaiting discovery by neutral, detached observers.³ Such a view was our heritage from the eighteenth-century Age of Enlightenment.

However, advocates of the sociology of knowledge rightly temper the above empirical optimism with the assertion that “the world we live in, the world we think or assume has ontological foundations, is really socially constructed and is created, communicated and sustained through language and symbol.”⁴ This theory was proposed by Berger and Luckmann in their book *The Social Construction of Reality* (1966).⁵ A central theme in the sociology of knowledge is that social forces play an important, though often unrecognized, role in epistemology. Persons do not apprehend, understand and relate to the world in an immediate, direct, valueless or abstract (that is, non-personal) manner. Rather, they perceive things subjectively, and they order and interpret their sensations through a conceptual framework that has been shaped by a complex and on-going process of socialization and social interaction with others. Thus, “facts” exist in the mind of the observer and are shaped by the observer’s models and other conceptual structures. For example, researchers make choices as to what is and is not significant in the data they examine; in other words, what is or is not a “fact.” The social construction of knowledge means that in order for researchers to understand the meaning(s) of an endeavor such as healing within a specific community they must have an understanding of the social world that has shaped the concepts and actions.⁶

³ Wright and Treacher 1982:1, 4. Behind such a view lies a rhetorical strategy by which practitioners of Western science and medicine have claimed an absolute authority: their studies were held up as exercises in pure reason, untainted by the relative values which affect other fields such as religion or politics. Against this view are scholars such as Mary Douglas, who argue that science and medicine are social enterprises and cosmologies with their own particular world-views. On this, see Wright and Treacher 1982:6-7 and Worsley 1982:327.

⁴ Scroggs 1978:175. See also Young 1982:259-60.

⁵ For discussions of this theory and critique of its methodological use in interpreting early Christian texts see Holmberg 1990:118-144 and Elliott 1993:36-7.

⁶ Malina (1993:xi) argues that the meanings that people exchange in communication are rooted in their social system, and that to understand what another person says and means requires the listener–reader to share in the world

The implications of the sociology of knowledge for the study of healing are significant.⁷ What this means is that the scholar can no longer assume that Western empirical rationalism offers the sole or even an adequate analysis or description of health issues. Illness and healing reflect a number of factors (including physical, biological, social, and cultural) and these factors vary from person to person, group to group, and society to society.⁸ To import Western concepts uncritically into studies of non-Western health systems could lead to reductionistic or ethnocentric conclusions.⁹ Views that limit health issues to universal and absolute (usually biological) factors are being supplanted by ones that recognize and discuss the culture-specific components of these issues. Kleinman, for example, asserts that cross-cultural health researchers must be aware of the conceptual models they are using, and use appropriate ones, if they are to achieve an appropriate analysis.¹⁰ Young (1982:277) similarly notes that since knowledge of society and sickness is socially determined, cross-cultural researchers must be aware of the

of meanings of the speaker-writer. Elliott 1993:38 asserts that the differences between the perspective of the interpreter and that of the author must be distinguished and clarified. A process of familiarization with the local social-cultural "scripts" is necessary to avoid anachronism and ethnocentrism. Cf. Elliott 1993:10-11.

⁷ Kleinman (1980:35-36) discusses how his theory of the social construction of health care systems depends on the work of Berger and Luckman. See also Good and Good 1981:174-177.

⁸ Kleinman (1978:85) asserts that medical systems are socio-cultural systems with concepts and norms attached to particular social relationships and institutional settings. Wright and Treacher (1982:2, 10), however, note that to ascribe purely social factors to medicine would be as reductionistic as the attribution of solely biological ones.

⁹ See remarks of Pilch (1985:142), "the form of biomedicine in Western societies contains so much of the Western cultural tradition that it must be thoroughly reviewed and these Western elements sifted out before it can serve as an 'etic' framework of analysis. The challenge to Western exegetes is to realize that the specific Western understanding of human health problems in which they have been socialized in their given cultural setting often accounts for posing biomedical questions to the New Testament documents. It is obvious that such questions are not only irrelevant but also erroneous." See also Pilch 1986:102, 1988:60, 1992:183.

¹⁰ Kleinman (1980:26), "the investigator usually needs to step outside of the cultural rules governing his beliefs and behaviors, including his own health care involvements. Otherwise he risks contaminating his analytic model of the health care system with his largely tacit actor's model of his own health care system."

constructed nature of their own perspective as well as that of the group they are studying. In both settings, medical “facts” are produced by pre-existing social concepts.

Kleinman (1980:32-33) finds that many studies of health issues suffer from a narrow, non-holistic perspective, a tendency that he concludes is due to several factors. First, there is an endemic tendency towards ethnocentrism and biological-scientific reductionism within the medical and psychiatric professions which provide the conceptual framework for most modern Western health and healing studies. Thus, many times researchers investigate the technological dimension of health issues while largely ignoring the social side.¹¹ Second, the structure for analyzing health care processes is based on the professional model (i.e., doctor and patient) that is common in the West. This model does not tell the whole story of how health issues are dealt with even in developed countries, much less in developing ones. The role of others (family, friends, one’s social network) in assessing health states and facilitating treatment needs to be taken into consideration.¹² Finally, as I noted above, healing is typically understood and discussed as if it were an independent, timeless, culture-free interaction of biological and physiological forces. This is an inadequate assessment of the factors involved in the process.

Medical anthropology or ethnomedicine is a recently developed subdiscipline within anthropology.¹³ A standard definition (Hughes 1968:88) of ethnomedicine is that it is a study of

¹¹ The WHO (World Health Organization) 1946 definition of health attempts to provide a broader view of health than that of the biomedical perspective: “A state of complete physical, mental and social well-being, and not merely the absence of disease and infirmity.” This definition addresses the relationship of physical health to mental and social well-being. See *WHO Basic Documents* (WHO, Geneva, 1948) p. 1.

¹² Kleinman (1980:32) notes that even in developed societies, 70-90% of illness episodes are treated solely in the family context, rather than by a physician or professional healer. In developing societies this ratio is even higher.

¹³ Medical anthropology started in the 1950’s as a subdiscipline within anthropology. Prior to that, health issues were discussed as one topic among others within anthropological studies or ethnographic reports. Medical anthropology can be grouped into two areas: studies of how socio-cultural factors affect the etiology and incidence of illness, and studies of how people react to illness (e.g., therapies, coping mechanisms). See Paul 1963:35, 37. For a review of the history of this field, see Foster and Anderson 1978:1ff.

“those beliefs and practices relating to disease which are the products of indigenous cultural development and are not explicitly derived from the conceptual framework of modern medicine.” Researchers in this field distinguish between Western models of health and non-Western ones. Western or biomedical understandings of health concentrate almost exclusively on the biological factors that cause disease, whereas ethnomedical understandings (while admitting biological factors) focus on the culture-specific side of health issues. For example, Worsley contrasts the understanding of illness in a non-Western society with that of Western society:

Symptoms of abnormal physical illness are explained in “primitive” society, not within a biomechanistic framework which separates nature from the supernatural, the social world from the world of Nature, and the physical individual from his or her social matrix, but one which precisely postulates an interdependence of all four: Nature, supernature, society, and person.¹⁴

Ethnomedicine takes seriously and examines carefully the internal viewpoint of the group or society under study (what anthropologists sometimes call the emic point of view), one which may integrate the factors described above in health issues. Each society has its own health care system consisting of concepts and practices associated with health state assessments, disease etiologies, and methods of treatment. Each such system is logical and effective within its own societal context.¹⁵ Since the ethnomedical approach examines the meanings that community members (rather than Western scientists) ascribe to health issues, it is a more appropriate methodology for studying non-Western groups than the biomedical approach.¹⁶ Arthur

¹⁴ Worsley 1982: 317. On p. 323 Worsley cautions that a nuanced appreciation of each group under study is necessary: one cannot simply speak of “primitive” or “Western” views in specific cases or assume that all non-Western groups integrate the four spheres he identifies. See also discussion in Fabrega and Silver 1973:1-6. Young (1982:260) critiques Western medicine because it desocializes sickness: it ignores the historical, political and economic determinants of health issues.

¹⁵ Fabrega and Silver 1973:1, Ackerknecht 1942:503.

¹⁶ Fabrega and Silver 1973:3 note, “Special theoretical problems are created by this application of an impersonal and technologically based language to the highly personal, private and socially consequential matters that are invariably associated with any instance of illness and disease [in non-Western societies].”

Kleinman, a physician and active field-working anthropologist, has suggested appropriate ways to study the health care systems of non-Western societies (Kleinman 1980, 1978). I discuss some of these ways below.

In summary, health issues, like other human concepts, have a culturally constructed dimension. The socio-cultural side of health issues must be taken into account when studying groups, especially non-Western groups. This general principle is demonstrated in several areas, and I examine four. Three areas relate to the function of health issues for the individual and his/her immediate social network: assessments of health states, disease etiologies, and therapeutic methods. The fourth area relates to the function of health issues for the society as a whole: the health care system serves as an institution of society.

Assessments of health states

The first area has to do with assessments of health states; that is, decisions or recognitions regarding one's state of being. Simply stated, this area is concerned with a person thinking that he/she is or is not healthy, is or is not ill. Researchers using a biomedical perspective usually assume *a priori* that "health" and "illness" are straightforward concepts that refer to objective states of being (e.g., health is being free from disease, illness means having a particular injury or disease). Here, diseases are considered to be, or to be caused by, natural objects that exist independent of observation (Wright and Treacher 1982:4). But the matter is not this simple. There is a subjective element to health issues, and different cultures and groups vary in their assessments of what is and is not a healthy or diseased state. Symptoms that are ignored in one society are noticed in another, and what one group considers a normal condition another might consider abnormal. In some developing countries, rickets, tuberculosis, or malnutrition are so common that they are the norm and they are not always considered to be illnesses. Concepts such as "obesity," "thinness," "shortness," "tallness," are each culturally relative and thus may or

may not have the connotation of problematic bodily states for a particular group.¹⁷ The subjective side of health is evident in our own society when a problematic health state must proceed through discrete conceptual stages—discomfort or disability, anomie, syndrome—before the medical community accords it full status as a “disease” (e.g., Legionnaires’ Disease, Chronic Fatigue Syndrome, Gulf War Syndrome, Acute Depression). Conditions such as Hysteria and The Vapours were once considered by physicians to be diseases but are no longer.

The sociologist Talcott Parsons is well known for his theories on the social implications of health states. His definition of illness has been used by scholars who seek to have a cross-cultural benchmark for health. Parsons’s definition is as follows: illness is the impairment of a person’s capacity for effective performance of social roles and the tasks and behaviors associated with those roles.¹⁸ Health is the ability to perform these functions. Parsons’s definition points out the subjective dimension of health issues. Social roles do not exist in an abstract world, they are acquired through socialization, and they refer to social issues in specific societies.¹⁹

Kleinman makes important heuristic distinctions between various health assessment concepts. First, he distinguishes between disease and illness. According to Kleinman, “disease” refers to the malfunctioning of biological or psychological processes, whereas ‘illness’ denotes a

¹⁷ Miles (1978:9-10) notes that health norms are often based on frequency of condition. They are similar to statistical criteria of normalcy. That which is frequent and widespread is accepted as normal: “conditions such as hair loss, toothlessness, parasitic infestation and spots on the skin are perceived as normal health or otherwise according to the socio-cultural norms of the particular society in which they occur.” There are expected and acceptable levels of pain and even infirmity that do not diminish a group’s perception that an individual is in good health. Social norms govern not only what is accepted as normal health but also acceptable levels of ill-health. Some aches and pains are not considered deviations from health, and certain other conditions are accepted as minor deviations which do not affect overall health status. See Eisenberg and Kleinman 1981:13, Twaddle 1981:112-121.

¹⁸ Parsons 1964:112, see also 262. Parsons makes the interesting assertion that the process by which a person is labelled “ill” is a form of social control against deviancy, and that the state of illness is a social role with a specific set of expectations, behaviors and outcomes. See Parsons 1964:113, 274ff.; also Foster and Anderson 1978:40-41, Fabrega and Silver 1973:1, Freidson 1972:283.

¹⁹ Parsons 1964:112, Miles 1978:13, 24.

person's psychosocial experience of, and meaning attributed to, a perceived disease.²⁰ In an elaboration of Kleinman's definition, Young (1982:264-65) defines disease as abnormalities in the structure or function of body, comprising a variety of pathological states (whether recognized or unrecognized by the person); and illness as a person's perceptions and experiences of socially disvalued states including but not limited to disease. "Disease" therefore lies in the biomedical sphere: it is thought to be an invasive entity or physical condition that exists in an absolute state regardless of whether the person is even conscious of it. On the other hand, "illness" is within the realm of ethnomedicine. It is a condition that must be perceived, identified, explained and treated by specific people according to the concepts and activities of a particular group or culture, and it exists only in that context. Kleinman finds that illness is a cultural idiom, articulated by a group's health care system, which links all the interrelated components of the system.²¹ For Kleinman, both disease and illness ultimately are explanatory concepts that are distinguishable by virtue of who uses them:

[These] are different ways of explaining sickness, different social constructions of reality.

Disease is most commonly associated with the EMs [explanatory models] of professional practitioners (modern or indigenous), where it relates to special theories of disease causation and nosology that are stated in abstract, highly technical, usually impersonal idioms.... Illness is principally associated with the EMs of the popular culture arena of health care, where sickness is most frequently articulated in a highly personal, non-technical, concrete idiom concerned with the life problems that result from illness.²²

Some scholars, such as Young, find that Kleinman's "illness" concept focuses too narrowly on the patient-healer relationship and does not fully address the important role in defining and

²⁰ Kleinman 1980:72. See also Fabrega and Silver 1973:4-5.

²¹ Kleinman 1978:86. See also Freidson 1972:278.

²² Kleinman 1978:87-88, see also Kleinman 1980:72-73.

assessing health states that is played by the patient's social network (friends and relatives).²³ However, Kleinman does address (admittedly in a brief fashion) the issue of the role social networks and people outside the healer-patient relationship play in health systems.²⁴

Following from the above distinction, disease and illness each elicit their own response. "Cure" is the removal, eradication or management of a physical/biological abnormality, dysfunction or disease. "Healing" on the other hand is a response to illness, and it is a more complex process than curing. For Kleinman, healing is the sum result of all the components of a health care system: as I note below, he finds that the system as a whole, not just the healer, heals. Kleinman asserts that a significant aspect of healing—as opposed to curing—lies in its *explanatory* aspect:

Although the healing process usually involves two related activities—the provision of effective control of the disease and of personal and social meaning for the experience of illness—cultural healing principally involves the latter. From this perspective, then, we recognize the paradox that the cultural shaping of illness as a psychosocial experience, under the influence of cultural rules which govern the perception, valuation, and expression of symptoms and which determine the particular characteristics of the sick role, is itself part of the healing process.²⁵

Particularly noteworthy in this conceptual framework is how efficacy of the process is judged. The *attribution of meaning* is the primary criterion by which a healing is seen to have taken place, not the treatment's physical outcome:

²³ Young therefore adds a third term, "sickness," for the process by which disease and illness conditions are socialized, that is, given socially recognizable meanings (Young 1982:270, see also pp. 267, 269). In my estimation, although the social dimension of health issues is very important, Kleinman's theory does not significantly benefit from the complication added by Young's third term. On the social dimension of health assessments, see Twaddle 1981:112-121, Waxler 1981:283.

²⁴ For example, Kleinman (1978:88) states that the patient-practitioner model is inadequate because it does not take into account the family. See Eisenberg and Kleinman (1981:12-13) on the role of others in the diagnosis process.

²⁵ Kleinman 1978:87, see also Kleinman 1980:82.

healing is evaluated as successful because the sickness and its treatment have received meaningful explanations, and related social tensions and threatened cultural principles have been dealt with appropriately, in spite of the fate of the sick person and his illness.... From the standpoint of the health care system model, cultural healing occurs so long as the core clinical tasks are adequately performed. When that happens, healing must take place, there is a “fit” between expectations, beliefs, behavior, and evaluations of outcome.²⁶

This perspective is extremely suggestive for studies of healing in groups such as early Christians. Such an understanding rightly moves discussions away from scholarly speculation on whether and how “cures” (understood in the biomedical sense) may have occurred. Instead of focusing on modern medical issues utterly foreign to early Christian texts, such as whether Paul suffered from epilepsy or whether Jesus used autosuggestion to cure paralysis, an ethnomedical perspective looks squarely at the issue that was of vital concern to the authors of the texts, namely, the meaning that the community saw in these experiences.²⁷ As I demonstrate in Chapters Five through Seven, many societies interpret health problems according to the affliction–healing model, and thus derive meaning and healing for these problems. When the author of Luke–Acts interprets illness as a divine affliction that leads a person toward the community of people of God, he is engaging in the same sort of attribution of meaning.

Disease etiologies

Part of attributing meaning to health states involves the etiology of disease or illness. This etiology is an explanation of causality for the problem (how—and in some systems why—one has become sick) and it is part of the process of transition that persons undergo as they move

²⁶ Kleinman 1978:87, see also Kleinman (1980:82), “‘Cultural healing’ may occur when healing rites reassert threatened values and arbitrate social tensions. Thus, therapeutic procedures may heal social stress independent of the effects they have on the sick person who provides the occasion for their use.” Taussig (1980:4) similarly identifies the search for meaning as the critical element in healing. See also Freidson 1972:287-9.

²⁷ Pilch 1985:148, 1992:194.

from a one socially recognized state to another (health to illness). These etiologies vary from group to group and society to society. George Foster has devised a useful cross-cultural model of etiologies and medical systems. He divides disease etiologies into two groups, naturalistic and personalistic. A personalistic system is one in which

Illness is believed to be caused by the active, purposeful intervention of a sensate agent who may be a supernatural being (a deity or a god), a nonhuman being (such as a ghost, ancestor, or evil spirit), or a human being (a witch or a sorcerer). The sick person literally is a victim, the object of aggression or punishment directed specifically against him, for reasons that concern him alone.²⁸

In personalistic systems, the sufferer is in his or her unfortunate situation for uniquely personal reasons. Words, actions, perhaps even the individual's personality have somehow (justly or unjustly) attracted the negative attention of a supernatural being, and the person is suffering the consequences. For example, s/he might have neglected to honor dead ancestral spirits, or s/he has offended a god by an act of impiety. We will see this view many times in the cross-cultural evidence in Chapter Five. In contrast, a naturalistic system is one where illness is thought to be due to impersonal forces. Here, health is the result of the equilibrium between various environmental and bodily elements, and illness is the result of imbalance in these elements. The sick person here is not a victim of aggression or punishment, rather s/he is an unlucky sufferer of an observable cause-and-effect series of events or prior conditions.²⁹

Modern biomedical etiologies fall into the category of naturalistic explanations, as do medieval European theories of bodily humors and classical Greek ideas of cosmological harmonies. On the other hand, any attribution of illness to a personal agent is a personalistic

²⁸ Foster and Anderson 1978:53, see also Foster 1976:775.

²⁹ Foster and Anderson 1978:53. Foster and Anderson (1978:54) note that the system is a model and that these categories are not necessarily mutually exclusive in a particular society. People may use a personalistic explanation for a certain illness and a naturalistic one for another illness. Usually a group explains the majority of its illness with one or the other system. See also Foster 1976:775-776, Worsley 1982:323ff.

etiology. For example in Luke–Acts, there is an underlying personalistic etiology that sees supernatural beings involved in health problems. Foster finds that the type of disease etiology determines other components of each society's health care system: the nature of diagnosis, the types of cures and curers, and the role played by religion and magic in therapy.³⁰ Regarding the nature of diagnosis: in personalistic systems, views of disease usually are part of a comprehensive world-view. Here, many misfortunes—and indeed events generally—are attributed to personal agents at some level of causality.³¹ In this system, disease is a subset of the category of misfortune or affliction (Worsley 1982:327). In naturalistic systems on the other hand, disease tends to be a distinct conceptual category from misfortune and etiologies of disease do not usually extend to other areas (Foster 1976:776-777).

Treatment and therapeutic methods

Therapeutic methods seek to complete the cycle of transition mentioned above, to facilitate the movement of persons from a state of illness to a state of health. As Foster states, the type of disease etiology within a group determines what that group considers to be a successful therapy. If the illness is due to an imbalance, the remedy will usually involve actions that restore that balance. Typically these actions are mundane (e.g., blood-letting, change of diet, prescription of medicine); however the religious realm also may be involved. A naturalistic etiology may be followed by a personalistic therapy. Although gods and other supernatural agents are not blamed for the affliction, their assistance may be invoked by the sufferer through religious acts such as votive offerings and prayers. The gods may not afflict, but they can heal. We will see this in the case of Aristides in Chapter Seven, and in some of the Greco-Roman votive religions I discuss in Chapter Six. On the other hand, if the illness is thought to be due to

³⁰ Foster 1976:774. Here he identifies etiology as the independent variable in medical systems, and the other components as dependent variables. See also Lieban 1973:1048.

³¹ See Foster 1976:777 for a discussion of levels of causality (instrumental, efficient, ultimate).

a personal agent, then the relationship of the afflicted to the afflictor becomes a factor in the therapy. We see this view in the cross-cultural data in Chapter Five. In this system there are two types of response: the sufferer can seek to appease, propitiate or offer devotion to the afflicting supernatural being; or s/he can seek a supernatural ally or patron more powerful than his/her tormentor who will deliver him from the affliction.³² The table below summarizes the issue:

Etiology	Therapy
Naturalistic: imbalance of various elements Personalistic: affliction by supernatural being	Naturalistic: restore balance of elements Personalistic: seek helper, protector against accident, fate Personalistic: appease, propitiate inflictor Personalistic: seek patron, protector against inflictor

Foster notes that personalistic systems usually require a healer with supernatural skills: a shaman, a priest, a magician. Since the ultimate cause of the illness here is believed to be supernatural, the supernatural realm must be at the center of any remedy, even if mundane techniques are used as well. Naturalistic systems, with a single level of causality, usually utilize a curer whose religious techniques are minimal or secondary to the process (Foster 1976:778-779). Foster also contrasts personal health strategies in the two systems. In naturalistic systems the concern largely consists of avoiding situations or behavior that will lead to illness. Foster calls this view a concern with “don’ts.” Personalistic systems, on the other hand, tend to emphasize “dos”—

...especially the need to make sure that one’s social networks, with fellow human beings, with ancestors, and with deities, are maintained in good working order. Although this means avoiding acts that are known to arouse resentment—“don’ts”—it also means paying careful attention to propitiatory rituals that are a god’s due, to positive demonstrations to ancestors that they have not been forgotten, and to friendly acts to neighbors and fellow villagers to remind them that their good will is valued (Foster 1976:780).

³² Foster 1976:777. Note that Foster does not consider the option of seeking a more powerful supernatural ally.

The direct relationship between states of health and social networks (human–human, human–supernatural being) is an important component of personalistic systems. Here, the health of the social body (the group) is considered to be analogous to that of the individual physical body.³³

The social dimension of health processes

I have mentioned the social dimension of health processes in the sections above, but this important issue bears reiteration under its own heading. Health and illness almost always have a social dimension. I have discussed how health assessment states involve socialized concepts; that is, ideas that have been constructed through interactions within a group and which are used to interpret particular life situations. In this section I re-examine how a person's social network—a group consisting of one's family, friends, and acquaintances—is involved in the process of health assessment, etiology and treatment.

The role a person's social network plays in health issues is part of a more general issue: the relationship between the social network and the definition, construction and maintenance of one's overall personality. On the basis of his review and analysis of anthropological studies of honor and shame, Bruce Malina constructed a continuum of personality types.³⁴ At one end is an individualistic person, to a certain extent a typical person in our modern Western society. This person has an image of the self as a unique and distinct entity. Self-definition therefore arises out of efforts to distinguish oneself from others and establish oneself as a unique being. This person is self-oriented, and s/he relates to others as an individual. Here, the social network has a minimal effect on the formation of one's personality. At the other end of the continuum is a dyadic person. Such a person would be typical in the first-century Mediterranean world, and in many of the groups in Chapter Five. This person has an image of the self as an entity that exists through a series of relations to others. Self-definition therefore arises out of affiliating with

³³ I discuss this aspect further in the section "Health Care Institutions" below.

³⁴ Malina 1993:63-73, 82-86, see also Malina 1986:18-20.

others and by interacting with the perceived evaluations and experienced behaviors of others. This person is group-oriented, and s/he relates to others as a representative of one or more groups (e.g., kinship, class, religious, social). Here, the social network has a maximal effect on the formation of one's personality. Malina has provided us with a useful heuristic model to analyze and compare personality types. As a model, it is an idealized construct, and specific cases should not be shoe-horned into these polarized and ideal types. No person is either completely self-made or determined by others. That being said, it is helpful for modern Western researchers to realize that persons in the groups they are studying (such as the community behind Luke-Acts) may be closer to the dyadic end of the scale and to explore the implications of such a condition.

There are important implications for health issues in a society that is composed of predominantly dyadic personality types. Malina notes that in the process of self-assessment, a dyadic person internalizes what others say, do and think about them (Malina 1993:67). Pilch makes explicit certain consequences of this tendency to internalize: "such a person lives in a continual dependence upon the opinions of others, including the judgment of whether or not one is ill."³⁵ In other words, the assessment of others plays an important role in whether a person considers himself or herself to be healthy or to have a significant health problem. Keeping in mind what I discussed previously about health assessments it should become evident that assessments of what is and is not "health" and "illness" are not straightforward matters. In some of the cross-cultural data in Chapter Five we will see there is a pressure on the individual to adopt the group's assessments of health. Persons are not usually in isolation when they evaluate their health states, derive explanations of illness causality or undertake methods of treatment. They often consult a healer, and they also often discuss their condition with their kin, friends and neighbors (Freidson 1972:289-290). These interactions occur in all societies, Western and non-Western. Illness affects not just the individual but the group, despite the tendency in Western

³⁵ Pilch 1991:195. See his discussions of social networks and healing in the popular or folk sector, 1985:146-7, 1986:103-104, 1991:198, 1992:29.

societies to marginalize ill persons (physically, by institutionalizing them; and socially, by reducing interaction with them). In many dyadic or group-oriented societies the effects of illness upon the group are not suppressed but are freely acknowledged and acted upon. In these societies, since illness is seen as affecting everyone—not just the individual—health-seeking is a corporate effort rather than of an individual or the healer and patient alone.³⁶ As I demonstrate in Chapters Eight and Nine, the Lukan evangelist has a particular emphasis on the corporate dimension of healing, and this view may reflect that of his audience.

The healing process ultimately involves explanation. The explanation of health states is achieved through a process of social interaction. When examining non-Western societies it is important to consider the consequences of healing, not only for the sick person but the group as a whole. Researchers should be alert to the possible influence of the group at every stage of the healing process. I would suggest that such group influence is an important factor in understanding early Christian healing as an evangelistic and liturgical act.

Health care institutions

My discussion of the issues of disease assessment, etiology and therapy examined what the health care system does for the individual and his/her immediate circle: it provides explanation and meaning for specific, personal health states, and thus facilitates a person's transitions into and out of health states that are considered to be problematic. But there is another issue, what the health care system does for the society as a whole. What the system ultimately heals is not just the individual but the group. As an institution within a society, health care systems serve to maintain the well-being of that society (Foster and Anderson 1978:42).

³⁶ See Pilch (1991:195) "in the Mediterranean world even more so than in the modern western world, illness affects and involves everyone in the kinship group. The consequences of healings therefore affect this wider group as well. Still another pathway for seeking help in an illness episode is the social network."

Each society or group has its own stable social system or systems for dealing with health issues. This institution—as is true of any institution—reflects and embodies societal concepts and values. Young asserts:

Specific views of the social order are embedded in medical systems, where they are often encoded in etiologies and beliefs about the sources of healing power. These ideological views are brought into the consciousness of individuals in the ceremony, dramaturgy and demonstrations of efficacy that make up healing practices. In other words, medical practices are simultaneously ideological practices when they justify (a) the social arrangements through which disease, healing, and curing are distributed in society and (b) the social consequences of sickness.³⁷

Kleinman uses the term “health care systems” as a general, cross-cultural way of describing the institutionalized forms through which societies deal with health issues. He compares health care systems with other social institutions such as kinship or religion.³⁸ He finds that every component of the health care systems is a cultural construction and an adaptation to a condition of sickness, and each component exists in an integrated and systematic relationship with the other components.³⁹ Because these components exist in an interrelated relationship within a

³⁷ Young 1982:271, cf. Young’s discussion (1982:275-276) of how medical practices serve ideological functions in both Western and non-Western societies. See also Ohnuki-Tierney 1984:4, Ackerknecht 1942:515, Foster and Anderson 1978:39; Fabrega and Silver 1973:4-5.

³⁸ Kleinman 1978:86. Kleinman (1980:24) states, “In the same sense in which we speak of religion or language or kinship as cultural systems, we can view medicine as a cultural system, a system of symbolic meanings anchored in particular arrangements of social institutions and patterns of interpersonal interactions. In every culture, illness, the responses to it, individuals experiencing it and treating it, and the social institutions relating to it are all systematically interconnected.” See also Hughes 1968:88.

³⁹ Kleinman 1978:86-87. These components are: (1) illness as a socially learned and sanctioned experience, (2) strategies and evaluative criteria to guide choices among alternative health care practices and practitioners, and to evaluate the process and outcome of care, (3) cognitive and communicative processes involved in sickness management (labeling, classifying, providing explanations), (4) healing activities, (5) health-enhancing activities, and (6) management of therapeutic outcomes (cure, failure, recurrence, chronic illness). See Kleinman 1980:71-72.

society, Kleinman estimates that studies of health systems that do not have a holistic viewpoint will not achieve a complete understanding of that system (Kleinman 1980:24). He cogently observes that the integrated nature of health care systems means that “the system as a whole, not just the healer, heals” (Kleinman 1980:72).

As an institution of a society, each health system is rational and functional within its own context. Within its particular society, each health system draws from a pool of commonly accepted concepts to interpret situations, persons within the system interact in socially conventional ways, and these persons devise responses (i.e., therapies) to problems. Each system brings relevant parties (patient, healer, and often the patient’s social network of family and friends) into relationships that are directed towards a positive resolution of the health problem. By enacting and embodying social values the health care system demonstrates and affirms that these concepts have validity and efficacy to deal with the problems and crises of life.⁴⁰ The values of society thus are maintained. For example, in many cultures, illness is interpreted as a form of supernatural retribution for the transgression of societal (and sacred) laws. Here the concept of illness functions as a form of social control.⁴¹ Another way that health care systems maintain the well-being of society is through the maintenance of social relations. In personalistic etiologic systems, illness is often thought to be a physical manifestation of breakdowns or problems in social relations (supernatural–human, human–human). Healings in such settings address these social issues: curing rituals are done in public, and by re-establishing good relations these rituals achieve the healing of the community as much as the individual.⁴² Since healing serves group needs, it is not surprising that it would often be placed in a context of ritual and worship: such appears to have been the case for the community of Luke–Acts, as I discuss in Chapters Eight and Nine.

⁴⁰ Taussig 1980:4. See also Dow 1986:56.

⁴¹ See Foster and Anderson 1978:43–44; Lieban 1973:1049–1050. The affliction accounts in Luke–Acts likely serve as a form of social control, see Chapter Nine.

⁴² Foster and Anderson 1978:116, 126; Lieban 1973:1052–1053; Hughes 1968:91.

The role of healing in social relations relates to the work of the British anthropologist Mary Douglas on the symbolism of the body. Douglas is well known for her insight that there is a significant relationship between the individual physical body and the corporate social body (the group). She states:

The body is a model which can stand for any bounded system. Its boundaries can represent any boundaries which are threatened or precarious. The body is a complex structure. The functions of its different parts and their relation afford a source of symbols for other complex structures.

We cannot possibly understand rituals concerning excreta, breast milk, saliva and the rest unless we are prepared to see in the body a symbol of society, and to see the powers and dangers credited to social structure reproduced in small on the human body.⁴³

New Testament scholars reading the above will be reminded of Paul's comparison of the physical body with the corporate body of believers (the "body of Christ").⁴⁴ Douglas notes that there are often pressures to create consonance between social and physiological levels of experience (Douglas-1970:98, 112). If, for example, the group is concerned with its social boundaries—who is and is not a group member, relations with the outside world, the invasion or integrity of the group—then this attitude will be mirrored by attention to the physical body and its boundaries. Attempts to establish control over the group (laws, formalities and rituals) will be paralleled by efforts to control the individual's body through purity and pollution laws and asceticism.⁴⁵ In short, social concerns have an impact on how the body is seen and treated. By the same token, things done to the physical body will have an effect on the social body. An act

⁴³ Douglas 1966:138. See also Douglas 1970:98 and 93: "The social body constrains the way the physical body is perceived. The physical experience of the body, always modified by the social categories through which it is known, sustains a particular view of society. There is a continual exchange of meanings between the two kinds of bodily experience so that each reinforces the categories of the other." Taussig makes a similar point (1980:4) stating that the body is "a cornucopia of highly charged symbols," it encodes that which society holds to be real, and it is a repository for generating social meaning.

⁴⁴ Rom 12:4-5; 1 Cor 12:12, 14, 20, 27; Eph 3-5; Col 1-2.

⁴⁵ Douglas 1970:111, see also Douglas 1966:14-15.

of benefit to the physical body (i.e., healing) can be considered salutary for the group as well, as I argue throughout my dissertation.

In summary, a health care institution is a microcosm of its larger society, and by examining this system we can get glimpses of the society or group it mirrors.⁴⁶ Fabrega and Silver note the value of examining a group's health care system:

The perception of illness, in effect, is one more example of the way behavior is structured and organized by underlying cultural rules. And an analysis of medical treatment may allow access to beliefs regarding religious and malevolent agencies, giving the anthropologist some idea of the ultimate values that the culture holds sacred. Indeed, the members of a cultural group often display both their actual personal relationships and their views of those relationships most dramatically during illness and other uncontrollable calamities.

The above is a useful feature when examining groups such as Luke's audience for which we only have literary records of his (and presumably his audience's) view of healing.

Rites of passage and healing

In this section I outline points of similarity between rites of passage and healing. Here I draw upon the ideas I developed in my previous chapter on rites of passage and initiation. The topic of similarities between rites of passage and healing has received relatively little attention in scholarly discussion, yet there are significant points of comparison. Awareness of and attention to these similarities may reveal previously unseen connections between the two areas when researchers examine healing or rites of passage in particular groups.

First, both rites of passage and healing are concerned with change and status transitions. Rites of passage are ceremonies undertaken to mark the passage of a person from one status or social group to another. Healing ostensibly is concerned with the change in a person's condition from ill to well; however, as I have demonstrated, health assessments, etiologies and treatments

⁴⁶ Fabrega and Silver 1973:4, see 4-5; cf. Foster and Anderson 1978:32; Young 1982:271; Young 1982:275-276 .

are socially derived concepts. A person's transition from one group—"those who are ill"—to another group—"those who are well"—involves a change in social status. The work of Mary Douglas shows that the social body is closely associated with the physical body, and numerous ethnographic studies recount changes made to the physical bodies of initiates during initiation, changes which are not only believed to mark but to effect the social change the persons are going through.⁴⁷ In my survey of ethnographic studies in Chapter Five, I show that in many societies, themes and acts of healing coincide with or are associated with rites of passage. The same is true in some early Christian groups, as I show in Chapter Eleven. The Lukan evangelist presents this view throughout Luke-Acts.

Researchers need to pay close attention to the underlying process by which healing is done in the societies they are studying. Therapy often includes a component involving a destruction and rebuilding of the self, and this is a common theme in some rites of passage.⁴⁸ Taussig, in a general cross-cultural analysis of the healing process, talks of the deconstruction and reconstruction of the sick person's social personality (Taussig 1980:4). In some cases the healing process may be seen as even more than a rebuilding or restoration of the person's previous state of health. As I noted in the previous chapter, the distinctive element in initiation is the idea of a *positive transformation*: a change to a new, higher or better state. In initiation, the initiate receives a new status as member of a particular group. The same may be true for healing. When we remember that according to Kleinman (1978:87) the healing process involves an attribution of meaning, then the possibilities for positive transformation in this area become evident. The person who receives "healing" according to this system now possesses something they did not have before: *meaning* for the process they went through. This "meaning" could be many things: knowledge, an experience, perhaps new social affiliations. Whatever it is, that

⁴⁷ Noted by Van Gennep, Eliade, and Douglas 1970:111.

⁴⁸ In some cases of healing or exorcism from demonic possession, the demonic self must be destroyed so that the human self can once again be free. For example, Kapferer (1979:110, 128-130) makes use of the Van Gennep/Turner model in his analysis of Buddhist exorcisms.

“meaning”—which arose out of interactions with the healer and with those in the patient’s social network—has not just restored but transformed the person. We might compare this “meaning” to the illumination, enlightenment or gnosis claimed by initiates. Worsley summarizes this position when he talks of health-seeking as a process in which the patient moves through a sequence of status-passages:

In this historical process the patient interacts with a series of health-care agents, who create for him a new social being.... In this kind of model the sick person is seen not as a passive “patient,” the suffering object of the active therapist or as the determined occupant of a “sick role,” but as an agent, a subject seeking health, engaged...in a “quest for therapy,” in problem-solving and manipulating the resources available in the environment—and if need be, changing that environment. It is a dialectical, Promethean model, not a mechanistic one, not only of disease, but also of therapy (Worsley 1982:324–325).

Here, healing is not a restoration to a previous state but a rite of passage that has brought the person to a new identity.

Conclusion

The first feature to be kept in mind concerning healing is the socio-cultural construction of health issues. Drawing upon the concept of the sociology of knowledge, scholars now recognize the significant cultural component in matters of illness and health. Many of the “facts” we assumed to be absolute now must be reassessed in terms of their relative nature, and careful attention must be paid to the concepts and epistemological frameworks of cultures other than our own, especially if we are to avoid reductionistic or ethnocentric conclusions when we study those cultures. An ethnomedical perspective is a necessary adjunct to other perspectives (such as biomedical) when examining health issues in other societies. Ethnomedicine recognizes and focuses on the culture-specific side of health issues.

The influence of culture or society upon health matters is evidenced in several areas. The first is the assessment of health states, which vary from group to group and context to context.

“Disease” and “cure” relate to a biomedical perspective, and describe a narrowly defined area: the mundane appearance and elimination of apparently foreign or external entities that cause health problems. “Illness” and “healing” relate to an ethnomedical perspective, and connote a wider area of concern. They include attention not only to how the problem arose, but why. Here, the attribution of meaning is essential to the healing process (whether or not any purely physical improvement takes place). The second area is disease etiologies. The explanation of what caused the illness will depend upon whether there is an underlying naturalistic or personalistic system of causality. The foundational causality system also contributes to the third area, therapeutic methods. In personalistic systems, the relationship of the afflictee to the afflictor is a critical issue. The sick person can either try to appease or improve his/her relationship to the afflictor or else seek a more powerful patron who will aid him/her against the afflictor. In each of the above areas (assessment, etiology, treatment) the role of social networks must be carefully considered. People do not deal with health issues in isolation, and the impact of others on the health-seeking process can be considerable, especially when the society is composed of largely dyadic personality types. The function of health issues in the larger society also must be taken into consideration. Healing can serve not only the individual but the larger group, by embodying and affirming social values and by resolving problematic social relationships. Mary Douglas rightly pointed out the symbolic nature of the physical body and its close relationship to the social body, the group. Concerns and activities associated with one body are mirrored on the other. Finally, the affinities between healing and rites of passage are important. Both are concerned with change and transition between status positions. Both have the potential to involve not just a restorative change but a transformative one: that is, a progression to a level or status that the group considers to be better or higher. These similarities suggest that a healing rite could be part of an initiation, or vice versa. Similar ends may allow for similar means.

The model

In this chapter and the previous one I reviewed theories on initiation and healing. I took elements common to both initiation and healing to construct a model of affliction–healing. As well, I read through a variety of case studies of healing cults and religious healing, both from cross-cultural anthropological sources and Greco-Roman texts. From the specific details of these studies I selected the general elements that comprise the model’s shape and features. As is typical in the process of model construction, the model evolved from simple early stages to the one I present below. This model is general enough to accommodate the diversity of data I review and compare in Chapters Five through Eleven, yet it is specific enough to delineate a very distinctive view of health and the healing process.

The affliction-healing model

Characteristics	Phase 1	Transformation	Phase 2
Attitude	opposed to god (e.g., scepticism, disbelief, impiety)	conversion	in accord with god (e.g., belief, devotion)
Activity	scoffing, impious acts		praise, special activity
Community	outsider, non-believer	initiation	group member with role
Physical condition	sick, afflicted	healing	well/healed

This model looks at the relationship between one’s physical, religious, and social states, and it describes a process by which a person is moved out of community by affliction and into community by healing. The affliction–healing process functions as a rite of passage, and some groups understand it in this way. In many of the cases I discuss in Chapters Five through Seven, healing takes place at the intersection of the physical, religious, and social dimensions. This model takes into account the important social dimension involved in healing: sometimes one achieves meaning (and therefore healing) for one’s health condition by becoming a member of a group. This model also addresses the transformative aspect of healing, wherein healing is seen not just as a restoration of a previous state but an advancement to a new and improved state. This model is appropriate for non-Western cultures, since it does not limit religious expression to an abstract attitude (a modern Western emphasis) but recognizes that these attitudes are displayed and shaped through behavior and ritual.

CHAPTER FIVE: DISTANT COMPARISON, CROSS-CULTURAL DATA

Introduction

In this chapter I examine healing and initiation in a variety of groups and societies. These groups have been studied by anthropologists and ethnographers of the twentieth and late nineteenth centuries, and they include the indigenous people of Siberia and Central Asia, North America, Africa and South America. These groups are greatly separated by time and space from the first-century Greco-Roman world of Luke-Acts. Yet an examination of these groups can prove fruitful when considering issues and framing questions in early Christian research, as I have discussed in Chapter Two where I looked at the issue of distant comparison.

I have two goals in this chapter. First, I want to examine the connection between healing and initiation in many societies. This connection goes beyond abstract concepts or metaphors and enters into action, practice, worship and ritual.¹ The healing of specific physical and mental afflictions—not just a vague theological “healing of the soul or spirit”—is part of the initiation process in many groups. In some cases, this initiatory healing involves an objective change or improvement in the physical condition, but in all cases there is a change in the subjective interpretation or meaning of the condition. As I discussed in Chapters Three and Four, the connection between healing and initiation is often overlooked, yet both have to do with transformation of not only physical but social states. Many times this transformation is seen as positive: it is an advancement, and like initiation it brings new roles and status to the person.

My second goal is to use the material below to open a window on actual healing groups. These case studies provide evidence how healing groups work: we can see how groups use rituals and myths, as well as group interaction, to achieve healing. We can examine the social

¹ Geertz (1966:28-29) asserts that concepts (particularly religious ones) are not only expressed but shaped through activity and ritual. See Chapter Three.

forces underlying these groups and the reasons why groups use healing to address certain issues. This information proves useful when we examine healing groups in early Christianity.

Model of affliction-healing

In the previous chapter, I devised a model of affliction and healing based on my review of the theoretical material on healing and initiation. The model is as follows:

The affliction-healing model

Characteristics	Phase 1	Transformation	Phase 2
Attitude	opposed to god (e.g., scepticism, disbelief, impiety)	conversion	in accord with god (e.g., belief, devotion)
Activity	scoffing, impious acts		praise, special activity
Community	outsider, non-believer	initiation	group member with role
Physical condition	sick, afflicted	healing	well/healed

Most of the material I discuss below deals with what is called “initiatory illness.” By “initiatory illness” I mean a case where an illness or problematic health condition is interpreted as the preliminary step by which a person acquires a new status in his group and a new relationship with spirits or deities of that group. The group links this new status and relationship with healing. Initiatory illness fits my model of affliction-cure. I concentrate on this particular process because it is very similar to certain types of healing recounted in Luke-Acts. There are three key features in the process of initiatory illness.

First, a personalistic etiological system is the usual background of groups that believe in initiatory illness. Personal supernatural beings (spirits, gods, demons) are thought to be the ultimate as well as often the proximate cause of events. For example, in cases of illness supernatural beings are thought to cause the illness either by afflicting or possessing the person.²

² At first glance this attitude may seem inappropriate when looking at early Christianity. However, the role of deities in causing illness had various interpretations in the Hellenistic world, see Chapter Six. Luke-Acts has a recurring motif of divine affliction: see Chapters Eight and Nine. Lewis (1971:66ff.) cites the case of Paul while

The same general view underlies Luke–Acts: the evangelist sees the supernatural at work in many afflictions, as well as the cures. The second feature is that the instigating factor in the initiatory process is a crisis experience. Although there may be other factors, some kind of crisis (illness, affliction, possession, etc.) often is identified as the precipitating event.³ We see this in the case of Paul and Zechariah, and it is hinted at in some other cases in Luke–Acts.⁴ The third factor—one that is particularly interesting and relevant to my thesis—is how the group and the person interpret this crisis experience. The affliction is seen as a sign of election or call by a spirit which impels the person towards a new relationship with that spirit. Illness begins the person's initiation process. A dysfunctional relationship between the spirit and the person often is identified as the reason for the crisis. For example, it may be thought that the person has neglected veneration of a certain spirit, or has avoided the role which the spirit feels is appropriate for him/her. If the crisis is to be resolved, the relationship must be changed: the person often adopts a new socio-religious role as a shaman, medicine person, or member of a cult or devotional group.⁵ We see this view in the case of Paul and Zechariah, as well others whom the Lukan evangelist reports go on to adopt new roles in the community after their healing.

discussing the theme that resistance to the call of spirits leads to various afflictions. Davies (1995) treats seriously the issue of possession in the case of the historical Jesus and early Christianity.

³ Crapanzano 1977:14; Ellenberger 1970:39. See the survey of this subject by Eliade 1964:33-66. The crisis experience or even a call process is not the only way that shamans and other tribal religious functionaries enter their vocation: they may do so for reasons of choice, heredity, aptitude and temperament, appointment by elders or other shamans, etc. These other factors, especially choice, are often mentioned in cases of North American shamanism. However, a crisis event (usually some kind of illness) is a recurring theme in many cases, especially in Siberian shamanism. See Eliade 1964:xii, 17; Peters 1982:22, Siikala 1978:312, Sullivan 1987:230, Krippner 1989:191; Winkelman 1992:47.

⁴ See Chapters Seven and Eight.

⁵ Bourguignon (1976:9) identifies three categories of how possession is evaluated and dealt with: the situation is desired or intentionally induced, the situation is feared and exorcism is sought, the afflictive's initially negative feelings are replaced by positive ones through adaptation or accommodation to the situation. The last case is that of initiatory illness. Bourguignon calls this latter scenario a process of reinterpretation: the illness is controlled or

Ioan Lewis rightly links initiatory illness with a common cross-cultural theme: those whom the gods call they first afflict with difficulties or trials, in what Lewis trenchantly terms “spiritual blackmail.”⁶ Lewis (1971:67) even sees this process at work in early Christianity, noting that “very commonly, as with St. Paul, the road to the assumption of the shaman’s vocation lies through affliction valiantly endured and, in the end, transformed into spiritual grace.” By mastering these difficulties persons prove their status and abilities. What we see here is a process by which a negative involuntary state (illness) is reinterpreted as a positive involuntary state (call, election).⁷ It is not thought that the person is afflicted in a random or chance way (as is the presupposition in the biomedical model): s/he has been chosen to be afflicted by a supernatural being as part of a process that will lead to a new relationship with that being and a new role within a human community. (In Luke–Acts this is exactly what happens to Paul and Zechariah.) Meaning is attributed to the condition, and through this process “healing” is achieved. In some cases below the physical symptoms subside. In other cases, the person may still have the abnormal health condition but it is no longer considered problematic; in fact it is an asset and through controlled use it becomes part of the vocation.⁸ The healed people in Luke–Acts who testify to the power of Jesus make such creative use of their illness.

domesticated, and a personal crisis is changed into a socially acceptable phenomenon. See also Crapanzano 1977:15–16, Siikala 1978:312–313, Sternberg 1924:472–474.

⁶ Lewis 1971:66, 70–71. Easthope (1985:53) calls the affliction–election theme a “recruitment myth” that is standard in many accounts of the lives of religious healers.

⁷ Foster and Anderson (1978:103) note that the illness role is usually seen as involuntary. Although some people are accident-prone or sickness-prone and the role of patient sometimes has attractions, most illness is seen as involuntary and unwanted. See Parsons (1964) on the illness role. In many non-Western societies the role of *curer* is also involuntary, something that is forced on a reluctant individual by the spirits who confer special powers.

⁸ Peters 1982:34, Bourguignon 1976:9. Easthope (1985:63, 66) notes that among those surveyed who underwent religious healing, many felt it was successful because it helped them cope with their condition. Others used the affliction as a means of developing their personality within the healing cult.

The effects of the above process can be seen in the three distinct but not mutually exclusive areas of my affliction–healing model. The first is the *personal* realm, where some kind of physical transformation is thought to take place. As I noted above, the element of transformation is common in many initiatory illnesses. The crisis experience and its resolution are considered to have changed the person, and the change is a positive one (moving the person to an advanced state), not just restorative (bringing the person back to the previous state). In addition to the “healing,” this change is manifested in such ways as new insights, abilities, etc. In practical terms, the change is brought about not only by the experience *per se* but also instruction, practice, natural ability and temperament, and growing public recognition.⁹ (Paul, for example, prays and has further visions before he is initiated, and even after he is baptized not all members of the community accept him.) However, the crisis event or affliction often is thought to be the precipitating and central component of the change—it is a turning point.

The second realm of transformation is *religious*: there is a changed or deepened relationship between the person and a supernatural being or beings. Because the change has to do with relationships, each party changes with respect to the other. The person changes from someone who was indifferent or opposed to the spirit into someone who works closely with it as a religious or cult functionary. The spirit likewise changes from afflictor to instructor, friend, and patron. Crapanzano terms this state a “symbiotic relationship,” and Lewis calls it a “viable accommodation.”¹⁰ In Western terms we could call this a conversion process. This new relationship is often expressed in metaphors from intimate and yet contractually stabilized human social relations: the person is said to become an adopted child of the spirit, or its spouse.¹¹ In Luke–Acts, there is the repeated motif that persons who have been healed have been taken from the demonic realm and put into God’s kingdom.

⁹ See Peters 1982:21, 25; Siikala 1978:311, 317–318; Shirokogoroff 1935:271–273, Merkur 1985:2ff., Eliade 1964:110, Gussler 1973:99.

¹⁰ Crapanzano 1977:15, Lewis 1971:30. See also Crapanzano 1977:144, Morton 1977:194.

¹¹ Lewis 1971:58–63, 88–89, 189–190; Siikala 1978:316, Sternberg 1925:475, Spiro 1967:205–212.

The third realm of transformation is *social*: the person has a new status and enters into new relationships with members of his group or society. This is the initiation process. If the person becomes a shaman or healer, his/her status must be recognized by the group, and they then relate to him/her in this new role, one that has a certain amount of prestige.¹² If s/he joins a cult group or medicine society, then s/he relates to others within the group as a member and they reciprocate. In Luke–Acts, we see many examples of how healed persons take on new roles within the community: giving testimony, becoming prophets, sponsoring activities, in the case of Paul becoming a leader. The interrelation of the above three realms—personal, religious and social—leads to the attribution of meaning for the health condition and thus, healing.

As we will see in the following case studies, the healed healer has a certain credibility for the person who is suffering because they both are involved with the same or a similar healing process (Lewis 1971:192). The sick person identifies with the healer, and the healer's experience can be a model of the process the patient must go through.¹³ Stories of how the healer was healed may form part of what Easthope calls the "impression management of role persona" that is necessary for a successful healer (Easthope 1985:52). The healed healer is part of the human community. At same time, healers and the healed are thought to be in contact with the supernatural. In acts of healing, the healer communicates with spirits or deities and s/he acts as a mediator between human and supernatural realms. The sick person who achieves healing also acts as a mediator for his/her community. S/he has communed with the supernatural, because of the spirits at work in his/her body in the illness and recovery process. It is interesting to look at Luke–Acts in this light. Jesus acts as the agent of God in his healings, and Jesus' followers heal in Jesus' name: these clearly are mediating roles. Furthermore, those who have been healed are thought to have experienced the kingdom of God (Luke 10:9; 11:20).

¹² Lewis 1971:30, 189-90; Siikala 1978:318, 321.

¹³ See qualification of this view by Dow 1986:57. Dow (1986:61) notes that the healer dramatizes the symbolic or mythic world in his actions. Easthope (1985:62) notes that the healer may identify with the patient.

Case studies

I have placed the cases below into three categories: solitary healers, kin-based healing groups, and medicine societies. These categories are conceptually distinct but they sometimes overlap in practice. Members of some medicine societies may have kin affiliations, and kin groups may offer limited membership to non-kin. Solitary healers do not work in isolation: they always interact with a larger community and they at times may work with other healers. However, these categories are a useful way to sort through the great amount of data available.

Solitary healers include shamans and mediums. They are thought to exist in a special relationship with one or more spirits and they act as mediators between the spirit and the community, for the community's benefit. These healers usually work alone or in a teacher–student relationship with another healer: typically they do not form groups and sometimes they may be in competition with other spirit healers. In many cases a crisis experience such as illness is interpreted as a call to pursue the shamanic vocation. The next two categories are examples of collective efforts. *Kin-based healing groups* are clusters of family members and near associates who relate to each other on the basis of similar relationships to ancestral spirits. Such groups range from loose affiliations (where people are essentially associated only through their common patron spirit) to well-organized religious groups with elaborate rituals and hierarchical structures. Typically the spirit afflicts individuals when there has been a neglect of duty or devotion, and the crisis experience is resolved through renewed or heightened religious observance. *Medicine groups* may be secret societies, or their activities may be mostly public. Although some members may be blood relations, membership is usually not restricted to kin. Indeed, open membership distinguishes medicine groups from kin-based groups: since members have not been previously affiliated by family ties, their membership in the group marks a new commitment and a new set of interactions not only to the spirit but to a particular social group. The factor of the neglect of (ancestral) spirit worship or veneration is not as strong a factor here; rather as with the shamans the concept of election or choice by the spirit plays a large role. Many of these medicine groups have complex rituals and hierarchical structures. Simple, small-scale societies

tend to have shamans as solitary religious figures, whereas larger societies have medicine societies with specialists and shared efforts and roles among participants.¹⁴

Shamanism and solitary healers

“Shaman” is a word familiar even to those outside the anthropological field, usually in reference to a medicine person or sorcerer. Strictly speaking, a shaman is a particular type of religious functionary in Siberian aboriginal groups such as the Tungus, although the term often is used in reference to a variety of circumpolar or North American groups. Some anthropologists even apply the term in a generic sense to a variety of mediums and healers in Africa, Asia and South America.¹⁵ Classic studies of Siberian shamans include those of Shirokogoroff and Eliade, and the Siberian example has shaped conventional concepts of the term.¹⁶ In an attempt to standardize discussion of the subject, Åke Hultkranz identified typical features of Siberian shamanism: a shaman exists in special relationships with spirits, s/he communicates with these spirits through means of altered states of consciousness (usually ecstatic trances), and s/he acts as a mediator between the spirit world and the human world, engaging in curing and in divination for the benefit of the larger group (Hultkranz 1992:27ff). A prominent feature in Siberian shamanism is the fact that the shaman considers that s/he has been called or elected to this

¹⁴ Malefijt 1968:267, see also Winkleman 1992 *passim*.

¹⁵ Care should be taken in such generic application, since the groups being studied may vary considerably in terms of structure and religious hierarchy. Malefijt (1968:267), Merkur (1985:2) and Winkleman (1992:49) each note that shamans exist in simple (usually hunting-gathering) societies where they are the sole type of religious functionary and where they function as sole practitioners (they do not work in groups). Religious healers in more complex (often settled agrarian) societies, where there are healing societies or hierarchies of religious figures, should not be identified as shamans *per se*. Winkelman has a detailed taxonomy of magico-religious practitioners, distinguishing between Shaman, Shamanistic Healer, Medium, Healer, Priest, Sorcerer/Witch.

¹⁶ Classic studies are by Shirokogoroff 1935 and Eliade 1964, recent studies include those of Merkur 1985 and Siikala 1978. See also Foster and Anderson 1978:69, 103, 108; Ellenberger 1970:39ff., Lewis 1971:51-58, 155ff.; Pandian 1991:93-94, Ackerknecht 1942:41ff.

vocation by spirits, and the call often is manifested initially as an illness or affliction. Resistance to the call only increases the affliction, and the illness is healed or resolved through acceptance of the shamanic role.¹⁷ Initiatory illness is an important concept for my dissertation, and I return to it later in this chapter. It is interesting to think of Paul in this light, since that is the portrait painted of him by Luke. In Acts 9, Paul is healed from his divinely-imposed affliction when he accepts the call to be the instrument of God. As I show in Chapters Eight and Nine, the evangelist associates healing with the adoption of roles within his group.

Two issues have emerged in the scholarship on shamanism. First, all scholars agree that shamans are considered by those in their society to exist in a special relationship with the spirits: the question is, what is the nature of this relationship? Is it possession trance, where the spirits dominate the shaman's personality; or is it some form of working relationship, in which the shaman encounters spirits, and negotiates with or even controls them? Many scholars favor the latter understanding, yet others talk of possession, and still others do not make this distinction or apply it inconsistently.¹⁸ A second issue is the nature of the affliction which many shamans interpret as their initiatory illness. Is it a pathological disease, according to a Western psycho-physiological understanding? This condition has been variously analyzed as epilepsy, madness, nervous breakdown, hysteria, psychosis, schizophrenia, or neurosis.¹⁹ It is important to keep in

¹⁷ In a few cases, a person will recover without becoming a shaman. See Ackerknecht 1942:41ff.

¹⁸ For example, Bourguignon (1965:43) states that the shamans are non-inspired: spirits speak to, not through, the shaman. Winkleman (1992:47, 50) citing Eliade, asserts that shamans are not possessed but control spirits. On the other hand, Ohnuki-Tierney (1981:180) states that Ainu (Japanese) shamans are possessed; Foster and Anderson (1978:69) find the same for Tungus shamans. Ackerknecht (1943:41ff.) finds that shamans in some groups are possessed, others are not. Lewis (1971:51) speaks of voluntary or controlled possession ("incarnation"). Shirokogoroff (1935:269, 271) states that shamans master the spirits.

¹⁹ See Ackerknecht 1943:36-39, 43, 46, 54. He found that the shaman is functional within his society and therefore not insane. He correctly notes that (p. 48) the shaman is not a marginal figure in his society (as a mad person might be), but is considered to be privileged by the gods. See also Eliade 1964:xii, 23-5; Hultkranz 1992:26, 64-65; Shirokogoroff 1935:274, Lewis 1971:187-92, Peters 1982:22-24. There is a good review of the state of the question in Siikala 1978:26-36. Note that the above conditions are the ones usually suggested as Paul's "thorn in the flesh,"

mind that these conditions are Western (etic) understandings: the emic or native interpretation is that these are afflictions due to the influence of spirits. Regardless of the interpretation, shamans often are seen by their own group and by scholars as healed healers.²⁰ People of the shaman's group consider that s/he has answered the call of the spirits and entered into a special relation with the spirits, thus relieving the affliction. Many scholars estimate that the shamanic role provides a means to deal with this condition, and the shaman learns to control troublesome psycho-physiological conditions and express them in culturally legitimate ways. In each interpretation, the process of ascribing meaning to the condition leads to healing.²¹

The above issues are important in the overall scholarship on shamanism but need not detain us further. For the purpose of my research, the special relationship of the shaman to the spirit is a sufficient explanation: whether and to what degree the personality of the shaman is changed or controlled by the alleged spirit is not germane to my thesis. Similarly, regardless of whether the shaman or other healer has a pathological, psychological or physiological illness (understood in Western terms), his or her own culture usually identifies the condition as an illness and the recovery that is achieved by entering into the relationship with the spirit as a healing. My concern is not medically diagnostic but socially analytical: I am examining how groups ascribe meaning to illness and thus achieve healing.

see my discussion in Chapter One. See in particular the interesting assertion by Augustine that Paul (prior to conversion) suffered from madness.

²⁰ The concept of the healed healer was first applied to shamans by Ackerknecht 1943:46. See also Lewis 1971:51-2, 192; Dow 1986:57, Hultkranz 1992:64. Merkur rejects this model, and finds that while shamans deliberately use esoteric language concerning supernatural illness and recovery to lend mystique to their position, their own understanding of the process by which they become a shaman is mundane and practical (i.e., concerned with mastery of technique and abilities). In other words, the illness is a kind of "legal fiction" for the benefit of lay people. See Merkur (1985:8, 10-40) and Siikala (1978:31) who discusses pathological states and "play-acting."

²¹ Some scholars have extended the concept of initiatory illness to Western society. These writers see an analogy of the above condition with cases where mental problems and illness serve as a creative catalyst for mystics, poets and philosophers who emerge from their ordeal with a permanent transformation in their personality and new insights. See Bateson 1961:xiv, xix; Ellenberger 1970:447-48, 889; Peters 1982:24, 38-40; Crapanzano 1977:16.

The first group of solitary healers are the Siberian and Central Asian shamans such as those among the Tungus, Chukchee and Yakut.²² A common theme here is that the instigating factor or preparatory stage in the shamanic initiation process is some kind of illness or affliction which is interpreted as a call or election by the spirits.²³ Resistance to the call increases the affliction (Ackerknecht 1942:42). Illness is the most common kind of affliction, although mysterious injuries and accidents also can be interpreted as a sign of election.²⁴ While other factors such as heredity and instruction play a role in the choice and initiation of shamans, illness is a common theme in this process.²⁵ For example, Lewis notes that the Chukchee compare the period of preparation before a shaman takes up his or her vocation to a long and severe illness, and see the call of the spirits in actual illnesses, misfortunes, and dangers.²⁶ The shaman Scratching-Woman changed from a weak and sickly person to a strong and lucky one when he became a shaman of a particular spirit (Lewis 1971:68). Siikala (1978:34) discusses how various physical and mental afflictions are considered autopathological (i.e., unusual and serious according to community standards) and spirit-caused:

A shaman's initiatory illness, with its visions and states of torment, is often one of these autopathological states. Not until after the shamanizing therapy of his initiatory period does he reach a stage considered by his community to be normal. Witness of this are countless stories of shamans in which the pattern "I fell ill—I began to shamanize—I was healed" is repeated.

²² As noted above, classic studies are by Shirkogoroff and Eliade, also see Siikala and Merkur for recent works.

²³ Ackerknecht 1942:42, Lewis 1971:68, Siikala 1978:189-190, 311, 314; Eliade 1964:17, 33-60. Shirkogoroff (1935:271-274, 344ff.) downplays the importance of the crisis-election element. North American shamanism often has a more voluntary aspect, although illness still is a recurring theme. See below and Eliade 1964:33-60.

²⁴ Ackerknecht 1942:42, Eliade 1964:33-60.

²⁵ Balzer (1983:57) finds that shamanic tendency is inherited, but discovered when it is manifested in sickness. Eliade (1964:17) finds that illness-crisis is followed by instruction.

²⁶ Lewis 1971:68. Siikala (1978:190) identifies shamanic illness with separation in the rite of passage model.

When illness is the instigating factor, healing is achieved by making the symptoms meaningful and controlling them through a new role expressed in ritualized activity.²⁷ This meaning is thought of as a changed relationship with the spirit: the spirit becomes a tutor and helper and the shaman interacts freely with it (Lewis 1971:68). The meaning is expressed and reinforced in changed social relationships. The shaman is recognized by members of the group in his/her role and acts on their behalf as a mediator to the spirit world (Siikala 1978:311-312). The most important task of the shaman is healing through interaction with spirits.²⁸

Turning to North American shamans, we see a pattern similar to that above. Again there is the instigating factor of illness or affliction which is equated with election. This theme is prominent in this-group, although sometimes not as central as it is in Siberian shamanism.²⁹ It is thought that the illness will persist and even worsen until the person accepts the calling. Acceptance of the calling leads to a new relation to the spirit and a new social role (Hultkranz 1992:52). In a summary of North American shamanism, Eliade notes that the premonitory dreams of potential shamans are considered to become mortal illnesses if they are not understood correctly and obeyed. A shaman is called in to interpret these dreams, and s/he orders the patient to follow the injunctions of the spirits that provoked the dreams. Usually the person is reluctant to become shaman, and s/he assumes these powers only when s/he is told by other shamans that if s/he does not do so s/he will die (Eliade 1964:109). We have seen these elements—vision/dream, afflicting illness, instruction, healing, new vocation—in Acts 9. As I discuss in Chapters Eight and Nine, these elements recur throughout Luke–Acts.

²⁷ Lewis 1971:54. Tungus distinguish between involuntary and voluntary possession. Involuntary = illness; voluntary = controlled trance, an essential requirement for shamanism.

²⁸ Siikala 1978:321. Other tasks include prophecy and overseeing rituals and other tribal activities.

²⁹ Igluik—Lewis 1971:68; NW Coast/Tlingit—Hultkranz 1992:54ff.; Inuit—Merkur 1985:149-50. See survey of Eliade 1964:55-56, 109. Among North American shamans the element of choice (e.g., vision quest, etc.) plays an important role in their initiation.

There are many case studies on solitary healers in other parts of the world, and the following is a representative sample. In Burma, some illnesses are attributed to possession by *nat* spirits who seek to recruit a medium or who act in retaliation for neglect of their worship. The cure consists of either propitiation or becoming a “spouse” of the spirit: the latter state involves regular ritualized possession in the capacity of a cult functionary (Spiro 1967:145ff., 205ff.). Among the Tamang of Nepal, visions and various disorders may be interpreted as a call by the spirits of dead healers to become a medium-healer (*bombo*). The symptoms that were considered as illnesses become controlled and are used in religious rituals (Peters 1982:21-22). In many African tribes, some kinds of illness—especially those which are lingering and difficult to cure by conventional methods—may be seen as possession by or call of the spirits to become a medicine person who exists in special relationship to the spirits.³⁰ In India, a *barwa* (medium) chooses disciple-apprentices from those who display fits and hallucinations at seances. These signs are interpreted as the initial stages of possession (Fuchs 1964:121-138).

Kin-based healing groups

As I mentioned above, kin-based healing groups are usually made up of people who have had a common healing experience involving an ancestral spirit. This spirit is thought to become jealous when it does not receive its due veneration from living members of its kin group, or else it “falls in love” with a particular person (Zempleni 1977:92ff.). It then afflicts the person, often through some form of illness. This illness is diagnosed by a medium within the cult healing group—many times someone who has gone through the same experience—who urges the person to get into a better relationship with the spirit. This relationship is improved and the person is healed, either by performing the neglected veneration regularly, or by entering into an alliance with the spirit. This alliance is expressed in controlled ritualized behavior (Prince 1964:105,

³⁰ Banu, Amazulu, Tembu and Fingu, Ga—Ackerknecht 1942:43-44; Korekore Shona—Lewis 1971: 138; Nyoro—Greenbaum 1973:39.

113-114). The ritual aspect is an important point. The modern Western view of religion tends to focus on a person's internal or cognitive states, and a individual's relation to a deity is analyzed according to the degree of personal belief. In many non-Western religions (as well as religions of the ancient world) a person's relation to the god is seen primarily in the actions s/he does. These include worship, sacrifices, and membership in a worshipping community that performs ritual acts. Furthermore, these actions usually take place in a corporate context. My model notes this connection between attitude and action, the individual and the community.

Many family-based healing groups are in Africa.³¹ For example, among the Nguni, a variety of ailments—loss of appetite, aches and pains, mood swings, unusual dreams—may be interpreted by diviners as “possession disease” (*ukathwasa*). Diviners in the tribe usually find that an ancestral spirit has entered the person's body because it wishes that person to become a diviner. When the possessed person comes to the home of a diviner, s/he cures the person and initiates him or her into the ancestor cult as a diviner (Gussler 1973:97-100). Gussler, who has studied this group, describes the changed social status of these healed healers:

The culmination of this initiation is a feast and a test of the abilities of the new diviner. This ceremony serves to notify the public and other diviners of the new status of the man or woman once so grievously ill....Once the initiation is complete, most new *izangoma* [diviners] enjoy greater power and prestige than they did previously. They are now links between the living and their ancestors (Gussler 1973:100).

Medicine groups

I use the term “medicine groups” in the generic sense to refer to any primarily non-kin association of people who have a collective purpose of promoting healing and health within the

³¹ For example, see Prince (1964:85-120) and Prince (1968:157-165) on the Yoruba *orisa* cult in Nigeria and Dahomey; La Fontaine (1985:60) on Nyoro spirit possession cults (includes both ancestral spirits/*mizimu* and non-human clan spirits/*Cwezi*) in Uganda.

group. Members usually share a common type of healing experience, centered around a shared identification of illness as a call to worship a spirit. This worship is manifested in ritual activity within a group devoted to the spirit, and initiation into this group is thought to mark the turning-point in the person's health state. These groups may be secret societies, whose rituals and myths are known only to group members, or they may be groups whose activities are known within the larger society. Membership is usually open to any who have gone through the illness/call and healing/initiation process. Two examples of this type of group are the Medicine Societies of North American native groups, and the *zar* possession cults of East Africa.

North American Medicine Societies are complex associations.³² They have highly developed mythologies and rituals, and they are concerned with a variety of things having to do with tribal well-being: curing, rain-making, governing, orchestrating ritual activities and spirit manifestations. Healing is an important component of their activities and concepts, and it is accomplished through divination and spirit interaction as well as the use of herbal medicine and tribal lore. Often, the group considers itself to have been founded by a spirit who granted many benefits, including health, to those humans who joined the group.³³ For example, Hultkranz describes the Northwest Coast Salish spirit dance societies as being groups of healed healers. Candidates for the group initially experience pain or some kind of illness, which is taken to be a sign of the appearance of a guardian spirit who is calling them to the group which has the spirit as its patron. These persons are thought to have latent spiritual power which must be expressed through ritualized possession activity—typically songs and dances—which takes place during spirit dance ceremonies. By manifesting the spirit in this way persons ward off the malady that has afflicted them.³⁴ Here we see the process by which a negative involuntary state (illness) is reinterpreted as a positive involuntary state (possession and election, bestowing spiritual power).

³² See Hultkranz 1992, Hirschfelder and Molin 1992:177-178, Fox 1964.

³³ See Hultkranz 1992:39, Hirschfelder and Molin 1992:177, Webster 1932:178-180, Loeb 1929:266.

³⁴ Hultkranz 1992:61-64. Also see Loeb 1929:275 for discussion of other Northwest groups: Tlingit, Haida, Tsimshian. See Jilek 1989:167-185 for a modern case of spirit dance initiations.

By assuming a new role and expressing it in ritualized activity persons achieve meaning and thus “healing” for their condition. There are many cases similar to the above, where integration into a medicine society is thought to achieve healing, and initiation is considered to be a form of medical treatment.³⁵ People may join the medicine group out of a sense of gratitude or obligation, or a desire to perpetuate the cure.³⁶

In these groups an underlying concept seems to be that being a member of the group has benefits, including social and physical well-being. Such a view is typical of the positive attitude which groups need to have for self-maintenance, and it is part of the public relations efforts in which groups engage in order to recruit members. Initiation, the means of entrance into the group, is the principal way of accessing these benefits. We also see this view in early Christianity, when baptism was thought to have a therapeutic effect (see Chapter Eleven). In Luke–Acts, healing is portrayed as a deliberate evangelistic strategy (see Acts 3–4).

Wolfgang Jilek describes how Salish and Plains Algonquin groups have revived traditional initiatory rites to counter substance abuse and anomie among native young people.³⁷ These native groups interpret such social problems as symptoms of a larger condition they call “spirit illness.” The initiation of young people into spirit-dance groups is thought to promote their well-being, because it is a way to acquire power for self-healing. Jilek (1989:171) notes that these initiation–healing ceremonies have a therapeutic effect not only on the individual but the group, by promoting corporate cohesion and rejuvenation.

A case study of the Conchiti Pueblo society by J. Robin Fox offers interesting insights into the social forces at work in some medicine societies. In this group there are “clan cures,”

³⁵ Groups include: Ojibway—Hultkranz 1992:39–42; Zuni—Hultkranz 1992:117, Ellenberger 1970: 29–30, Loeb 1929:272, Malefijt 1968:267; Pueblo—Hultkranz 1992:120, Loeb 1929:270, Fox 1964:175, Hirschfelder and Molin 1992:178, Pomo—Loeb 1929:268; Navaho—Loeb 1929:270; Kawkiutl—Loeb 1929:273; Iroquois—Hirschfelder and Molin 1992:177.

³⁶ Fox 1964:186. Compare with similar case in S. Africa (initiation into another tribe), Gussler 1973:103.

³⁷ Jilek, 1989:167–185. See also Hultkranz 1992:63–64.

wherein a person is adopted into a clan or clans other than his/her own as a kind of insurance policy. Here the line between the kin-based healing group and the medicine society becomes blurred. Clanless immigrants are believed to enjoy better health, and illness is believed to be cured, as a result of being adopted (Fox 1964:187). Fox (1964:194) analyzes the case of a woman who lacked family connections, suffered from ailments, and was cured by clan adoption:

The institution of clanship is utilized to effect a cure and to help maintain it. The person is dependent on continuing membership in the clan for continued good health. By becoming a member of this clan she is cured, and by continued membership she stays cured. She acquires a relationship of dependence with a previously unrelated set of people. What is more, her faith in the efficacy of the cure is reinforced when she goes along to participate herself in cures conducted by the Water people. Clan, or rather lineage, membership is also of practical importance in mobilizing help for the patient. The clan system is thus an anchor on to which therapy can fasten and by which continuous reinforcement of treatment can be assured.

What we see here are a number of factors that contribute to healing and to the success of healing within the group. One cause of illness appears to be lack of social connections, or to use Mary Douglas's theory, a problem in the social body (isolation) is reflected in the physical body (illness).³⁸ The group offers a social network or an extended family to people who may lack such connections. The continuous performance of cures within the group has a positive effect not only on the ill but on those who have been cured: the latter reinforce their own cures by doing the same to others. In a purely practical manner, a group is a useful way to mobilize efforts of many kinds to assist in care of the sick. By being integrated into a group, many of the "ills" associated with isolation are cured, and health is maintained by continued participation in the group. Luke has a similar view when he enjoins upon his group on-going practical charity such as the giving of alms, sharing of food and tending the sick. I discuss Luke's view in Chapters Eight and Nine, and in Chapter Eleven I review charity in early Christianity.

³⁸ See discussion in Chapter Four.

Zar groups are possession–healing cults. They are located in East Africa (Ethiopia, Sudan and Egypt) although they may also be found in Arabia and southern Iran.³⁹ Unusual afflictions, particularly a persistent or difficult-to-cure illness, are seen as a sign of possession and a call by the spirit to join the group. Diagnosis is done by a healer who is possessed but has found a working accommodation with the spirit. Such accommodation (usually achieved by initiation and group membership) is preferred to exorcism.⁴⁰ Initiation into a *zar* group follows the pattern we have seen in cases cited above: the harmful possessing spirit is transformed into a helpful ally, and the person is transformed into a devotee of that spirit.⁴¹ Membership in an Ethiopian *zar* cult involves on-going obligations:

the patient will be enrolled, for the rest of his life, in the “*zar* society” of fellow-sufferers, renting, as it were, his temporary freedom from relapse through regular donations and by means of participation in the worship of the spirit (Messing 1958:286).

Messing (1958:286) finds that members of the *zar* society enjoy social benefits they did not have before. Members get special attention, a rise in status within the group, and fellowship. In an interesting parallel to the situation of many first and second-century Christians, Messing notes that many people who suffer afflictions and seek to join the cult are those lacking in kinship relations, former slaves, or married women who feel neglected or oppressed. Members find social contact across religious and social barriers. Husbands who feel their authority threatened and mainstream religious groups (Coptic Christians and Muslims) tend to view the *zar* groups with suspicion. Outsiders suspect the group of orgies and improprieties.⁴²

At this point it is helpful to review the work of Ioan Lewis. He has done research into the social consequences of possession states and joining cult groups. Lewis distinguishes between

³⁹ See Modarressi 1968:149, Bourguignon 1976:35 and 1965:43, Morton 1977:194ff., Foster 1978:128.

⁴⁰ See Messing 1958:285-291.

⁴¹ Messing 1958:285, Bourguignon 1976:35, Morton 1977:194.

⁴² Messing 1958:286. See discussion of theory of Ioan Lewis below. This view of early Christians is extensively discussed by Macdonald (1996).

possession in protest movements (peripheral possession/healing cults) and mainline religions (central cults). In both groups, possession or spirit ecstasy can lead to an increase in status within the group, when it involves a perceived interaction with an honored supernatural being. In protest movements, the majority of members are low-status or marginal people within their larger society: women, lower classes, immigrants, ethnic or religious minorities. The possession group or cult forms a micro society where marginal persons can achieve positions of heightened status which they could not achieve within conventional society.⁴³ The elevation in status brought about by possession serves as compensation for status deprivation, and it may also be a critique of the structures of the larger society. Possession here is an egalitarian condition because it is possible for any group member to be possessed. The situation is different in the more institutionalized central cults. Here, the increase in status brought about by possession is used in the competition for social power within the group. Possession is restricted to the leaders and élite of the group, who interpret it as a sign of divine election. The claim of election is a useful one to make when trying to legitimate one's authority.⁴⁴ Lewis states that in these groups:

possession may initially appear as a form of illness or trauma. Yet ultimately it is regarded as the mark of divine inspiration, the certain proof of a person's fitness for pursuing the religious vocation, and the basis for the assumption of leading ritual roles and positions.... Possession is now the idiom in which those who contend for leadership in the central religious life of the community press their claims for recognition as chosen agents of the gods.⁴⁵

⁴³ Lewis 1971:30-32, 88-126, 127-133, particularly among women. E.g., Janzen 1978:212. For status deprivation and compensation in Christianity, see Meeks 1983:22-23, 191, especially 120-121 (on glossolalia). Lewis (1971:130) states, "Christianity and Islam must have appeared initially as cults of peripheral spirits which the entrenched religious establishments were ultimately unable to destroy or control."

⁴⁴ Easthope 1985:53, 62 makes a similar observation concerning the social consequences of the call process: the concept of an supernatural call gives credibility to healer and inspires confidence among those whom s/he would heal. The healer or shaman has been chosen by the spirits, thus his/her powers come from a supernatural source.

⁴⁵ Lewis 133, see also 33-34, 70, 170-171, 191. See Lewis 1971:170, "[possession] is the hallmark of a religious élite, those chosen by the gods and personally commissioned by them to exercise divine authority among men."

Lewis's observations suggest interesting questions to ask the text of Luke-Acts. Luke's use of the affliction and healing process in support of claims of election and special roles for the healed suggests the more institutionalized form of religion proposed by Lewis. Acts reveals the beginnings of proto-offices within early Christianity (e.g., deacons, elders), yet a strong itinerant charismatic group is still in view or at least held up as an ideal from the recent past.

So far, I have discussed North American and East African medicine groups. There is an abundance of literature on other medicine groups throughout the world. What follows is a representative sample, arranged according to regions. Typical features include the following items. Disease may be interpreted as affliction and a call of spirits. Healing is not usually achieved through simple exorcism but rather through initiation into a group of healed healers or a shamanic role. The possessing spirit is changed into friend and protector and the possessed person is changed into devotee and ritual functionary with a high status in the group.

Africa overall contains many groups similar to the *zar* societies I discussed above.⁴⁶ Lewis (1971:129-130) describes the Giriama tribe of Kenya. This group formerly had a traditional tribalist religion, but they are now part of a larger Muslim society. Some illnesses are attributed to Muslim spirits who are thought to inflict people, and the only cure is conversion to Islam. Those who do convert are called "therapeutic Muslims." One wonders if Christianity similarly attracted followers because of its alleged healing benefits.⁴⁷ Prince (1968:158-160) notes that among the Yoruba of Nigeria the therapeutic effects of the ritual accrue not only to the

⁴⁶ Thonga and Ga (South Africa)—Ackerknecht 1943:45; Venda (South Africa)—Lewis 1971:94; Ghanaian shrine cults—Bourguignon 1965:43; Yoruba *orisa* cult (Nigeria and Dahomey)—Prince 1968:157-165 and Prince 1964:84-120; *Bori* cult (Northwest Africa)—Lewis 1971:103; Pokomo Swahili (Tanzania)—Lewis 1971:107-109; *Holely* cult (Niger)—Lewis 1971:109; Hutu and Twa (Rwanda)—Lewis 1971:112; *Nkisi* cult (purification and initiation therapy) (Zaire)—Janzen 1978:45-49, 209-214; Morocco—Crapanzano 1977:144; Giriama (Kenya)—Lewis 1971:129-130; Korekore Shona (S. Rhodesia)—Lewis 1971:138. In particular, see Victor Turner's detailed studies of the Ndembu of Zambia 1967:9ff., 139, 360-362; 1968:16, 78ff.

⁴⁷ MacMullen (1984:22ff.) argues that this is the case.

individual patient but to the group as a whole. Turner (1967:10) observes how the status of a person in Ndembu society (Zaire) may be raised through an affliction:

One becomes the central figure of a great ritual gathering, all of whom earnestly desire that one should get better or have better luck. Then, if one has undergone successful treatment, one is entitled to become a minor "doctor" when the same ritual is performed for other people, perhaps progressing in time to the role of principle doctor....; religious fame is through affliction.

Medicine groups exist in Brazil,⁴⁸ Mexico,⁴⁹ Haiti,⁵⁰ Taiwan,⁵¹ and Bali.⁵² Ari Kiev provides insights into the underlying factors and the dynamics of one group. Kiev has studied spirit possession in Haiti. He notes that possession illness—indeed illness in any context—initially can be a humiliating, confidence-destroying and anxiety-producing condition. In cultures where affliction may be attributed to punishment by the gods the person often feels guilty, victimized, and isolated from the larger social group. These feelings make the afflicted person more open to influence by others. Lacking resources and explanations for their condition, afflicted persons are willing to join groups that promise explanation and aid. Once they are affiliated with the group there is a strong pressure to conform: in fact their on-going membership in the group hinges on their acceptance of group concepts and practices (Kiev 1968:143). A person deemed "healed" by the group has an incentive to accept this assessment despite any lingering problematic physical conditions.⁵³

In the last two cases I examine, the lines between the categories "solitary healer" and "healing groups" are blurred. Both cases involve a charismatic healer who has attracted a cult

⁴⁸ Pressel 1977:264-318 and Krippner 1989:186-206. Pressel's study looks at healing mediums in Sao Paulo. The author detects the following social rewards: respect for new status, community, fellowship with cult members.

⁴⁹ Finkler 1983: 81-102 (there may be some Christian influence in this case).

⁵⁰ Lewis 1971:67, Kiev 1968:143-148, Bourguignon 1976:16.

⁵¹ Kleinman 1980:211.

⁵² Lewis 1971:67 (temple mediums), 261.

⁵³ See the comments of Lebra below.

following. Takei Lebra's account of a contemporary Japanese healing sect in Hawaii offers an interesting look at the social factors at work in a religious healing group. Lebra examines the *Tensho* sect, an exclusivist and moderately ascetic group whose members follow a human messianic figure who is considered to incarnate *Kami*, the great deity.⁵⁴ Interviews with members revealed that healing was a very important factor in their joining the group and was often taken to be a sign of salvation.⁵⁵ The sect interprets illness as having a supernatural origin. It may be caused by evil spirits as an affliction, by ancestral spirits as discipline or plea for veneration, or by the *Kami* as a punishment for transgressions or a test of character. Whatever the cause, the person is thought to have a problematic relationship with the supernatural.⁵⁶ The person feels guilt and shame over their condition, and conversion to the sect and interaction with its messiah and members is seen as a way of repairing this relationship.⁵⁷ In this sect, the healing from sickness that is accomplished by the messiah is seen as a turning-point in the person's life, and the person develops a primary religious relationship with the messianic healer. The boundary between sickness and health is the boundary between the world and the sect (Lebra

⁵⁴ The full name of the sect is *Tensho Kotai Kungu Kyo*. It is also known as the "Dancing Religion" because of an outdoor collective dance performed by its members in public. The leader of the sect is a woman who is known as *Ogamisma* (great deity) and is considered to have the major deity as an indwelling spirit. See Lebra 1972:282-284.

⁵⁵ Lebra (1972:283) states: "Among various reported evidences of salvation, healing was mentioned most frequently. Sixty percent of the informants who had been ill or whose family members had been ill or both, (N = 40) declared that complete healing had taken place due to conversion; 20 percent claimed definite improvement. Post-conversion experience of healing was reported even more frequently in both interviews and weekly congregations."

⁵⁶ Lebra 1972:283-285. In some cases illness is seen as being imposed by the *Kami* (main deity) as a test of character, or as the result of *innen* [a karmic chain], but the usual explanation is that illness is due to lesser spirits.

⁵⁷ Lebra (1972:285), "The convert's moral obligation to the supernatural is effectively supported and controlled by his social relation to *Ogamisama* [the messiah] and fellow members. Obligation to the supernatural seems to overlap with obligation as a member of *Tensho* sect, as *Ogamisama*'s disciple, and as a comrade to other members."

1972:286). In addition to healing, there are various social and economic benefits associated with group membership.⁵⁸ These benefits produce a sense of obligation in the recipient:

When these benefits are accompanied, as they often are, with at least temporary relief from illness, the beneficiary becomes convinced that *Ogamisama* [the messiah] is his lifesaver. To repay the *on* [debt], he must become a further committed follower, and to be healthy is a sign of such commitment.⁵⁹

We see here an example of patron–client obligations in healing: this is an issue I discuss at length in Chapter Six. The women described in Luke 8:2–4 who had been healed and exorcised by Jesus and who subsequently acted as disciples and sponsors illustrate this type of group in early Christianity. Furthermore, once a person is a member of the sect, further “sickness” is not allowed. To be sick and unable to attend regular meetings is interpreted as a result of violating sectarian norms, and it calls into question one’s commitment to the group (Lebra 1972:285–286). Lebra (1972:289–290) notes that regardless of how members feel, they are under constant pressure (both internal and external) to present themselves to others as “living evidence of the experienced miracle” (i.e., healing), as revitalized, healthy-looking people. Lebra states,

the convert must maintain his state of salvation (being healthy) not only as a moral obligation to the benefactor but to save face vis-a-vis his fellow members.... The legitimacy of the ill role is denied to *Tensho* members... [who] are obligated, once ill, to recover as promptly as possible.⁶⁰

In fact, even the messiah admits to suffering illness; however she sets an example to her followers by ignoring all discomforts and working diligently in the sect (Lebra 1972:288). In the sect, any illness is interpreted away: it is not a debilitating condition; rather it is a minor

⁵⁸ These benefits include food, shelter, money, employment, customers, access to an economic network, matchmaking. The group acts as an extended family, offering fellowship and friendship. See Lebra 1972:286–287.

⁵⁹ Lebra 1972:287. In the notes, Lebra states on p. 292, “*on* refers to a relation between a benefit-giver and a benefit-recipient, implying the former’s generosity and the latter’s debt.”

⁶⁰ Lebra 1972:288. Lebra draws upon Talcott Parson’s theory about the sick role, see also p. 282.

inconvenience. Members thus present a positive impression of the sect, win new converts and justify to themselves and to others the high level of commitment this sect requires.⁶¹

In addition to his theoretical work on ethnomedicine which I reviewed in Chapter Four, Arthur Kleinman has done field work in Taiwan, looking at *tâng-kis* (shamanistic healers). The *tâng-ki* follows the typical shamanistic path: s/he is healed of an otherwise incurable illness by the god, who then establishes a lifelong master-disciple relationship with shaman (Kleinman 1980:212). In Taiwanese culture these shamans are considered to be instruments of the god. The healing that the *tâng-ki* accomplishes is seen as a practical demonstration of the god's salvific intent for the world (Kleinman 1980:211-212). The *tâng-ki* considers him/herself to be in close relationship to the god: s/he typically refers to himself as a child of the god, thinks that s/he is possessed by the god and manifests the deity in shamanic acts such as healing.⁶² Some *tâng-kis*, particularly in urban settings, develop a cult and act as its leader. These groups have their own particular ideology and specialized vocabulary, distinct from the larger society (Kleinman 1980:216-217). They set up shrines in neighborhoods which serve a variety of functions: they are sites for worship, fellowship and social networks, family activities, and care of the sick.⁶³ All healing rites involve not just the shaman and patient but the entire group: family members, cultic assistants, other patients, interested spectators. Such a public performance reinforces the effects of the healing and increases the persuasiveness of the change that is believed to occur

⁶¹ As noted, this sect is exclusivist and requires members to renounce other religious affiliations (e.g., Buddhist, Shinto). Such renunciations often affect family relations and cause estrangement between family members. There are also expectations of contributions of money and time. See Lebra 285, 289. Lebra here seems to be drawing upon Festinger's cognitive dissonance theory, although she does not cite it.

⁶² Kleinman 1980:212, 314. Those who went into possession trance exhibited the conventional attributes of the god who was possessing them, e.g., anger, compassion, healing skills, gifts of tongues, etc. Furthermore, the god's personality traits were believed to carry over into and influence cult members' behavior when they were no longer entranced and even when they were not in the shrine. These issues offer intriguing questions to ask of early Christian data: did Christ's followers, who healed in his name, consider that they embodied him as they did so?

⁶³ Kleinman 1980:217, 316-17, 328.

(Kleinman 1980:220). In one case, a cult centered around a charismatic *tâng-ki* had over one hundred members, several of whom were formerly ill people who had been healed by the *tâng-ki* and now themselves heal during rituals of the sect. Kleinman (1980:232-233) notes:

For them the role of cult member was preferable to the chronic sick role they had occupied, and, indeed, none were still seeing doctors or going to hospitals and clinics. In place of the sick role, these women can be seen “performing” nightly at the *tâng-ki*’s shrine, where they trance and heal clients.

The cult provides an explanation and an outlet for certain symptoms which are no longer seen as illness but as signs of possession. The *tâng-ki* followed a proselytizing strategy:

Like other *tâng-kis* with cults, he actively recruited new cult members from his patients, telling them that the most effective therapy was for them to be possessed (demonstrated by trance and jumping or dancing) and that preventing recurrences of their problems required regular attendance at his shrine, which assured protection from the shrine’s many gods (Kleinman 1980:313).

The positive virtues of the shrine’s cult are contrasted with the outside world: the larger society is said to be filled with social problems, sickness and misfortune, whereas the community of the cult is portrayed as harmonious and healthy.⁶⁴ Kleinman’s case study (1980:338-372) of one patient who was healed and eventually became a disciple of the cult’s deity offers insights into the corporate healing setting. Although not a healer, this man became part of the cult’s “therapeutic milieu”—he talked with new patients, offered them support, and told his own story as an example of the god’s power.⁶⁵ Kleinman estimates that the inadequacies in this man’s life,

⁶⁴ Kleinman 1980:314. This view is very similar to the dualistic attitude we see in Luke–Acts.

⁶⁵ Kleinman 1980:351. In Chapter Six I argue that this occurred in aretalogies. In Chapter Nine, we see that Luke recounts how Peter used the lame man he cured in a “show-and-tell” session (Acts 3, esp. 3:16). Luke provides other examples of the evidential value of healed persons for evangelical purposes.

which had been manifested in illness symptoms, were alleviated through the prestige and meaning he found being an important figure within the cult.⁶⁶

In the cases I have looked at above, possession is dealt with by reaching an accommodation with the afflicting spirit. Through some kind of initiation the relationship between the spirit and the person is transformed: the spirit becomes friendly and helpful and the person becomes a devotee of that spirit. This pattern is, however, only one response to possession. Exorcism is another response, wherein the afflicting spirit is driven out through some sort of ritual.⁶⁷ I have not discussed exorcism so far, nor will I do so in detail. In many of the cases above, accommodation is preferred to exorcism. Even among the groups that practice exorcism, the matter is not always a simple “surgical” removal of the afflicting spirit. In a world thought to be filled with spirits, such a removal could create a vacuum in the person which might attract even worse spirits.⁶⁸ Sometimes a variation on the pattern of appeasement described above is the case where an afflicting spirit is driven out but then invoked and readmitted as a friendly spirit (Hultkranz 1992:63).

Furthermore, if the afflicting spirit cannot be appeased, then only by allying oneself with a supernatural ally or patron more powerful than the afflicting spirit could a person ensure a solution to the problem. I will look at this scenario in the cases of Apuleius and Aristides in the next chapter, but examples can be found in cross-cultural anthropological studies as well. In this scenario, initiation into a cult involves affiliation to a new patron spirit, rather than the afflicting one.⁶⁹ To use a patron-client model: the person becomes a client of a patron spirit. The patron

⁶⁶ Kleinman (1980:368), who follows Lewis’ theory of compensation in possession cults. See Kleinman 1980:233.

⁶⁷ See Bourguignon (1976:9), where she talks of induced possession, exorcism, and accommodation. See also Kapferer 1979:110-113 and Malefijt 1968:248-49, 255. Spiro 1967:227 distinguishes between non-shamanistic dissociative states that require exorcism and shamanistic dissociative states, which lead to “marriage” with the spirit.

⁶⁸ The Lukan account (Luke 11:24-26, Matt 12:43-45) of the man who was rid of an unclean spirit, only to get seven worse ones, partakes of this view. See Chapter Eight.

⁶⁹ For example, see Spiro 1967:152, where he discusses *nat* possession in Burma. In some cases, exorcism is accomplished by becoming a convert to Buddhism. The Buddha is considered more powerful than the afflicting

grants him/her certain benefits (healing, protection from further affliction) and the client manifests his/her gratitude and repays his/her obligation by maintaining the honor of his/her patron (joining the cult, doing public worship, etc.). One form of possession or domination (affliction, negative) is exchanged for another (patronage, positive).

Conclusion

I have used distant comparison to gain insights into the social forces at work in certain healing groups and to frame questions to ask the text of Luke–Acts. In the cross-cultural data I have surveyed, several issues are apparent. Many groups see a relation between initiation and the healing of specific psychological and physical afflictions. As I discussed in Chapter Four, the act of attributing meaning to illness is what accomplishes “healing.” In the concept of initiatory illness, the meaning comes from a reinterpretation of the condition. The illness is seen not as a problem but an opportunity to advance in status. The illness is considered to be a sign of election by a supernatural force and the prelude to the adoption of a new religious and social role. If symptoms formerly associated with the illness persist, they are used as part of the expression of the new role. Initiation into a religio-social group is the turning-point which accomplishes this change in the assessment of the condition. Healing is a positive transformation.

The theory of Lewis concerning the reasons for changes in status resulting from possession is useful when considering healing cults, since many groups connect possession with the illness–healing process. Lewis finds that the relation of the group to the larger society and the degree of its internal institutionalization determines the role possession plays. In central religions, possession is a means by which leaders can legitimate their status by interpreting the state as a sign of supernatural election. This schema may hold for some types of religious affliction and healing. Those who are afflicted and then healed see supernatural forces at work

spirit and drives it out. See also Kiev’s study of Haitian voodoo cults, where good *loa* are thought to drive out bad *loa*. See also Bourguignon 1976:35.

in their bodies, and claim a certain authority as a result. The observation of Mary Douglas concerning the analogous relationship between the individual body and the corporate social body also is helpful when considering religious healing. The evidence suggests that for many persons, lack of social connections may be manifested in physical illness, and membership in a group may be a way of achieving healing.

There are many interesting features of the concepts and social dynamics of healing groups. From the individual's perspective, we have seen that illness can produce feelings of dependence towards the group. Healing creates a sense of obligation in the patient towards the healer. Dependence and obligation are powerful feelings which may put pressure on a person to conform to the group interpretation of healing and assessment of the person's condition as "healed." The healing does not end the relationship with the spirit or the group: it often is the beginning of an on-going interaction. Health is maintained through on-going participation in group and continued relationship with the spirit. Where healing is seen as being the result of a supernatural being at work in a person's body, an intimate relationship between that being and the person usually develops. The spirit changes from afflictor to patron, and the person becomes a devotee of that spirit. The person also has changed relationships with the members of the healing group. Healing has initiated them into that circle. The better relationship with the deity that is marked by healing is manifested through the person's continued interaction with the cult group in concrete acts of ritual and worship.

From the group's perspective, the therapeutic milieu is the patient, healer, and interested others, under the influence of a supernatural being. A group devoted to propagating healing often identifies with the patient (and the healer), since most of them have gone through a similar process. The healer and patient enact group values and aspirations such as health and resurrection or rebirth from death. Shared experiences create community, and repeated rituals and experiences maintain and rejuvenate it. New healings confirm the validity of previous ones. The healer and patient are mediators: in the healing process they bring the supernatural into the community. Healing demonstrates the continued presence and interest of the healing deity in the

community. Many healing or medicine societies have concerns in addition to the healing of afflictions. They often are involved in anything to do with group well-being: rituals and worship, social interaction, governing. Healing groups can have elaborate rituals and hierarchical structures. When the group interacts with a larger society, healing can be seen as the barrier between the world and the community. By healing the group exerts control over its world and restructures conditions and relations to reflect its views.

I concentrate on initiatory illness because it offers a useful point of comparison with certain types of healing recounted in Luke-Acts. The Lukan author draws upon ideas of divine affliction and election very similar to those in the cross-cultural healing groups we have examined. In the cases above, we see the concept that healing leads to a particular role within the community. As I will demonstrate, this is an important theme in Luke-Acts as well. The evangelist makes a particular point throughout his text of linking healing with group assemblies, places and times of worship. Perhaps for his community, as for the many groups discussed in this chapter, healing was practiced within a corporate and worship context.

CHAPTER SIX: GRECO-ROMAN HEALING (1)

Introduction

In the next two chapters, I look at Greco-Roman religious healing in the first and second century CE.¹ In this chapter I review an assortment of data from the Greco-Roman world.² In the next chapter I examine the case of the second-century orator Aelius Aristides. Many of the concepts we see in Luke–Acts, such as patron–client relations in healing and a connection between healing and initiation, are found in the Greco-Roman period. The author of Luke–Acts and his community participate in the world view of this time. As in the previous chapter on cross-cultural studies of healing groups, I look at how some persons achieve healing by reinterpreting their illness according to the affliction–healing model. They see their illness as the first stage of a process of initiation into a special relationship with a deity, or election to a religious task in service to that deity.

I also examine a distinctive aspect of religion in this period: the exchange of ideas and actions between healing cults and the Greco-Roman mystery religions. I focus on the mysteries for two reasons. First, we see in the mysteries a particular emphasis on *initiation*. The mystery religions of the Hellenistic and Roman periods have been the source of investigation and speculation by scholars for the past two centuries, and the essential features of the mysteries have been debated at length.³ One feature that the majority of scholars agree upon is that initiation was a defining moment in the various mystery religions, one which made the mysteries different

¹ Some of the material in these chapters appeared in Muir 1995. Permission to reprint granted by SBL.

² I treat Jewish material within this context, rather than as a separate category. While there is much that can be said generally about healing in the Jewish tradition, I have found that only a limited amount is relevant for my dissertation. I discuss Josephus, Philo and the Qumran community in this chapter. In Chapters One, Eight and Nine I discuss the LXX and Jewish apocalyptic as they relate to Luke's view of healing. Kee 1986:9-26, 70-74, 80-86, 112-115 offers a good survey of healing in the Jewish tradition of this period.

³ For a sample of scholarship, see Burkert 1987, Ferguson 1970, Mylonas 1961, Koester 1982, Myer 1987, Willoughby 1929, Angus 1925, Kerényi 1967, Nock 1964.

from other forms of contemporary religious practice. People of the ancient world equated the mysteries with initiations: for example, the usual Latin translation of the Greek term μυστήριον is *initia* (Burkert 1987:7).⁴ A person entered the mysteries by initiation, a ritualized process of transformation. Thus by examining mysteries we get insight into initiation in the Greco-Roman world. Second, there are *points of affinity* between healing cults and the mysteries. There is a heightened (at times personal, patron–client) relationship with the deity. This relationship often brought individual attention and help from the god, and in return the person offered worship and devotion to that god. Another similarity is transformation. The initiation of the mysteries has a counterpart in the cures of the healing cults, as I argue. Both processes involved ritual, and both healing and initiation could be seen as a positive change of state. A third point of comparison is that both groups have a concern with both mundane and spiritual aspects of existence.

The religious interconnections of the Greco-Roman period mean that healing and mystery groups were closer than is usually realized in scholarship. Conventional depictions of healing cults as pragmatic, non-mystical religious groups and the mysteries as esoteric, overtly “spiritual” groups are simplistic and may not be accurate. Under the influence of the mysteries, it appears that some members of healing cults understood their healing as an initiation or rite of passage that brought them into a new relationship with the god. We will see this view again in Luke–Acts. Like the healing cults, the mysteries promised benefits in this world to their members. Accordingly, we should be open to the possibility that the healing accounts of Luke–Acts are included in the text for not only their “spiritual” or metaphorical dimension but their physical side as well. Like some of the groups I discuss in this chapter, the community of Luke–Acts may have combined healings with ritual and worship.

⁴ This equation between mystery and initiation is made by modern scholars. Burkert (1987:8) notes “mysteries are initiation ceremonies, cults in which admission and participation depend upon some personal ritual to be performed on the initiand.” Willoughby (1929:34) states that membership in any of the mysteries involved one *sine qua non*: participation in special rites of initiation. See Nock 1964:110, Koester 1982:198, Myer 1987:4, Ferguson 1970:99.

Significant Terms

Below I discuss two Greek terms. These word studies show the fluid understanding of some basic concepts in Greco-Roman society. There are points of connection between what at first seem to be disparate or unrelated concepts. The first word I discuss is the Greek verb *τελειόω* or *τελέω*, a common word used in reference to initiation into the mysteries. We see this word many times in the Greek sources. Literally it means “to complete, make perfect.” Entailed in this concept is the idea of positive transformation—a change from an inferior to a superior state (e.g., incomplete to complete, imperfect to perfect)—and a sense of fulfilment or bringing something to its appointed end or destined goal.⁵ Thus the adjective *τέλειος/τέλεος* denotes completion, perfection, maturity, full development. Since *τελειόω* refers to a variety of positive transformations (e.g., physical growth, education, etc.) into desired and destined states, then healing (moving a person from ill to well) could be understood in this way. Furthermore, cognates of *τελειόω* often are used to describe a variety of actions that are considered necessary to fulfill all the customary requirements, accomplish all the intentions, be valid and authoritative. For example, *τὰ τέλη* literally means “the complete/final things,” but often may connote such things as “the ordered, required, due things” in a secular sense (i.e., the tasks, duties required by law or custom) or in a religious sense (i.e., the acts, rituals, services and offerings ordered by or due the gods).⁶ As I will show, the idea of fulfilling the orders of a god relates to patron–client relations and election, and it also relates to religious healing.⁷

An important aspect of *τελειόω* and its cognates has to do with the mysteries. Since *τελειόω* usually entails a process of positive change, it was used to describe the transformation that occurred during initiation into the mysteries. For example, the verb *τελέω* (literally, “to fulfill, accomplish, perform”) has several meanings related to the mysteries: “to initiate into the

⁵ See LS and BAGD, s.v. *τελειόω*. The verb *τελέω* has similar meanings: to fulfill, accomplish, execute, perform.

⁶ LS, s.v. *τέλος*. See also Burkert 1987:9.

⁷ In the Asclepius healing cult, the god would appear in visions and order various regimens and prescriptions, which had to be fulfilled. See discussion below.

mysteries,” “to consecrate to a particular god,” “to imbue with supernatural power.” The verb τελίσκω means “to be initiated, to be dedicated or offered [to a god].”⁸ There is a famous word-play in Greek, using τελέω, which compares the experience of death with initiation into the mysteries: both achieve a positive transformation of the person.⁹ Some nouns reflect the mystery connotation: a τελεστήριον is a place of initiation, a τελεστής is an initiator, priest or an initiated person; τελεστία is initiation into the mysteries.¹⁰ An entire complex of words with the τελετ- prefix is primarily concerned with the mysteries and their various rites, initiations and personnel.¹¹ Τελετή refers generally to any rite, but especially initiation into the mysteries.¹² Burkert notes that a common shorthand way of connoting initiation was to say that a ritual had been performed on a person for a certain god.¹³ As I discuss below, the second century writer Aristides makes use of these multiple meanings of τελετή as he discusses his healing: a ritual done at the command of Asclepius becomes an initiation into a special relationship with the healing god. Such an understanding would have seemed distinctive but not unusual in the ancient world. Initiation could be part of other religious rituals.

⁸ In addition to LS and BAGD, see Graf 1994:164 and Nock 1964:116, 118.

⁹ A fragment of Stobaeus attributed to Plutarch states: at death, the soul “has an experience like that of men who are undergoing initiation into great mysteries, and so the verbs τελευτᾶν (die) and τελεῖσθαι (be initiated) and the actions they denote, have a certain similarity,” Plutarch *Fragments*, (LCL). The passage goes on to compare the soul’s progress with that of an initiate who passes through darkness and terrors and emerges into a spacious land of light and pure and holy people. See Wedderburn 1987:362, Ferguson 1970:101, Eliade 1958:110. Myer (1987:8-9) finds that this presentation reflects a popular impression of what happened in the Eleusinian mysteries, and that it may also be a general characterization of the theme of life and death in various mystery religions.

¹⁰ In addition to LS and BAGD, see Burkert 1987:9. The initiation hall at Eleusis was known as the τελεστήριον.

¹¹ See LS, s.v. τελετ-.

¹² In addition to LS and BAGD, see Nock 1964:116.

¹³ Burkert (1987:9) “Such a term becomes specific, however, when used with a personal object and with a god’s name in the dative: to perform a ritual on a person for a specific god is the same as to ‘initiate’ this person; *Dionysoi telesthenai* means to be initiated into the mysteries of Dionysus.” Nock (1964:115) notes that the initiations of Dionysus and the Corybantes were called *teletai*, and initiations into the Orphic cult were known as *Orpheotelestai*.

The second word that I discuss is *θεραπεύω*, the Greek word from which we get our English word “therapy,” the treatment of a disease or disorder. In ancient Greek there is a particular set of meanings associated with this verb and its cognates. These meanings center around the concept of a person’s acts of service to, or attendance on, someone or something. This word has two ranges of meaning.¹⁴ One set has to do with acts done to a superior, whether that is a deity or a human. In reference to a god, *θεραπεύω* typically refers to acts of worship—most often, ritual acts (e.g., sacrifices, offerings, prayers). In reference to a social superior, *θεραπεύω* could refer to acts a person would perform in service (paying court, flattering, praising, giving honor). In both cases, these acts were considered to be the due of the recipient and at the same time they would favorably dispose the recipient towards the person performing the acts. As I discuss in the next section, the underlying social concept here is that of patron–client relations. The second range of meaning is the one familiar to most modern persons. *θεραπεύω* referred to a variety of acts of service or care (e.g., healing, nurturing, maintaining) that a person would do on behalf of another. At first glance, these two ranges of meaning appear to diverge. There are acts to a superior done out of enlightened self-interest, and there are acts to someone in need done out of altruism or charity. As I will demonstrate, these meanings come together many times in the ancient world. The combination of acts of healing with acts of worship, under the umbrella of patron–client relations, is an important factor to keep in mind as we review the ancient evidence, particularly that in Luke–Acts.

The Isis-Sarapis cult had a cadre of worshippers known as *θεραπεύται*, *therapeutai*.¹⁵ Similarly, at the Asclepieion at Pergamon there was a group called *therapeutai* associated with the temple.¹⁶ Ancient accounts of these groups are limited, and we are left to speculate as to their exact duties and functions. While the names of these groups likely arose from ritual

¹⁴ See LS and BAGD, s.v. *θεραπεύω* and cognates.

¹⁵ Apuleius *Met.* 11.19.1,3 (LCL). See Burkert 1987:39 and LS s.v. *θεραπεύται*.

¹⁶ Burkert 1987:39. See also Percy 1988:377.

activities done in service to their respective gods, we must keep in mind that both Isis and Asclepius were healing gods. It is therefore reasonable to assume that among the acts of these servants or “therapists” of these gods were healings, either of themselves or others.¹⁷

Furthermore, we know of a first century ascetic community of Jewish men and women called the *therapeutai* who lived near Alexandria. In his discussion of this group, Philo notes the ambiguity of the term θεραπεύω, since it can either refer to healing or worship.¹⁸ For Philo, both senses are appropriate to discuss this group. The text of Philo is sufficiently ambiguous to allow a reading that this group practiced physical healing as well as a more abstract healing of the soul.¹⁹ When we consider that the Egyptian *therapeutai* are considered by many scholars to be similar to or affiliated with the Essenes, the possibility of physical healing practiced among them becomes even stronger.²⁰ Josephus attests to a popular notion that the Essenes were healers.²¹

¹⁷ Montserrat (1991:47-49) describes evidence from the Oxyrhynchus papyri for a female initiation (coming-of-age) rite in Egypt during the Roman period. The girls in this rite were given the name *therapeuteria*. Montserrat estimates that the name most likely referred to some kind of temple ritual rather than the period of healing after a genital operation, but admits that the evidence is too tenuous to permit any firm conclusion.

¹⁸ Philo, *Vita contemp.* 2 (LCL).

¹⁹ “... they profess an art of healing better than that current in the cities which cures only the bodies, while theirs treats also (δὲ καὶ) souls oppressed with grievous and well-nigh incurable diseases...” Philo, *Vita contemp.* 2 (LCL), emphasis mine. Does the particle phrase δὲ καὶ include or merely contrast the various forms of healing?

²⁰ Philo makes an association between these two groups. He cites the Essenes as examples of the “active life,” and the Therapeutae as examples of the “contemplative life,” in *Vita contemp.* 1 (LCL). On the relation between the Therapeutae and the Essenes, see Vermes 1981:136; Mansoor 1971, and Borgen 1984:247-248.

²¹ According to Josephus, the Essenes “display an extraordinary interest in the writings of the ancients, singling out in particular those which make for the welfare of soul and body; with the help of these, and with a view to the treatment of diseases (θεραπεύειαν παθῶν), they make investigation into medicinal roots and the properties of stones” (probably charms and amulets). See *Jewish War* II.136 (LCL). As with the *Therapeutae* of Alexandria, it appears possible that the healing activities of the Essenes included the body as well as the spirit or soul. Allegro (1985) develops this thesis in an interesting, although perhaps excessively speculative, way (see especially pp. 7, 9, 16, 20). Some scholars think that the name “Essene” in Greek is derived from the Aramaic *'assaya* (healer), see Allegro 1985:7, Vermes 1981:126 and Foubister 1981:189.

Documents from Qumran support Josephus' portrait, showing that the Qumranites had some interest in healing.²²

In summary, we see three groups named *therapeutai* which may have combined service to the god with an interest in healing and perhaps healing practices. Such a combination may be seen in other groups as well, as I argue is the case in Luke's group.²³

Patron-client relations in healing

An important concept when examining religious healing in the ancient world is the social-economic exchange system known as patron-client relations. Patron-client relations are not the only way to understand religious healing or religious interaction in general, but they are a very useful adjunct to other models. This relationship sheds light on votive religions and aretalogies, and it will give us insight into Luke-Acts.

Patronage

Sociologists and other social scientists have identified patronage as a basic pattern of interaction underlying many cases of social relationships and interaction throughout the world. It is a basic feature of many groups in modern Mediterranean society, and it was an essential part of life in the Roman empire. Some scholars of early Christianity have profitably applied this model

²² Three documents suggest this. The first, the *Genesis Apocryphon* (1QapGen XX.21-22, 28-29), describes Abram healing by the imposition of hands. See Flusser 1957 and Coppens 1977:414. The second document is 4Q521, the so-called "Healing Messiah" text, which describes the healings expected in the messianic age. See Wise and Tabor 1992, and Eisenmann and Wise 1992:23. The third is the *Prayer of Nabonidus* (4QprNab), which describes the healing of a Babylonian king by a Jewish exorcist. See Vermes 1981:274, Twelftree 1983:17-18, Kee 1986:46-47.

²³ A similar situation in early Christianity lies in use of the term *διακονέω*, which like *θεραπεύω* combines concepts of acts of service with religious duties. Both *diakonoi* and *therapeutae* could be translated as "servants," yet there appears to be an honorific aspect to them as used by the groups. On the servant title, see discussion below of the Oxyrhynchus papyri.

to their studies of first and second-century Christianity.²⁴ Halvor Moxnes provides us with a succinct definition of patronage:

Patron–client relations are social relationships between individuals based on a strong element of inequality and difference in power. The basic structure of the relationship is an exchange of different and very unequal resources. A patron has social, economic, and political resources that are needed by a client. In return, a client can give expressions of loyalty and honor that are useful for the patron (Moxnes 1991:242).

The above is an economic exchange. Drawing from his access to scarce resources, the patron provides the client with tangible goods and often, more importantly, intangible services such as assistance, support, and protection. In return the client contributes to the patron's store of honor through public praise of the patron, as well as promises and expressions of solidarity and loyalty. Each party benefits in this exchange, for they receive things they cannot provide for themselves. Clients lack the resources to obtain certain goods and services, and patrons need the public acclamation of their clients to maintain and increase their honor.²⁵ As an example of the latter activity, Saller notes that in the Roman empire "one of the duties of a recipient of a favor was to publicize the favor and his gratitude for it."²⁶ Another service the client is able to offer the patron is the opportunity to exert influence through the client: many patrons preferred to retire from active life and affect events through their protégés (Saller 1982:27). Both of these client services easily translate into the religious realm, as I discuss below.

An important point to keep in mind is that although these are economic and instrumental interactions (i.e., involving the exchange of goods and services), most of the time they are not precise *quid pro quo* exchanges of equivalent things.²⁷ The patron does not bestow favour X

²⁴ Moxnes 1991:242, 244, 247; Malina 1993:102.

²⁵ This model presupposes an honor-based society. See Malina 1993:100. Basic studies in this area include Eisenstadt and Roniger 1984, Saller 1982.

²⁶ Saller 1982:10. He further notes that dedications were an important vehicle for such publicity.

²⁷ Saller (1982:1) characterizes patron–client exchanges as personal rather than commercial (marketplace).

worth five cheers in public, which are then given by a grateful client who by doing so pays off his/her obligation. Reciprocity in patronage usually is an ideal rather than an achieved fact.²⁸ The patron–client relationship is a typically long-term affair, voluntarily entered into by both parties. The client’s petitioning for patronage, the patron’s granting of favors, the response of the client: each act creates subtle and difficult-to-quantify obligations. The pendulum of social debt swings back and forth as the parties interact, and it is this inequality of exchange that keeps the mutually beneficial relationship going.²⁹

The other thing to keep in mind is that patrons and clients are in a *personal* relationship: the interaction is between individuals and it involves specific benefactions and responses.³⁰ Personal elements thus enter the picture, at times appearing as feelings of cordiality, affection and friendship between the parties. In the ancient world (and now), friendship does not exclude mutual benefit. Although the ideal of selfless friendship is praised in Roman philosophical discourse, inscriptions and correspondence reveal a more pragmatic side of friendship where benefit is taken into consideration (Saller 1982:12–15). The reverse also is true: patronage often has elements of friendship. In describing his relations with his patron Q. Corellius Rufus, Pliny says he loved and admired him, and that Rufus considered him his friend (*amicos*).³¹

Patronage and religion

What is the relation between patron–client relations and religion? The element of friendship noted above means that we cannot simplistically portray all forms of patronage as

²⁸ Malina 1993:101, Saller 1982:12–15.

²⁹ Malina (1993:101): “Such positive challenges and appropriate responses will continue indefinitely, embracing a range of goods and services, provided that an exactly even balance between the two partners is never struck.” See also Saller 1982:15–17. Malina (1993:100–101) characterizes patron–client relations as a series of ongoing acts of mutual support between unequals.

³⁰ Malina 1993:101. Patronage between an official and a group such as a guild or a city also existed, but I do not discuss this aspect.

³¹ Pliny, *Ep.* 4.17.4f., cited in Saller 1982:26–27.

cold-blooded calculations of benefit. If friendship can exist in human patronage, then what we would assess as genuine religious devotion could exist within divine patronage. In either case clients could relate to their patrons in sincere and affective ways.³² As I argue, healing cults manifest characteristics of patron–client relations: the god dispenses the scarce resource of health, and the clients respond with public praise.³³ This exchange would seem to be a cut-and-dried affair, perhaps even mercenary on the person’s part. And yet we read apparently heartfelt inscriptions such as the one below to the healing god Asclepius, from the second century:

Asclepius, child of Apollo, these words come from your devoted servant. Blessed one, god whom I yearn for, how shall I enter your golden house unless your heart incline towards me and you will to heal me and restore me to your shrine again, so that I may look on my god, who is brighter than the earth in springtime? Divine, blessed one, you alone have power. With your loving kindness you are a great gift from the supreme gods to mankind, a refuge from trouble.³⁴

Are these flowery, formalized phrases or sincere expressions of personal devotion—or both? This type of rapturous expression towards the god we see in Apuleius and the Isis mystery cult, and also in Aristides towards Asclepius.

If we allow the possibility of the patron–client model entering into religious activity and thought, what do we see? The role of religion in patron–client relations has not received a great deal of scholarly attention. Boissevain notes that scholars basically have ignored the conceptual and ideological world of societies in which patronage and brokerage operate, despite there being an interesting relation between religion and patronage: “religious and political patronage

³² In the past, scholars have simplistically divided interaction with the supernatural into two sorts: calculation of benefit (“magic”) and so-called “genuine” devotion (“religion”). Increasingly however, scholars see the lines between the two realms as blurred. The terms “magic” and “religion” may be merely social labels which groups use to identify the practices and beliefs of others in opposition to their own.

³³ At times the response also includes carrying on the dispensation of health themselves, acting as what we would call brokers of divine power.

³⁴ Second century CE Attic inscription, cited in Ferguson 1970:110 and Farnell 1921:277.

reinforce each other. Each provides a model of and a model for the other.”³⁵ Here Boissevain is in agreement with Clifford Geertz (1966:3-4), who perceived that the religious world and the social world can be mutually supportive: the religious world presents a cosmic interpretation for the events and structures of society (thus religion provides meaning for existence), and society presents concrete examples of absolute realities (thus society affirms religion).

Scholars of modern Mediterranean societies who address the interaction between religion and patronage estimate that people often project the existing social system into the religious realm.³⁶ The most extensive analysis of this topic is by Campbell. In analyzing the values of religious belief among the Sarakatsani (Greek semi-nomadic shepherds) Campbell notes:

A suppliant asks of his intercessor favours which are often very specific and material. In return he makes some offering to express his respect and attachment to the Saint; he may also vow a further gift if help is granted. A Sarakatsanos feels free to bargain with a Saint.... The thought here is that even a Saint is open, in some sense, to flattery and honours. He cannot be displeased that he is honoured with more offerings of one kind or another than other Saints.³⁷

These observations based on modern societies give us insights into one way that the patron exchange system works in the religious realm. The theory of Geertz, however, alerts us to the possibility that the direction of thought may not be only one-way. People may not just project existing social structures into the religious realm, they may think of the religious realm as the divine archetype governing and shaping the social structures they see around them.

³⁵ Boissevain 1977:81, see also 93-94.

³⁶ In his study of modern Malta, Boissevain (1997:81) states, “Catholicism... with its range of benevolent patron saints intermediate between God and favor-seeking, dependent humans, provides an ideological world which closely parallels a conception of society articulated by political and economic patron-client relations.” Similarly Blum, in a study of modern Greece, states, “The service to the saints and God reflects the notion of noblesse oblige; in return for loyalty, deference, and gifts, the more powerful lords—whether saints or landowners—are expected to provide protection and support.” Moxnes (1991:244) has a similar finding for the ancient world.

³⁷ Campbell 1964:344, see pp. 342-346.

The majority of scholarly analysis of religion and patronage in modern societies involves considering the role played by supernatural intermediaries such as the saints or Mary who act in what could be termed a brokering capacity to facilitate human clients' contact with the ultimate patron, God. Turning to the ancient world we see that patron–client relations often were involved in religious activity and belief. A variety of supernatural beings (e.g., heroes, daimons, spirits and gods) were approached for patronage, either indirectly (through the officials of a temple system or a charismatic intermediary) or directly (in personal experience).³⁸ Saller finds that in the Roman Republic and Principate, reciprocity and patronage were basic elements in a wide variety of social relations, including religion: “the language of exchange was used to conceptualize man-god, family and friendship relations.”³⁹ Apuleius in the *Metamorphoses* uses the terms and concepts of patron–client exchange to describe the relationship of Lucius to Isis.⁴⁰ I demonstrate below that the language and the concepts in Aristides' writings reveal that he considered Asclepius to be his divine patron. As I will show in Chapters Eight and Nine, client response is an important concept underlying some accounts of the healings in Luke–Acts.

One example of how patron–client relations influenced religion in the ancient world is in the concept of being in a specially favored and personal relationship with the superior (in this case, the god). Civic religion in the Greco-Roman world usually is characterized as an impersonal form of religion: the worshipper interacts with the deity as a member of a group (a city or region, a guild or class) rather than as an individual. While this is a generalization, there is some truth to it. Part of the particular appeal of the mystery religions, and of healing cults, was their promise of a deepened personal relationship with the deity and specialized attention

³⁸ Bonner (1937:121) speaks of the patronage of the gods.

³⁹ Saller 1982:23, see also p. 26. He finds that Roman religion had a contractual nature, and he cites references to prosperity and good luck as *beneficia* (favour) of the gods, and the general attitude that the gods deserved *gratia* (goodwill, public acclaim). These are terms from the world of patronage.

⁴⁰ Dibelius 1975:71, 77, 79. 81–82. See Chapter Seven, the discussion of Apuleius.

from him or her.⁴¹ For example, Pausanias describes the shrine of Isis at Tithorea, where there is no admission except to those who have been “honored by Isis” (προτιμήσασα ἡ Ἰσις) in a dream-invitation.⁴² As I discuss in the next chapter, this pattern in the Isis cult is confirmed by the character Lucius in the *Metamorphoses* of Apuleius: each stage of Lucius’ initiation is at the command of Isis, and he cannot proceed until she deems it appropriate. The legendary seer Melampous is said to have been favoured by Apollo (φίλατος ὢν Ἀπόλλωνι) who bestowed on him and his descendants the status of prophet.⁴³ We also have inscriptions of those whom Jupiter has chosen to serve him (Nock 1933:155). A. D. Nock equates the ancient concept of persons carrying out divine commands with the idea of being in client service to the god.⁴⁴

What is particularly relevant is how this concept of being picked out for a special relationship with a god is enacted within healing cults. Both Sarapis and Asclepius were healing gods who issued divine commands, usually during dreams and visions achieved during incubation. These dreams were often interpreted as commands to follow a particular course of action that would lead to a healing. As we will see in the case of Aristides, it is possible for the patient to look on the visions and commands themselves as signs of particular divine interest and favor, even election. We have seen this attitude in the initiatory illnesses discussed in Chapter Five. Aristides, like many others, finds meaning (and thus healing) in the client–patron interaction with the god.

⁴¹ Willoughby 1929:28.

⁴² Pausanias X. 32.13, (LCL). Reitzenstein (1978:320-21) notes that the phrase τιμᾶσθαι ὑπὸ θεοῦ (honored by the god) which we see in Pausanias is apparently rare on inscriptions. He cites a few inscriptions, mostly from the mysteries, that use the phrase. See also Herodotus II.49, cf. IX.34 (LCL).

⁴³ Rohde 1972:287, citing Hesiod *Eoiai*.

⁴⁴ Nock 1933:154: “the idea of commands to individuals and that of vocation are far more emphasized in Graeco-Oriental cults, which had in their background the Oriental conception of god as autocrat, master, and patron, and of man as subject, slave, favourite.”

Votive offerings

An example of patron–client relations in religion is in the practice of making votive offerings. The building of temples provides a good example of large-scale public displays of client gratitude. In the fourth century BCE, Archais, after being healed at the Asclepius center in Epidaurus, brought the cult to Pergamum and founded an Asklepieion there.⁴⁵ Phalysius, who had been cured from blindness by Asclepius, showed his gratitude by building a sanctuary at Naupactus and introducing the worship of Asclepius into the region.⁴⁶ When these temples were built in areas previously unfamiliar with the Asclepius cult, we might characterize these activities as not only public acclamation of the patron-god but also missionary activity (that is, introducing the cult into a new location). When we look at construction in sites already familiar with Asclepius, we know that the Roman senator Antoninus undertook extensive renovations to the Epidaurus site, and he provided a new building—a combination of hospice and maternity ward—for the care of the dying and of women in childbirth.⁴⁷ Such building activity even had a mythical precedent: Pausanias records that Heracles, being healed of a wound, built a temple to Asclepius in Amyclae, Laconia.⁴⁸ Perhaps the story of Heracles provided divine justification for what appears to have been a common practice in the ancient world.⁴⁹ In Greco-Roman times, many wealthy persons would found or dedicate a new temple in gratitude to a god for deliverance from perils such as war, plague, or a sea voyage (Rouse 1902:226). Healing fits the

⁴⁵ For the account, see Pausanias II, 26, 8 (LCL). See Edelstein 1945a (#457) and Farnell 1921:264, Phillips 1960:25, Rouse 1902:224.

⁴⁶ For the account, see Pausanias X, 38, 13 (LCL). See Edelstein 1945a (#444) and Rouse 1902:224.

⁴⁷ For the account, see Pausanias II, 27, 6 (LCL). See Edelstein 1945a (#488). Pausanias does not state if Antoninus did this construction in gratitude for a healing, but this is a reasonable assumption (made by Hamilton 1906:12). Women in labour and those dying traditionally had been excluded for purity reasons from the Epidaurus site, see Pausanias II, 27, 1 (LCL).

⁴⁸ For the account, see Pausanias III.19.7 (LCL). See Rouse 1902:223.

⁴⁹ We have evidence of this practice in Egyptian times. Oppenheim 1956:251-252 cites an Egyptian stele that records a dream-vision, in which a god appeared and promised health to the dreamer if he would build a shrine.

category of such deliverance. Similarly, the dedication of altars was also common: we know of many altars in Asia Minor that were dedicated by private citizens to Asclepius (Rouse 1902:224).

Turning to small-scale votive offerings, we see that these were of three types.⁵⁰ As A. D. Nock notes, it was a long-standing custom in Greece, Rome, Egypt and Syria for anyone who thought s/he had received favour from a deity, experienced a miracle, or wished to show his/her piety to set up an inscription or make a votive offering.⁵¹ Inscriptions at healing sites typically described the name of the person, their affliction, and how they had been cured by the god. In the second century CE Pausanias saw some of these inscriptions at Epidaurus, and there are still some extant today in the ruins of the site.⁵² The fourth century CE writer Libanius states that the power of the god (τοῦ θεοῦ δύναμιν) is attested in the inscriptions of those who had become healthy.⁵³ An inscription from the third century BCE states: “As an example of your power [σῆς ἀρετῆς], Asclepius, I have put up this rock which I had lifted up, manifest for all to see, an evidence of your art [σῆς τέχνης].”⁵⁴ Note the explicit acknowledgment of the public role of this testimony. Some inscriptions state that the god had commanded the person (usually in a dream) to set up the testimony.⁵⁵

⁵⁰ I concentrate on the Asclepius cult, but similar cases can be found for the Isis cult and other healing cults.

⁵¹ Nock 1933:92, see also 84.

⁵² Pausanias II, 27, 3, (LCL), Edelstein 1945a (#384). Inscriptions were also at other Asclepius cult sites such as Cos and Tricca, see Strabo, cited in Edelstein 1945a (#382).

⁵³ Libanius, cited in Edelstein 1945a (#388). See also Livius, Edelstein 1945a (#383). Note that in Greek, medicines and healing substances may be designated the “power” of the god, s.v. BAGD δύναμις and my discussion in Chapter Nine on Simon the sorcerer and Philip.

⁵⁴ IG IV², 1, no. 125, cited in Edelstein 1945a (#431).

⁵⁵ IG IV², 1, no. 126. ca. 160 CE “He [Asclepius] bid me inscribe this,” cited in Edelstein #432. *Inscriptiones Creticae* I, xvii, no. 19 (2nd-1st cent. BC): “in my sleep the god ordered me to inscribe my visions.” Cited in Edelstein 1945a (#440). Percy 1988:377 notes that this combination of dream-narrative and praise of a god in the epigraphic records of cures at Epidaurus and other sanctuaries of Asclepius is not unusual. We also see it in the *Sacred Tales* of Aristides (see below).

The second type of small votive offerings in healing cults were objects known as *ex-votos* that resembled the afflicted organ or body part. Thus in the ruins of many Asclepius temples we see what can be to our eyes a rather macabre collection of terra-cotta and clay eyes, arms, legs, penises, wombs. Sometimes these have a brief inscription attached, other times they are anonymous. People would use these to petition the god for healing and/or give them in thanksgiving for a healing. Even when anonymously donated, the sheer volume of this paraphernalia provides an impressive testimony to the power of the god.⁵⁶ A grateful patient could dedicate any object to the god: money, a statue or figurines, an animal sacrifice, etc. Sacrifices were a common feature of religious piety in the ancient world. The important common feature behind these types of offerings is that they are public events: they are what we might call publicity or religious propaganda which attests to the power of the god and gives praise and honor to the deity.⁵⁷ These acts fulfill the client obligation for the favor of healing.

Offerings of testimonies and one's career

I now consider two types of distinctive offerings made to the healing gods: first, writings and testimonies; and second, what I term an offering of one's life or career in testimony and service. It is in these types of offering that we see some interesting parallels to Aristides and Apuleius (to be discussed further below) and the world-view in Luke-Acts (discussed in Chapters Eight and Nine). Concerning an offering of writing or testimony: we have seen that people had inscriptions made in gratitude for their healings. These inscriptions typically would be attached

⁵⁶ This type of display is not unique to the ancient world: in Greece today small metal stamps with body parts are attached to icons of saints and Mary, and healing sanctuaries such as that of Ste. Anne de Beaupré in Quebec and Lourdes have a prominent display of cast-off crutches, wheelchairs, and prosthetic limbs.

⁵⁷ Second century Epidaurian inscriptions record how, after a healing, persons "publicly offered thanks to the god, and the people rejoiced... publicly offered thanks before the people... publicly offered thanks to the god." IG XIV, no. 966, given in Edelstein 1945a (#438). Although Nock 1933:93 characterizes votive offerings as a "private transaction" between the person and the deity, he briefly notes the publicity value of such records.

to or placed near the temple or healing site, where visitors could see them. However, people found ways to dedicate other testimonials to the healing gods, and these texts had a wider audience than visitors to the temple. The tragic poet Aristarchus, upon being healed from an illness, was ordered by the god in a dream to make a suitable thank-offering, so he wrote a play titled "Asclepius."⁵⁸ Many orations, plays, books, paeans and songs were dedicated to Asclepius or praise him.⁵⁹ Aristides wrote a variety of orations, paeans and inscriptions in praise of the healing gods Asclepius and Sarapis who had ministered to him (Nock 1933:83). As I discuss below, the author of an aretalogy to Imouthes-Asclepius claims to have been healed by that god. Apuleius refers to having worshipped Asclepius in prose and verse, and to having given a famous oration to the god.⁶⁰ Form critics of early Christianity suggest that healing traditions about Jesus originated among those who had witnessed or experienced healings themselves.

The second votive offering I wish to discuss is the offering of a person's entire life. Here we are entering a realm of particularly heightened personal devotion. Out of gratitude for the god's benefactions a person might devote his or her time to praising and serving the god. In effect, this could become a career or a calling, what I term as a votive offering of one's efforts. This concept relates to the practice I noted above wherein a patron exerts influence in worldly affairs through the client. The client or devotee of a god could consider him/herself chosen or elected to manifest the will and deeds of the deity, and to proclaim the god's power. In this way the patron-client relationship continues after the initial benefit (i.e., healing). An example of this type of offering may be found in the Asclepius cult: healers, by healing and attributing the result to the power and guidance of Asclepius, would attest to the divine power and in a sense manifest it. We know that the second century physician Galen praised Asclepius for healing him and

⁵⁸ Aelianus *Fragmenta* 101, cited in Edelstein 1945a (#455).

⁵⁹ Examples are given in Edelstein 1945a (# 587-607; 608- 617).

⁶⁰ See Edelstein 1945a (#608, 609). We do not know if Apuleius was himself healed by Sarapis, but his character Lucius in the work *Metamorphoses* (a work held by many scholars to be autobiographical) does undergo a physical transformation as the prelude to his initiation into the Isis cult. See my discussion in the section on Aristides.

implies that he became a physician as a result.⁶¹ Greek and Hellenistic physicians called themselves Ἀσκληπιάδηναι (sons of Asclepius) and considered him to be their patron god: in other words, they healed in his name.⁶² Had any of them been healed by Asclepius, as Galen thought he had been? Did they go on to pursue a career in healing? On these points we lack specific information, but they are possible. The above scenario may be true for some early Christians. For example, in Chapter One I have shown how in Acts, Luke presents a portrait of Paul as a healed healer. In Chapters Eight and Nine I demonstrate that Luke also describes other persons who, having been healed by God, Jesus or his followers, assume a new role within the community of his followers. These persons include Zechariah, Peter's mother-in-law, the women healed and exorcised by Jesus, the blind man, and the cripple at the Jerusalem temple.

Another candidate that I would propose in this category of healed career devotees is the ἀρεταλόγος, *aretalogos*. Alexander Scobie reflects the majority opinion of recent scholarship in his definition of the chief characteristics of an *aretalogos*: this was a person who gave an account, oral or written, about the miracles (ἀρεταί literally “virtues”) of a god or gods; he was often affiliated with a sacred site; and he was committed to the task of disseminating religious propaganda through wonder tales.⁶³ An earlier scholarly assessment that the *aretalogoi* were merely secular entertainers at dinner parties has been abandoned.⁶⁴ Scobie points out that most

⁶¹ Galen *De Libris Propriis*, Cp. 2, cited in Edelstein 1945a (#458). Galen praises “the god Asclepius, of whom I declared myself to be a servant since he saved me when I had the deadly condition of an abscess.” This statement raises the interesting view that Galen was a healed healer.

⁶² Edelstein 1945b:54-60, Farnell 1921:267-269. The apostles heal in Jesus' name in Luke-Acts, see Chapter Nine.

⁶³ Scobie 1969:26, see also 25. The LS lexicon defines an ἀρεταλόγος as a professional expounder and/or writer of ἀρετή. See Liddell-Scott, s.v. ἀρεταλόγος. Kee 1973:403-404 states that in both Hellenistic and Imperial times ἀρεταλόγος was the title of a cult functionary whose task it was to recite the acts performed by the god and to interpret the dreams by which he communicated his will to his devotees.

⁶⁴ This assessment is based only on late Latin usage of the term. In a few Latin texts, the *aretalogus* appears as a story-teller at dinner parties, telling amazing stories and accounts of strange deeds for the entertainment of guests. For example, Juvenal *Satire* XV.16 (LCL): a character told a tale over the dinner-table, stirring some to wrath,

of the evidence on ancient *aretalogoi* shows that oriental cults, especially those of Isis and Sarapis, had *aretalogoi*.⁶⁵ The scholarly view that the *aretalogoi* were cult functionaries is supported by Strabo. In his description of the temple of Serapis at Canopus near Alexandria, Strabo reports that some writers (presumably associated with the temple) “record the cures, and others the virtues [ἀρετὰς] of the oracles there.”⁶⁶ Similarly, among a group of dedications to Isis and Sarapis is one by Ptolemy son of Dionysus, who is identified as a “dream interpreter and story-teller” (ὄνειροκρίτης καὶ ἀρεταλόγος).⁶⁷ Such a combination of activities would be typical for someone associated with a oracular and healing cult such as that of Isis. An inscription from an Asclepius site at Lebnæ addressed to Asclepius the Saviour (Ἀσκληπιὸν Σωτῆρα) relates the god’s virtues (ἀρετὰς τοῦ θεοῦ).⁶⁸ A passage from Philodemus Philosophus speaks of the writers of sacred tales, mimes, aretalogies, and other histories.⁶⁹ The connection between sacred tales (ἱεροὶ λόγοι) and aretalogies is one we will see in Aristides. In his study of the influence of mystery religions on Hellenistic literature Merkelbach concludes that the *aretalogoi* were, in the main, professional story-tellers attached to temples.⁷⁰ It is

others to laughter, “as a lying story-teller” (*ut mendax aretalogus*). Suetonius, *Div. Aug.* 74 (LCL): Augustus would give dinner parties and had musicians, actors, players from the circus, and story-tellers (*aretalogoi*) to entertain the guests. See the succinct discussion in Scobie 1969:24–27 and Mayor’s review of citations in Juvenal 1979:364–365 n16. The Greek evidence supports the religious interpretation.

⁶⁵ Scobie 1969:27. Percy 1988:378 notes that the *aretalogos* was a functionary in Sarapis’ cult.

⁶⁶ συγγράφουσι δέ τινες καὶ θεραπείας, ἄλλοι δὲ ἀρετὰς τῶν ἐνταῦθα λογίων, Strabo 17.1.17 (LCL). On ἀρετὰς in this phrase: some manuscripts have ἀρεταλογίων, see LCL note 1 pg. 64. The latter word makes the aretalogy connection more explicit. The passage is discussed in Kee 1973:403. On the aretalogists as collectors of healing accounts, see the brief comments in Nock (1933:90) and Koester (1982:194).

⁶⁷ Dittenberger 1960:292 (SIG # 1133).

⁶⁸ Dittenberger 1960:331 (SIG # 1172). See Dittenberger 1960:332 n8 on ἀρετή, where citations mostly from the Isis cult and Asclepius centres are given.

⁶⁹ ἱεροὶ λόγοι, μιμογράφου καὶ ἀρεταλόγου ἢ ἄλλου συγγραφέως. See LS, s.v. ἀρεταλόγος, from Phld. *Po.* 5.1425.9.

plausible that successful temples would have orators and writers on staff, to propagate the cult and attract new followers.

Much scholarly ink has been spilled on the subject of aretalogies, but the majority of this effort has to do with whether aretalogies were a genre of literature in the ancient world and if so, the type and essential characteristics.⁷¹ Very little attention, to my knowledge, has been paid to considering who the *aretalogoi* were or why they were engaged in propagating praises to miracle-working deities. The evidence that I have cited suggests that *aretalogoi* were usually professional story-tellers and writers attached to a cult or temple. The question remains: why were they at these sacred sites, engaged in these activities? For employment? Perhaps. To proselytize? It is likely. If these people had the intent to win adherents, what was their motivation? We can only assume that their belief in the god, and a desire to share the benefits of the god, was a large component of such motivation. What triggered their attitude? Perhaps the witnessing of divine acts or miracles, but why not the personal experiencing of such miracles? We have seen this type of activity in the cross-cultural evidence of healing cults in Chapter Five: those who are healed in healing groups often join the group and serve some role within that community. Admittedly I am speculating to apply this scenario to the ancient world. However, I am able to move beyond speculation in two cases which I discuss below: that of Aristides, and a follower of the Egyptian deity Imouthes—Asclepius. In each of these cases the author of the aretalogy states that he personally was healed by the god. The assertion that in some cases those who experienced miracles (e.g., healing) went on to write or contribute to aretalogies is a credible one. Those who have experienced a miracle had an interest—and as the patronage model above suggests, an obligation—to praise their divine healing patron. *Aretalogoi* appear to have combined their obligation with a career, to their advantage. Here we see the long-term

⁷⁰ “Oft hielten diese Erzähler sich sogar in Tempeln auf,” Merkelbach 1962:88 n. 5. In support of this view he cites a passage from the *Hermetica* which speaks of those who remain in the sacred place to recite and explain stories (*sacris locis detinentur et fabulas* (μύθους), *recitant vel exponunt*).

⁷¹ On the genre of aretalogy, see Kee 1973.

nature of a patron–client relationship. The career of the aretalogist could be interpreted as their calling—they have been healed so that they can be advocates, confessors, apologists for their god. When we look at Luke–Acts, we see that the evangelist repeatedly states that those who had been healed by Jesus publicized him in oral testimony.⁷² It is not a far step from oral to written testimony, as I demonstrate in the cases of Aristides and Apuleius in Chapter Seven.

Evidence from healing cults

In what follows I examine religious healing in the Greco-Roman world. I am aware that religious healing was not the only form of healing in this period. Scholars distinguish between the Hippocratic (physiological, empirical) and folk (non-physiological, theurgic) healing of the Greco-Roman world.⁷³ However, no form of healing was detached from religious considerations: as I noted previously, even empirical physicians considered themselves in affiliation with Asclepius and generally did not deprecate religious healing.⁷⁴

My emphasis is on the Asclepius cult, although I also examine the Isis–Sarapis cult. The Asclepius cult had been in existence since at least the fifth century BCE, and it enjoyed a great revival during the second to fourth centuries CE.⁷⁵ At the height of the cult, the main site was at Epidaurus on the east coast of Greece, with many subsidiary sites: the island of Aegina, Sicyon, Delphi, Pergamum, Smyrna, three in Attica (Peiraeus, a site near Eleusis, and Athens), Cos and

⁷² Healed persons who give testimony, praise and thanksgiving before the assembly include: Luke 8:39; 8:47; 13:10; 17:15–16; 18:43. This is a theme in all the Synoptics, but it is a particular emphasis of Luke. See Chapter Eight. If we accept Luke's portrait of Paul as a someone who had been healed, and link this image to the known one of Paul as a writer, then we have an example of a healed apologist in early Christian circles. Admittedly this is all speculation, but it is interesting and consistent with cases such as Aristides and those in the cults discussed in Chapter Five. Paul however does not speak much (if at all) about his healing or health condition, see Chapter One.

⁷³ See Entralgo 1965:44ff., Smith 1984:35, Kee 1986:27ff.

⁷⁴ Bowersock 1969:69, Edelstein 1945b:139–140.

⁷⁵ On the Asclepius cult, see Edelstein 1945a–b, Bowersock 1969:69, Dodds 1951:105ff., Nilsson 1961:93, Willoughby 1929:22–23, Remus 1993.

other islands of the Aegean, and Rome (on Tiber island). People sought healing by visiting a temple site and incubating there, that is, sleeping within the sacred precincts and having a dream-vision of the god. In this vision Asclepius would appear and either prescribe some course of action, or touch and cure the patient. The healing involved an encounter with the divine, an epiphany of the god to the person.⁷⁶ People sometimes remained a long time at an Asklepieion until they found a cure. Once healed, people would offer a sacrifice or votive offering. Many sites developed into sanatoria, providing extensive health and recreation facilities.

Epidaurian inscriptions

Inscriptions at temples typically were put up by persons in gratitude for some blessing or favour from the god. At healing centers, they are testimonies to the healing power of the god. Dodds 1951:112-114 finds that they reflect a combination of genuine religious experience and temple propaganda: the experience of individuals has been mediated by cultural concepts and expectations and recorded by the temple functionaries (perhaps in some cases *aretalogoi*). The thirty-nine extant inscriptions at the Asclepieion at Epidauros were first published in 1883. Since then they have attracted scholarly attention, with Edelstein 1945a-b being the basic source of discussion. In a recent book, LiDonnici 1995:40 estimates that these writings likely reflect a priestly collection of votive inscriptions, coupled with stories from a variety of oral sources.

Below is the model I constructed to compare healing cults.

The affliction-cure model

Characteristics	Phase 1	Transformation	Phase 2
Attitude	opposed to god (e.g., skepticism, disbelief, impiety)	conversion	in accord with god (e.g., belief, devotion)
Activity	scoffing, impious acts		praise, special activity
Community	outsider, non-believer	initiation	group member with role
Physical condition	sick, afflicted	healing	well/healed

⁷⁶ Kerényi 1959:26. 38-39. This experience of encounter with the divine is similar to that in the mysteries.

As I noted above, there are thirty-nine extant inscriptions at Epidaurus. Two inscriptions (A3, A4) fit the full model (including a special post-cure activity commanded by the god):

A3 (summary): A man with paralyzed fingers came to the temple but was skeptical of the cures and disparaging of the inscriptions. Yet he incubated and had a vision in which Asclepius appeared and cured him. The god asked him if he still doubted and the man replied no. The god then gave him the name "Unbeliever" and the next day the man departed cured.

A4 (summary): A blind woman came to the temple but ridiculed the cures. Yet she incubated and had a vision of Asclepius. The god said he would cure her only if she would make a special offering of a silver pig as a memorial of her ignorance. She was cured.

What is particularly interesting in these accounts is the activity ordered by the god after the healing. The man is given a new name which will be a continuing public (and ironic) testimony to the power of the god.⁷⁷ The woman's ignorance is similarly lampooned in her public votive offering, which is specifically called a "memorial."⁷⁸ If I omit the category of special activity, then six other inscriptions also fit the model: A2, A11, B2, B15, B16, B17.⁷⁹ Note that the flow of the narrative is not always in the same order, i.e., (1) opposition, (2) affliction, (3) change of

⁷⁷ Horsley 1987:2. Horsley here draws the helpful parallel to the account in John 20 of "doubting" Thomas. See also Theissen 1983:131-32.

⁷⁸ Commentators on these inscriptions regularly fail to appreciate the humor in them. Typical analyses of A3 underestimate the importance of the name change, thinking that only a positive name such as "Believer" would be an appropriate testimony of the god's power. Similarly, account A2, in which a woman struggles in folk-tale fashion with the consequences of improperly-phrased wishes, is humorous and ironic but this aspect has not been noticed. See Seybold and Mueller 1978:159. The only scholar I have found who notes the humor in the Epidaurian inscriptions is Pervo 1987:59. For other examples of acts ordered after the cure, see votive offerings (above).

⁷⁹ A2: inadequate petitioning (demonstrating stupidity, impiety?) leads to affliction (long pregnancy), further petitioning leads to cure (delivery). A11: impiety leads to blindness, repentance leads to cure. B2: blindness and cure, then impiety in failure to make votive offering, affliction (blindness), second incubation leads to cure. B15 (possibly B17): illness, lack of faith prevents cure, faith, cure. B16: skepticism, affliction, repentance, cure. See also Edelstein 1945a (#399), account of Epicurean who was punished? for his views by illness. He received a vision in which he was ordered to abandon his views. He was cured? and he and his friends gave up their Epicurean ideas.

heart, (4) cure. Sometimes the healing precedes the change of heart. However, the above elements are all present in these accounts. If we consider just accounts with the theme of a negative attitude followed by affliction or punishment we have A6-7.⁸⁰

In summary, several of the Epidaurian inscriptions fit into the general pattern of opposition to the god, affliction; accord with the god, cure. It is not surprising that the records of a temple site would emphasize accord with the god (piety, faith) and discourage opposition (impiety, skepticism). Promoting faith in the god is the reason why the inscriptions were put up. What they show us is a common way of understanding how illness and healing work. We have seen this pattern in the cross-cultural data in Chapter Five, and we will see it again in Luke–Acts.

The Praise of Imouthes-Asclepius and other texts

A document from the Oxyrhynchus Papyri collection offers a fascinating parallel to the writings of Aristides I discuss in the next chapter and some of the themes I have been exploring. In this text we see concepts of divine affliction and healing, the commissioning of a task in service to the god, and an explicit statement that writing or aretalogy is a votive offering to the god. It fits the affliction–healing model: transformation in attitude (opposition to accord) and acts (acts of resistance to acts of praise) are evidenced or achieved through transformation in physical condition (sick to well). The text is known as the “Praise of Imouthes-Asclepius” (P. Oxy. XI. #1381). It dates from the middle to late second century CE, making it close in time with the writings of Aristides and Apuleius, and a century later than Luke-Acts. It is a text in praise of Imouthes (Imhotep), an Egyptian deified sage and physician who became identified with Asclepius in the Hellenistic period. Based on internal (textual) evidence the author was not a

⁸⁰ A6 and A7 are two parts of a single story. The piety of one character (who receives healing) is contrasted with the impiety of another (who receives affliction). See also A9 and A10, which each contrast piety-belief with impiety-unbelief. On punishment, see also Edelstein 1945a (#454), citing Artemidorus, *Onirocritica* V.66, on a person who dreamed that he should sacrifice to Asclepius but failed to do so. He was in an accident and his hand was crushed.

priest, nor is there any indication that he was a physician. He appears to have been a writer by profession, being familiar with the ancient Egyptian language, interested in mythology, and knowledgeable in Greek rhetoric and composition.⁸¹

In the text, the author describes his task as preparing a paraphrase translation (oral and written) of an ancient Egyptian papyrus roll concerning the history of the worship of Imhotep. Before he does that he makes some preliminary remarks concerning how he came to this task, and it is these comments that interest us. In the text, the author describes how he had begun his task, but procrastinated until a more auspicious time would appear. The author's mother then contracted a difficult illness. She and he came as suppliants before the god, who in dreams cured her. Then the author was seized with great pains, so he again sought the god's assistance. Descriptions of the affliction here are as detailed as those we see in Aristides' writings. The author describes the visions of the god seen by his mother and himself. The supernatural being carried a book in his hand, looked several times at the author, and left. The author states, "After these pains in my side had ceased and the god had given me yet another assuaging cure, I proclaimed his benefits." However, the god announced (through a priest) that certain promises made to him still remained unfulfilled. The author initially was puzzled, for he had never failed to perform the customary sacrifices and votive offerings. Finally the author seized upon the idea that the god wanted him to complete his long-promised literary work. This was the meaning of the pregnant look given by the god, and the book he carried. This task the author completes. His concluding comments are so interesting I present them in their entirety:

For every gift of a votive offering or sacrifice lasts only for the immediate moment, and presently perishes, while a written record is an undying meed of gratitude, from time to time renewing its youth in the memory. Every Greek tongue will tell thy story, and every Greek man will worship the son of Ptah, Imouthes. Assemble hither, ye kindly and good men, avault ye

⁸¹ See Grenfell and Hunt 1915:221-231 ("Praise of Imouthes-Asclepius," #1381 *Oxyrhynchus Papyri*). It is interesting to compare this text with a similar but much earlier Egyptian text in Oppenheim 1956:251-252.

malignant and impious! Assemble, all ye...[*lacuna*] who by serving the god have been cured of diseases, ye who practice the healing art, ye who will labour as zealous followers of virtue, ye who have been blessed by great abundance of benefits, ye who have been saved from the dangers of the sea! For every place has been penetrated by the saving power of the god.⁸²

The ending of this section is particularly suggestive. It resembles the call to gather made by a speaker in a worship assembly. The phrase “those who by serving the god have been cured of diseases” can more literally be translated, “those who are servants of the god have been released from disease.”⁸³ The phrase links healing with being a servant of the god, and implies that the former is a result of the latter. The word for serving comes from *θητεύω*, meaning to be a hireling or menial servant.⁸⁴ The reference “ye who practice the healing art”⁸⁵ places healers among the community of the healed servants of the god, the followers of virtue (*ἀρετῆς*), and those who have received other benefactions from the god. Does the author mean to imply that the healers (perhaps even miracle-workers) were themselves once healed? Are there others who, having been healed, are now composing aretalogies? We cannot conclusively say, but these are intriguing possibilities. In tone and subject the document is similar to the writings of Aristides and Apuleius. All these authors consider their works to be the result of god-given orders, and they characterize the results as superior to conventional votive offerings or sacrifices.⁸⁶

An interesting parallel to this document, as far as the theme of affliction and cure relating to a religious task goes, is a text titled “Letter from Zoilus to Apollonius,” dated 257 BCE. The author wrote that Sarapis had ordered him several times in a dream to begin the building of a

⁸² Theissen 1983:155-56 sees in the address to the crowd a reference to an assembled cultic community: “The author pretends—thereby reflecting actual practice—that he is standing in the temple and calling on the worshippers to come forward and wonder at the god’s miracles.” See my discussion of Theissen’s remarks in Chapter Eight.

⁸³ Col. X, lines 206-208: ὅσοι θητεύσαντες τὸν θεὸν νόσων ἀπηλλάγητε.

⁸⁴ See note above on *therapeutai*. Here we have another example of an honorific servant title.

⁸⁵ Col. X, lines 208-210: ὅσοι τὴν ἰατρικὴν μεταχειρίζεσθε ἐπιστήμην.

⁸⁶ Rüttiman 1987:68-69, Percy 1988:378. See also remarks of Nock 1933:86-88.

temple in his honor in Alexandria. Zoilus delayed and was afflicted. He recovered after promising to do the god's bidding. Zoilus promises that Sarapis will grant Apollonius health if he will assist Zoilus in this commission.⁸⁷ Tacitus has a different version of how the Sarapis cult was introduced to Alexandria, however the theme of divine affliction is in this text as well.⁸⁸ Nock finds in the Zoilus and Tacitus accounts two common motifs in antiquity: dream commands for the founding of a cult, and divine chastisement for delay (Nock 1933:50). If we reclassify the motif "command to found a cult" in more general terms as a "commission of a task or election to a role," then this is the pattern we see in the Imouthes document. If we also interpret "chastisement for delay" as an "affliction for opposition of divine will," then some of the healings in Luke–Acts, especially Acts 9, fit this pattern. An ancient Egyptian text records a commission by a god to build a shrine in his honor, and the god promises healing to the person in return (Oppeheim 1956:251-252). Here too we see the theme of patronage in healing.

Relations between healing cults and the mysteries

In the next chapter I examine the case of Aelius Aristides, whose writings show the affinity between healing and the mystery religions: for example, Aristides thinks of his healings as an initiation. We will see a similar view in Luke–Acts. In order to determine whether Aristides was a unique case, and his value in assessing the Lukan texts, we need to examine evidence for relations between healing cults and the mystery religions. Others in Greco-Roman healing cults made use of the terms, deities, and concepts of the mystery religions, concepts such

⁸⁷ See Edgar 1925:55-57 (*Zenon Papyri*. # 59034). See also Bevan 1927:69-70 and Nock 1933:49-50, 153.

⁸⁸ According to Tacitus, king Ptolemy received a vision in which a supernatural man ordered him to bring a statue of the god from Pontus to Alexandria. Ptolemy neglected this divine injunction until additional dire threats persuaded him. The king ruling over the region that housed the statue initially resisted releasing the statue, and as a result, "various disasters, diseases, and the evident anger of the gods, growing heavier from day to day, beset the king." Eventually the statue was allowed to leave, and, with numerous miracles along the way, arrived in Alexandria. Tacitus *Histories* IV.83-84 (LCL).

as communion with the god and transformation. At the same time, the mysteries were concerned with more than secret and mystical experiences. Like other successful religions of their time they promised public and mundane benefits to their adherents: success, earthly happiness, and health and deliverance from illness. Healing cults borrowed from the mysteries, and vice versa, in a syncretistic fashion. This blurring of the line between healing and the mysteries means there was the potential for those in healing cults to find as complete and fulfilling a religious experience in their groups as did those in the mysteries. If we compartmentalize healing in the ancient world and detach it from its religious and social dimensions, we may be missing a vital aspect of it. Healing could be a religious experience in its own right.

Scholars have debated at length the origins and development of the mystery religions of the Classical, Hellenistic, and Roman periods, and their influence upon general religious belief and practice. Recent scholarship tends to make modest assertions about the mysteries (in comparison to earlier, more comprehensive claims), recognizing that there was considerable diversity in practice and belief among various groups and even within similar groups in different locations and time periods. Despite this diversity, it is usually agreed that there are some broad features common to most of the mystery groups. Among these, there are two features relevant to my argument that there were analogies and points of contact between healing and the mysteries. The first has to do with the relation with the god. In most mystery religions the members sought an intimate encounter and relationship with the deity, above what was achieved in the traditional civic and cultic religions of the day. Second, the mysteries had something to do with personal transformation, whether this is understood as an imitation of the cycle of nature; a process of death and resurrection, birth or rebirth; or the bestowing of a type of enlightenment.⁸⁹ This transformation was enacted ritually in initiation.

⁸⁹ Meyer 1987:8-9; Burkert 1987:7-11.

Healing cults and the mysteries

The second century Emperor Marcus Aurelius recognized an affinity between the mystery religions and healing cults. He states:

I call therefore, with my vows, to hear me each one of all the gods who anywhere in the world provide present and prompt help for men; who anywhere give their aid and shew their power in dreams or mysteries, or healing, or oracles.⁹⁰

In each case the gods help and assist humanity. We have seen this aspect of Greco-Roman religion in votive offerings. Burkert has an excellent discussion of the affinity between votive religion and the mysteries.⁹¹ He emphasizes that both are expressions of personal religion in the Greco-Roman world, they are religious activities governed by private decision rather than public or civic obligation, and they seek salvation or deliverance through personal relationships with a deity. Burkert (1987:13) asserts that votive religion and the mysteries had similar ends and means: both sought to effect a change, through ritual, in the person's present life. This change could involve deliverance from danger and/or a transforming initiation.

For their part, the mysteries usually did not ignore the mundane aspects of life. Personal relations with the god and the benefits resulting from that relationship were not limited to spiritual feelings or the promise of a happy afterlife. People of ancient times generally expected favours in this world from the gods; and it appears that the mysteries, like other religions of the day, promised such benefits as health, wealth, and happiness. For example, even texts in the esoteric and metaphysical Dionysiac–Orphic tradition have prayers for health and wealth (Burkert 1987:18). What must be kept in mind is that the mystery cults were rarely “pure” mysteries. Like other religions in the Greco-Roman world, they wore a public face, offering events open to all. They had offerings and sacrifices, prayers and vows, festivals, parades and

⁹⁰ This is in a letter to M. Cornelius Fronto. See *The Correspondence of Fronto* (LCL).

⁹¹ Burkert 1987:12–19. Cf. Bonner 1937:123. Burkert 1987:13 cautions that scholars should not underestimate the intensity of emotion of persons who made votive offerings.

feasts. For some people, these events would be the initial and perhaps their sole involvement with these cults. For example, a person might be attracted to the Isis–Sarapis cult on the basis of the cures it promised. The private face of the mysteries, one which involved initiations and other esoteric rituals, was seen by those persons who chose to make special efforts, who considered themselves elected by the gods to be in a special relationship with the god.⁹²

What were these mystery rituals like? As far as we can penetrate the secret rites of the various mysteries, many apparently were sacred dramas which were intended to enact and bring about some kind of transformation in the initiates.⁹³ Some of the mystery religions had their origins in vegetation or fertility cults. Ancient ceremonies commemorating the dying and growing forces of nature were originally meant to renew the life-forces of the entire community. In the Hellenistic and Roman periods these acts developed into rituals of personal transformation and rebirth.⁹⁴ The idea of transformation also is central to healing and healing cults: in healing there is a perceived change from sickness to health. This change need not be restricted to the physical dimension. Deities such as Sarapis were considered to be healers of both the body and the soul. Further, healing often was considered to be a purification or cleansing, and such a cleansing was an important preparatory step in initiation into the mysteries (Angus 1925:78ff., 90). Finally, the sacred drama which symbolized transformation in some mystery religions involved the person participating in enactments of the death and resurrection of the god. Could not a healing rite, where illness was understood as a kind of death and healing as a rebirth, fill the same purpose?⁹⁵

⁹² See Burkert 1987:10, 15; Nock 1933:57-58, Meyer 1987:4.

⁹³ Eliade 1958:109-110; Angus 1925:x. The Eleusinian mysteries, in many ways the prototype of mystery religions, likely enacted the myth of the descent of Kore/Persephone into the underworld (death), the search for her by her mother Demeter, and their reunion (life).

⁹⁴ Angus 1925:ix; Mylonas 1961:282; Van Gennep 1960:91-92; Eliade 1958:111-114.

⁹⁵ See the cautious discussion of the evidence in Burkert 1987:23, 75, 99-101.

Initiation into the mystery cults sometimes was thought to have mundane benefits. We have seen this view in many of the healing groups I discussed in Chapter Five. The mistake made by many researchers into ancient religions (pagan or early Christian) is that they concentrate on the “spiritual” aspects of the religion, to the exclusion of other aspects. The benefits of religious activity are analyzed in terms of the effect on one’s afterlife, “spiritual state,” etc. While this side of religion is important, most religions address the physical side of life as well. When we examine the mysteries, we see that they do not ignore earthly benefits.

The taurobolium initiation ceremony for the cult of Cybele was thought to bring new life in this world, and therefore prosperity and good fortune. Perhaps that is why in some cases people underwent a second initiation after twenty years: the effects had worn off and a new infusion of divine favour was needed (Burkert 1987:18). As stated previously, the Isis–Sarapis cult was well known for offering both healing and initiation into a mystical relationship with the deities. As I note in the next chapter, the fortunes of Lucius improve after he is initiated into the mysteries of Isis. The Bacchic or Dionysiac mysteries sometimes involved cathartic rituals or initiations.⁹⁶ This practice relates to a larger area in Greek thought, that of divine madness.⁹⁷ Some worshippers of Dionysus (the Bacchantes) or Cybele (the Corybantes) practiced orgiastic rites.⁹⁸ These rites produced ecstasy (ἐνθουσιασμός), madness (μανία), or possession (ἐνθεός, θεόφορος). These states of controlled ecstasy were believed to be therapeutic for some ailments such as madness.⁹⁹ The satirist Aristophanes equates Corybantic initiation with incubation in an

⁹⁶ See Smith 1984:34-35, Burkert 1987:19, 112, Entralgo 1965:44-50, Willoughby 1929:81-82.

⁹⁷ See Rohde 1972:286ff. and Dodds 1951:64-101. Classic texts on the subject are Plato *Phaedrus* 244 AE, *Timaeus* 71 E (LCL). Nock 1964:120 notes “the medical writer Arataeus tells of people who in religious madness slashed themselves and who, if they recovered their sanity, were cheerful and carefree, as having become initiates of the deity.” See Arataeus *On Chronic Diseases* I.VI (1856:304).

⁹⁸ Interestingly, Philo equates *Therapeutae* worship with bacchic and corybantic ecstasy. See *Vita contemp.* 12, cf. 85 (LCL). Each group is thought to be possessed. See Burkert 1987:112.

⁹⁹ Entralgo 1965:50 notes that catharsis originally had a religious and ethical meaning (purifying, cleansing from uncleanness), and later it changed to include physical connotations (purgation, removal of a physical blemish). A

Asklepieion as a method of healing disease.¹⁰⁰ Many of the Greek discussions of these concepts use the term τελετή, which, as I noted at the beginning of this chapter, had a variety of meanings including completion, sacred rites, or initiation. The ambiguity of this term makes it difficult to conclusively say whether these rites were thought of as initiations, but it is quite possible in many cases.¹⁰¹ Dionysus received the appellation “physician” or “health-giver,” likely in connection with these rites.¹⁰²

Even when the primary benefit for the initiate into the mysteries was thought to be a happy afterlife, benefits in this world could be viewed as proleptic assurances of that future divine favour. This is likely the case when healing occurred in the Eleusinian mysteries. It appears that Demeter was worshipped as a healing goddess in at least a few cases.¹⁰³ In an interesting parallel to Paul in Acts 9, an inscription at Eleusis suggests that a person was healed

comparison between this phenomenon and shamanism is apt, and has been made by several scholars. See Rohde 1972, Ferguson 1970, Dodds 1951:135-78, Graf 1994:161.

¹⁰⁰ In Aristophanes’ play *The Wasps* (LCL), the son tries to cure his father’s mad obsession with civic affairs (humourously called a disease, νόσον). He tries various therapies: washing and purging, making the father a Corybant (ἐκορυβάντιζ’). When “these rites” (ταύταις ταῖς τελεταῖς) failed, the son forces him to incubate for a night in Asclepius’ temple. See discussion in Reckford 1977:284; and Burkert 1987:19, 141 n33. In Aristophanes the comparison between rites is comic but likely preserves a common view of their affinity.

¹⁰¹ For example, Euripides in *The Bacchanals* (LCL) line 73 describes the Bacchanalian revels as the τελετὰς θεῶν (translated in LCL as “mysteries sent from heaven”). Plato in *Laws* VII. 790D-791B (LCL) mentions Bacchic dancing in connection with certain “rites of expiation and initiation” (περικατθαρμοὺς τε καὶ τελετὰς). Plato in *Phaedrus* 265 AB (LCL) speaks of the μαντικὴν τελεστικὴν (translated as “mystic madness” in LCL) inspired by Dionysus. Plato in *Laws* VII.790 D (LCL) compares those who “administer remedies” (ιάματα τελοῦσαι) in cases of Corybantism with victims of Bacchic frenzy: both are treated by employing dance and song as a remedy.

¹⁰² Athenaeus, *Deipnosophistae* I.22 E (LCL) mentions several cases where Dionysus is called the physician (ιατρόν) or health-giver (ὑγιατήν). See Rouse 1902:188, Jayne 1925:318.

¹⁰³ Kerényi 1967:202 n53 mentions a late Roman votive relief from Thrace. In Kerényi’s estimation it originated in the Eleusinian religion of a private person. It depicts the cure of a blind man by Demeter. Van Straten cites other examples 1981:121-122. See also Jayne 1925:317, Rouse 1902:192.

of blindness and had a vision of the goddess Demeter.¹⁰⁴ The meaning of this inscription is open to interpretation: is it metaphorical (referring to the initiatory revelation or ἐποπτεία having banished the “blindness” of ignorance), does it refer to an actual healing, or is it a combination of the two? An epigram concerning a similar event clearly combines physical healing with revelatory themes.¹⁰⁵ We know of a similar combination of ideas (healing and revelation) in an initiation into the Isis mysteries.¹⁰⁶ In discussing the promises of afterlife in the Eleusinian and Dionysian mysteries, Burkert finds that these were in essence “practical” assurances. The attraction of the mysteries was not that they provided a new hope of afterlife (after all, an attenuated and shadowy life after death generally was assumed in the Greco-Roman world), but that they promised to improve the quality of that life (making it one of felicity, light, and bliss). The mysteries also promised to improve the quality of life in this world. Burkert finds that there

¹⁰⁴ The cure of the blind man seems to be attested in a painted marble votive relief found in an excavation of the *telesterion* at Eleusis. The inscription laconically reads: ΔΗΜΗΤΡΙ ΕΥΚΡΑΤΗΣ (to Demeter by Eukrates). The date is given variously: 5th cent. (Kerényi 1967), 4th cent. (van Straten 1981), 3rd cent. (Farnell 1921). Over the inscription are two eyes and a nose. Above, separated from the nose and eyes by a cornice, is the head of a goddess surrounded by red rays. It is thought that the rays suggest the light in which the goddess appeared. Now in Athens, New Museum A11386, see *IG* II² 4639. For discussion, see Kerényi 1967:95-98 and fig. 34; van Straten 1981:121-22 and fig. 56, Farnell 1921: 255-56, Burkert 1987:20, 141 n37.

¹⁰⁵ See the following account in Soury 1957:119 (*Anthologie Grecque* #298). “With a stick I climbed into the temple, because I was profane and a stranger not only to the mysteries [τελετης] but to the light of the sun. The goddesses initiated [μύστην] me to both at once, and I know that that night I also purified my eyes of their ‘night.’ Without the stick, I descended to the city, proclaiming the miracles of the goddess with my eyes more clearly than with my mouth” (my translation). This is an epigram of Antiphilos from the Augustan age. Kerényi 1967:96 notes that this story likely refers to the event “which had become famous,” that is depicted in the Eleusis votive offering.

¹⁰⁶ A sarcophagus from Ravenna made by a man (Sosius Iulianus) for his wife (Tetratia Isias) shows a seated woman with a man anointing (healing? ritual act?) her left eye. Heyob 1975:62-64 interprets the scene as the husband anointing his wife’s eyes in preparation for initiation and the mystic visions of Isis which will assure her a happy afterlife.

was an “intrinsic unity of these two dimensions of mysteries—realistic cures and immunizations, on the one hand; and imaginary guarantees of bliss after death, on the other.”¹⁰⁷

Another feature shared by healing cults and the mysteries was a personal encounter with the god. In healing cults, gods such as Asclepius and Sarapis were petitioned as σωτήρ (savior) in their capacity as healers and deliverers from disease and death. More than petitioning occurred in the healing cults, and incubation was a common means of receiving treatment. In this rite, the person would spend the night in a sacred site: either a cave or grotto, or a temple or some other building associated with the cult. Anthropologists recognize that incubation involves the elements of a rite of passage, with acts of ritual separation, transformation, and integration. It is a ritual concerned with the inward and outward transformation of a person.¹⁰⁸ The god would appear to the patient in a dream vision and either cure the person directly (functioning as a “surgeon,” usually by touch) or he would offer diagnostic and prescriptive advice (functioning as an oracle). In either case, this vision was considered to be a direct encounter with the god, and a personal healing unmediated by human agents.¹⁰⁹ The divine epiphany and encounter with the god in incubation is comparable to what occurred in the initiations and sacred dramas of the mysteries, which often had as their focal-point the ἐποπτεία, a vision or revelation (presumably of the deity or *sacra* representing the god). What was the emotional state of incubants? The information available from inscriptions and ancient writers generally portrays incubation in Asklepieia as a straightforward affair involving a few preparations (bathing, sacrifices), the dream-vision in the incubation hall, the cure, and the return to everyday life. We are left guessing as to the affective side of the activity. It does not seem likely that a person who had prepared for the solemn ritual of incubation, had “met the god,” and received some kind of healing or relief from their ills, would be unaffected emotionally by the experience. As noted

¹⁰⁷ Burkert 1987:23. Cf. Nilsson 1961:58-59, Nock 1964:110, Graf 1994:163, 166.

¹⁰⁸ Smith 1984:34. See Coffman 1993:414 on incubation caves as sites symbolizing tombs, facilitating concepts of death and rebirth motif in some incubation rites.

¹⁰⁹ Kerényi 1959:34, 51; cf. Edelstein 1945b:156-157.

above, the votive offerings given in gratitude, while being a typical response of a client, do not preclude an affective dimension.

The Asclepius cult and mystery religions

Affinities between the Asclepius cult and mystery religions tend to be discounted in much modern research. As a healing cult, Asclepius worship is not thought to partake of the truly “religious.” Mystical moments, affective emotional states, and conversion experiences are not thought to be part of the healing equation. For example, Edelstein makes a typical assessment when he contrasts the Asclepius cult with mysteries. He thinks that incubation in the Asclepius cult was usually a simple, open and public affair; with none of the strange, elaborate, or secretive rituals and symbols associated with oracular or mystery religions.¹¹⁰ Other scholars have come to similar conclusions.¹¹¹ Such an estimation takes too narrow a view of healing and votive religions, and it is one that I refute. The evidence I have cited in Chapter Five shows that healing cults can have a full range of religious activity, emotions and beliefs among their participants. As I demonstrate in Chapters Eight and Nine, in Luke–Acts the healing experience is not separated from faith in Jesus or participation in the community of his followers: in fact it is what transforms or initiates the person into a role in that community.

My assessment here is that religious healing could easily move into the realm of the mysteries and initiation. Aspects of the Asclepius cult demonstrate this tendency. The first of

¹¹⁰ Edelstein 1945b:149-150. One wonders if the Protestant bias against ritual, identified by Mary Douglas and J. Z. Smith and discussed in Chapter Two, is at work in these assessments.

¹¹¹ For example, Festugière 1954:95 finds that conventional piety towards Asclepius recognized his healing ability, but typically did not include elements of what we would call personal religion such as devotion or single-minded adoration. Behr 1968:33-34 estimates that worship of Asclepius typically was simple and direct, with none of the secrecy or paraphernalia of the mystery religions. Farnell 1921:279 categorically states, “among the Greek communities there were no mysteries of Asklepios and no mystic theology was evolved concerning him.” Burkert 1987 (noted above) is an exception, recognizing the relation between votive and mystery religions. See also Koester 1982:176, who allows for the possibility of personal initiation rituals in the cult of Asclepius.

these elements is the chthonic dimension. The Asclepius cult was a typical Greek hero-cult, with connections to the earth and the underworld, oracles and incubations, images of death, burial, and rebirth; frequent epiphanies by the god, and the use of snakes in iconography and religious ritual.¹¹² In the Hellenistic world, healing gods also often functioned as oracles, and oracular gods often gave healing advice.¹¹³ The snake, often associated with Asclepius (for example in the twin snakes on his staff), has both medical and mystical connotations.¹¹⁴

Epidaurus was the site of the largest and most important temple to Asclepius. Among the buildings on the site was one of distinctive design and, to modern scholars, unknown purpose. This was the *Θόλος*, a large rotunda containing a labyrinth. In Hellenistic culture a labyrinth often connotes the heroic initiation faced by Theseus in his battle with the Minotaur, as well as initiation into the mysteries.¹¹⁵ An anthropologist looking at a labyrinth sees a structural representation of the process of initiation—it is a maze which one enters (separation from the world), wanders through, and exits (incorporation), having encountered something unexpected at the centre (transformation). Kerényi notes that the walls of the Epidaurian *tholos*-labyrinth were adorned with frescoes of Dionysian figures, and he speculates that this structure may have been the site of initiation into mystery rites.¹¹⁶ Other scholars are more cautious, noting only that the

¹¹² See Rouse 1902 for discussion of votive religions and hero cults.

¹¹³ Kerényi 1959:36; Jayne 1925:218-220.

¹¹⁴ The snake had apotropaic functions: there were many folk-beliefs in the healing power of the touch or lick of a snake (ASCS 1977:28). Being associated with the underworld, the snake had mantic, divinatory and prophetic significance (D'Irsay 1935:456, Downing 1990:567). It also had a well-accepted reputation for wisdom and knowledge, and the serpent shedding its skin was a common motif for rebirth (Edelstein 1945a:366-367).

¹¹⁵ On Theseus, see Eliade 1958:109. On labyrinths and initiation into the mysteries, see the following saying attributed to Plutarch, who compares death with those undergoing initiation into the mysteries. Plutarch states that in both, "in the beginning there is straying and wandering, the weariness of running this way and that, and nervous journeys through darkness." Plutarch's *Moralia*, Fragment 178 (LCL).

¹¹⁶ Kerényi 1959:43, cf. D'Irsay 1935:459.

structure was used for some sort of mysterious ritual.¹¹⁷ LiDonnici reviews the available evidence on the issue and notes that no ancient source refers to any activity associated with the *tholos*: a curious omission, since Epidauros is discussed abundantly in Greco-Roman literature. She concludes, “It seems to me possible that knowledge of the true function of the Thymele was concealed deliberately, and that it may have had some kind of secret character.”¹¹⁸ We may never know the purpose of this building, but it remains an intriguing possibility that some sort of initiation ritual was held there, perhaps for a select group.

The prominent and popular Isis–Sarapis healing and mystery cult has many points of comparison with the Asclepius cult: for example, they both had incubation with interpretations by religious functionaries, temple staff acting as *therapeutai*, and serpent imagery. As I note later, a dream-vision of Aristides combines the figures of Sarapis and Asclepius (*Or.* 49.46–48), and this syncretistic connection was common in the ancient world. The deities are mentioned together in coins and inscriptions, and sometimes Sarapis is depicted with the emblems of Asclepius, the tripod or the serpent and staff.¹¹⁹ In one temple, Asclepius’ image is placed between Isis and Sarapis (Edelstein 1945b:216). The Isis–Sarapis cult was well known in the Hellenistic world. Since it had combined healing and mystery elements, we should not assume that other cults, such as that of Asclepius, could not do likewise in some cases.¹²⁰

In his account of Alexander the false prophet, the second-century CE satirical writer Lucian provides us with an intriguing portrait of how an Asclepius healing cult could be combined with a mystery religion. Since satire draws its humor from its relation to real events,

¹¹⁷ Caton 1900:10–12, Jayne 1925:264, Edelstein 1945b:213, Hamilton 1906:12. Koester 1982:176 speculates that a worshipper’s relation to Asclepius may have been further deepened by mystery initiations.

¹¹⁸ LiDonnici 1995:12 n31, emphasis by author. See her discussion on pp. 6–12. For example, Pausanias II.27.3 (LCL) describes the building but gives no hint as to what occurred there.

¹¹⁹ Jayne 1925:347–348, 492–493; Angus 1925:426, Burkert 1987:15.

¹²⁰ For example, Apuleius in *Apologia* 55 justifies his claim to knowledge of Asclepius by stating that he had participated in several sacred mysteries (Edelstein 1945a:337).

we should take seriously the possibility that such combinations existed in the ancient world.¹²¹ Lucian describes how Alexander initially trained and learned from a public physician (§5), then went on to practice quackery, sorcery, and magic (§6). Seeing the popularity of oracles, he founded a prophetic shrine (§8) and an Asclepius cult (§10f) based on predictions and oracles and the prescription of medical treatments and diets (§22). He spread rumors that he had healed the sick and raised the dead (§24). Especially interesting are the statements that in this cult he established a celebration of mysteries (τελετήν), performed the mysteries (τελείσθωσαν, §39) and enacted mystery rites (μυστικοῖς, §40). Scholars have recognized common elements in the writings of Lucian and his contemporary, Aristides (discussed in the next chapter).¹²²

Themes of transformation and rebirth, found in mystery religions, are also in the Asclepius cult. Mythological legends about Asclepius credit him with resurrecting Hippolytus and others. A commonplace summary of Asclepius' accomplishments was that he healed the sick and raised the dead: by healing people Asclepius snatches them from the doors of Hades and gives them health and new life (Edelstein 1945a:37-93). The idea of personal transformation (perhaps over and above physical healing) can be found in the Asclepius cult: an inscription at a temple to Asclepius states, "Enter a good man, leave a better one."¹²³

In regard to the concept of transformation, there is an intriguing little story recorded by Suetonius (*Claudius* 25.2) to the effect that many Roman slave owners sought to escape the burden of caring for their ill slaves by sending them to the island of Æsculapius on the Tiber (the site of the Roman Asklepieion), and then neglecting them. This became such an abuse that the emperor Claudius passed a law which freed all slaves who recovered after being sent to this sanctuary.¹²⁴ Doubtless there are pragmatic economic issues behind this account; however it

¹²¹ We have independent evidence (inscriptions, coins) of the cult of Glycon which Lucian describes in this story. See Lucian, *Alexander the False Prophet* (LCL). See Bowersock 1969:71.

¹²² Boulanger 1923:144-46, Bowersock 1969:71.

¹²³ *Bonus intra, melior exi.* cited in Edelstein 1945a:319, cf. 212.

¹²⁴ Cf. Jayne 1925:467, Edelstein 1945a:451. See discussion in Theissen 1983:237.

seems to me that a possible underlying element here is the notion that the slaves who were abandoned and ill, had in a certain sense ‘died,’ and their recovery therefore necessarily involved a kind of rebirth or new identity. They were now freed from their old status and legal obligations and had a new social status.¹²⁵

Mystery religions promoted a personal encounter with the god. The personal relationship we will see that Aristides enjoys with Asclepius the healer and savior is distinctive but not unique in healing cults of the ancient world. Generally, Asclepius was considered by the ancients to be a kindly god, the paradigm of a good physician, and a figure often inspiring personal devotion.¹²⁶ He appeared to hundreds of people in dream-visions at incubation, touching and soothing them, performing “operations,” and offering detailed advice and prescriptions.¹²⁷ Edelstein (1945b:104) notes that Asclepius often became the guardian or patron of not just the patient but the entire household, since the family as a whole is affected by someone’s illness. Aristides’ notion that Asclepius is his patron in all affairs of life is also not unique. As an oracular god, Asclepius could be consulted on a variety of matters.

The Asclepius cult and Eleusinian mysteries

The Eleusinian mysteries were closely associated with the Asclepius cult. Several researchers have recognized a basic affinity between these two religious movements. Kerényi 1959:38-39 notes:

¹²⁵ We know of at least one Roman practice that recognizes the new identity resulting from death. A person erroneously reported dead while on a journey had to re-enter his home, not by the door but by a hole in the roof. He then underwent ceremonies to re-establish his identity among the living. See Rose 1959:182.

¹²⁶ Edelstein 1945b: 65, 81-82; Ferguson 1970:110-111.

¹²⁷ Edelstein notes that the incubation chamber in the Asklepieia, where the patients slept and met the god in a dream-oracle, was called the *abaton* or *adyton*, names customarily given to the most sacred part of a temple where the god made epiphanic appearances. Edelstein 1945b:191. On personal relationships to Asclepius, see Koester 1982:174, 176 and Smith 1984:34.

The cult at Epidauros created in its devotees the expectation of a great culminating experience [e.g., encounter with the deity, healing]. In this essential point Epidauros comes close to Eleusis. Indeed Epidauros and Eleusis had more in common than the general character of mystery common to both temples.

Edelstein has the most extensive discussion of this connection. Speaking of Demeter, the goddess of the Eleusinian mysteries, Edelstein (1945b:127) says, "there was a natural affinity between the goddess of agriculture and the god of medicine. Both husbandry and medicine preserve life."¹²⁸ He goes on to develop the theory that there was a symbiotic relationship between the two cults. The Asclepius cult was concerned primarily with matters of this world such as cures and health; the Eleusinian mysteries were concerned with the next life. Sickness and healing, however, can be seen as a foreshadowing of death and rebirth. Healing could be a kind of preparatory initiation (or rite of passage) which could lead the person to the Eleusinian Mysteries, with Asclepius and Demeter filling complementary or parallel roles.¹²⁹

The myth of the mother goddess Demeter who searches for her daughter Persephone (Kore) and eventually obtains her seasonal release from the underworld was well known in the Greco-Roman world. This myth was the basis for the Eleusinian mysteries, the most influential of the mysteries. As with any mystery religion, the exact nature of the *dromenon* and rituals are unknown, however most scholars agree that they involved a celebration of Kore's death and rebirth. It may be that initiates ritually reenacted and vicariously identified with the goddess and her resurrection. The events of the Eleusinian mysteries appear to follow the structure of a rite of passage. There were rituals of separation from the profane world (involving purification and

¹²⁸ Coffman (1993:425) makes a similar point, stating that the Asclepius cult and the Eleusinian mysteries (along with early Christianity) "were subtly interconnected in the public mind as saviour-healing cults."

¹²⁹ Edelstein 1945b:128-129. Dowling (1990:564-565) advances a similar theory. For example, Edelstein (1945b:129) states, "Asclepius, by allying himself with Demeter, by joining together this world and the other, gave to his worship a significance far beyond that of a merely materialistic healing cult." Note Edelstein's prejudice against religiosity in most healing cults.

preparation), transformation (the initiation, symbolic death/rebirth, resurrection), and integration into the company of initiates.¹³⁰

In reviewing relations between the Asclepius cult and the Eleusinian mysteries it is best to start with the introduction of Asclepius worship from Epidauros to Athens in 421 BCE: much of the evidence is related to this event. By this time, the Eleusinian mysteries were so important in Athens that any important newcomer, even a god, had to be initiated into them. Perhaps this was the ancient equivalent of giving the keys to the city to a visiting dignitary. Rouse (1902:196) suggests that a serpent or an Asclepian functionary served as a representative for the god in the actual initiation rite; this also seems a likely scenario for subsequent reenactments of the event. The fourth day of the annual Eleusinian festival known as the “Greater Mysteries” (the τελετή or initiation) was named the *Epidauria* and/or *Asklepieia*. It was a festival in honor of Asclepius commemorating his initiation into the mysteries. Ceremonies were held in the Asklepieion in Athens, and Eleusinian priests and priestesses participated, perhaps reenacting the god’s initiation.¹³¹ The story of the initiation of Asclepius into the Eleusinian mysteries was added to the god’s mythology.¹³² A fourth century Attic relief in the Athenian Asklepieion likely depicts the *Epidauria*: it shows six votaries approaching Asclepius, Demeter and Kore.¹³³

There were close relations between the Eleusinian mysteries and the Asclepius cult, in accord with the myth of the god’s initiation. Considering the Eleusinian side of things, there is a shrine to Asclepius at Eleusis (Downing 1990:565). Coffman notes that in the τελεστήριον (initiation hall) at Eleusis, initiates drank a special potion as part of the ritual. Special chalices

¹³⁰ Cf. Mylonas 1961:238ff, van Gennep 1960:90-91, Eliade 1958:110-111.

¹³¹ See discussions in Jayne 1925:295. Coffman 1993:414, 425; Kerényi 1959:39, Rouse 1902:192ff.

¹³² The story is mentioned in Pausanias II.26.8 (LCL). “The Athenians, who say that they give a share of their mystic rites (τελετής) to Asclepius, call this day of the festival Epidauria, and they allege that their worship of Asclepius dates from then.” It is also mentioned in Philostratus, *Vita Apolloni*. IV.18 (LCL). See discussion in Mylonas 1961:251, 316; Jayne 1925:295; Coffman 1993:426.

¹³³ Two of the votaries are physicians. See Farnell 1921:268, Rouse 1902:199, Coffman 1993:425, cf. Edelstein 1945a (#432).

for this drink depict Asclepius (Coffman 1993:426). In a temple of Demeter and Kore there was a panel at the entrance showing Asclepius and his daughter Hygeia.¹³⁴ Turning to the Asclepius cult, we know from inscriptions that worshippers of Asclepius associated him with Demeter and the maiden.¹³⁵ At Epidauros there is a shrine to Demeter, and many dedications to her.¹³⁶ There is evidence that some functionaries at Epidauros either were from Eleusis or were organized according to the Epidaurian system.¹³⁷ In the temple to Asclepius in Athens there are altars and statues to Demeter and Kore (Rouse 1902:196). In the late Roman era, it is likely that many worshippers of Asclepius were also initiates and devotees of Demeter, imitating their god's initiation into her mysteries.

Conclusion

There are two recurring themes in the evidence I reviewed in this chapter. The first was how healing could be achieved by reinterpreting illness as part of a process of initiation into a special relationship with a deity or election to a religious task in service to that deity. Patron–client relations, a common form of social exchange in ancient Mediterranean, is a useful model to help understand the dynamics of this process. Patron–client relations are on-going, personal, give benefit for both parties and may have affective elements. So do many religious practices, including divine healing. A person healed by a divine patron would repay his/her obligation by praising the god in a variety of ways and, in some cases, serving or even dedicating his/her life to that god. We will see these same concepts in the next chapter concerning Aristides, and in Chapters Eight and Nine as we review the evidence in Luke–Acts.

¹³⁴ Edelstein 1945a:348; 1945b:215.

¹³⁵ Inscriptions, Edelstein 1945a:314–315.

¹³⁶ Shrine: Caton 1900:34, Rouse 1902:192. Dedications: Edelstein 1945b:128.

¹³⁷ An inscription at the temple to Asclepius at Epidauros mentions people with the title *hierophantes*. This word comes from *hierō* (sacred, holy) and *phainō* (to show). It is the usual title for priests who presided at sacred mysteries, especially the high priest at the Eleusinian mysteries. See Edelstein 1945b:213, Kerényi 1959:39.

The second theme was the interpenetration of healing cults and the mystery religions. The borrowing and reworking of concepts and acts was typical among religions of the Greco-Roman world. This tendency means that modern scholars cannot assume that religious practices and ideas of this time were strictly compartmentalized. For example, it is simplistic to think that there was one realm for healing cults and another for the mysteries and personal religions, with no exchange between them. The ritualized process of transformation and the new relation with the deity that was experienced by initiates into the mysteries had an analogue in the ritualized process of transformation that patients underwent in healing cults. I argue that the healings in Luke–Acts partake of this similarity. We need to recognize the religious dimension of healing in this period. We also need to recognize that religious groups of this time did not leave their beliefs as abstract concepts but usually enacted them within a ritual framework. We have seen that many groups combined healing with ritual and worship. In Chapters Eight and Nine, we will see how the evangelist presents healing within a particular context, that of corporate worship. For Luke, healing is not just a beneficial act done on an individual, it is a liturgical act celebrated by the group and it marks a new role for the person within the community.

CHAPTER SEVEN: GRECO-ROMAN HEALING (2)

In the previous chapter, I examined a variety of data from Greco-Roman sources having to do with healing and initiation. I found that patron–client relations were a useful model to explain interaction within the healing cults. I also found evidence of connections between healing cults and the mysteries. The mysteries offered not only spiritual but mundane benefits and experiences, and healing cults offered a process of transformation analogous to initiation. Persons sometimes achieved healing by reinterpreting their illness according to the affliction–healing model, wherein illness is seen as the first stage of a process of initiation into a special relationship with a deity, or election to a religious task in service to that deity. Researchers should not underestimate the religious dimension of healing in the Greco-Roman world: healing could be considered a religious act in its own right. These features all come together in the case of one second-century person, Aelius Aristides, whom I discuss in this chapter.¹ Aristides has a striking way of comparing his healings to an initiation, and he dedicates his life in praise of and service to the god who heals him. The writings of Aristides provide us with abundant evidence to compare with the text of Luke–Acts.

Aelius Aristides

Aelius Aristides was a second-century CE rhetorician from Mysia in north-western Asia Minor. Asia Minor was an important site for early Christianity, as the epistles of Paul and the book of Revelation demonstrate. The writings of Aristides therefore provide us with insights into religious world-views in early Christianity's milieu. Aristides was a devotee of the healing god Asclepius, and Aristides' writings offer modern researchers a detailed and unusually personal account of piety and religious activity in the Greco-Roman world. In his public orations, and particularly in his reminiscences known as the *Sacred Tales*, Aristides reveals a

¹ Material in this chapter appeared in Muir 1995. Permission to reprint granted by SBL.

religious view that combines what at first glance seem to be quite diverse elements. On the one hand, Aristides displays an intense interest in healing and the beneficial actions of healing deities—an attitude that is understandable, even pragmatic, given his recurring health problems. Yet, above such a practical interest, he also displays a deeply affective, in fact what we might call a devotional and at times mystical perspective. Aristides compares his healings to the mystery religions: these healings are intimate encounters with the deity, they transform Aristides physically and spiritually, and they are foundational elements in his on-going close relationship with the god. Aristides valued the illness–healing process as a religious experience.

Aristides' writings on the subject of his healing provide rare and valuable evidence not only of a sincere religious attitude but a lived religious experience in the second century. Because Aristides' writings offer so much useful information I treat him at length as a case study. I argue that the data he provides, though reflective of his particular world view, are not idiosyncratic. We can use his case to get insights into the milieu of Luke–Acts and early Christianity. I discuss Aristides' writings under four headings. First, Aristides uses terms and concepts from mystery religions (particularly references to initiation) to interpret and explain the process of illness and healing by Asclepius which he experiences. Second, transformation is a recurring theme in Aristides' writings. This theme supports the notion of initiation and it reflects Aristides' understanding of the effect of Asclepius on his life. Third, Aristides concludes that his illness and healings have instigated and continue to maintain his close relationship with Asclepius. Fourth, Aristides views his relation to Asclepius as that of a client to his patron. The favours of the patron Asclepius include healing and inspiration for Aristides' career of oratory. At times oration even becomes a means of healing. In gratitude, the client Aristides dedicates himself to the patron god: Aristides views his body as a *tabula rasa* upon which the god inscribes acts of power and deliverance, and Aristides uses his rhetoric to praise and honor the god.

Influence of the mysteries

Aristides discusses his healings using a variety of words and concepts from the vocabulary of mystery religions. Aristides often uses the word τελειόω, which, as I noted in the word study in the previous chapter, had a general meaning of “completing” or “bringing to an end,” as well as a specific religious meaning of “consecrating” or “initiating into mystery rites.” Aristides uses this term in various contexts: symbolic rites of healing (*Or.* 48.28), dream-visions,² the process of illness, visions and prescribed cures (*Or.* 2.66-67), and the Asclepius cult in general (*Or.* 42.1). In one striking passage, Aristides describes his emotions at the conclusion of a four-day session during which he had encountered the god in dream-visions and followed the god’s strenuous prescriptions of bathing and purgations:

It was all not only like an initiation into a mystery, since the rituals were so divine and strange, but there was also coincidentally something marvelous and unaccustomed. For at the same time there was gladness, and joy, and a contentment of spirit and body, and again, as it were, an incredulity that it will ever be possible to see the day when one will see himself free from such great troubles, and in addition, a fear that one of the usual things will again befall and harm one’s hopes about the whole. Thus was my state of mind, and my return took place with such happiness and at the same time anguish (*Or.* 50.7).

Despite being recalled about twenty years after the fact, the moment seems fresh in Aristides’ description: his cure is accompanied by relief, elation, and—realistically to modern eyes—some apprehension as to whether the healing would last.³

Other themes of the mysteries may be found in Aristides’ writings. In *Or.* 23.16, Aristides uses the titles of participants and officiants in the Eleusinian mysteries to describe his fellow incubants at the temple and Asclepius.⁴ One time as Aristides prepared for an incubation

² *Or.* 48.32-33, cf. Aristides’ vision of Sarapis in *Or.* 49.47-48.

³ Behr (1973:ix-xi) dates this event to 152 CE. Composition of the *Sacred Tales* is dated at 170 CE.

⁴ “Fellow pilgrims,” “Torch-bearer,” “Mystagogue,” cf. *Or.* 4.2 “fellow pilgrims.” See Behr 1986:366 n11. Edelstein (1945b:129) thinks that Aristides here is saying that the true mysteries of Asclepius are his healings.

in the temple, he states that he felt himself to be “consecrated and possessed” by Asclepius.⁵ Secrecy is a recurring motif in Aristides’ accounts. References to sacred secrets and details which must not be revealed to the profane or uninitiated audience—a theme common in mystery religions—color some of Aristides’ references to healings.⁶

Aristides had a particular interest in the Egyptian gods Isis and Sarapis, deities who were famous both as heads of mystery cults and as healers.⁷ It is likely that concepts from the mystery religions associated with Isis and Sarapis influenced Aristides’ view of Asclepius.⁸ In his use of death and resurrection imagery for healings of Asclepius (see below) perhaps Aristides combined imagery from the Isis-Sarapis cults. Aristides cites a conventional Hellenistic view that Sarapis was both a healer and a guide and resurrecter of the dead (*Or.* 45.18, 25, 29).⁹ Aristides’ ideas of initiation may also come from this cult: such is the view of Lonnoy (1986:49): “il semble qu’Aelius Aristide ait vécu son expérience religieuse avec Asclépios d’après le modèle de l’initiation, et notamment de l’initiation isiaque.”

The theme of transformation

There are important elements in Aristides’ writings about healing which present images of transformation. For instance, Aristides adopts a new name. To his name Publius Aelius Aristides he added the name “Theodorus” (gift of God). According to *Or.* 50.53-54, 70, Aristides received this name in a dream, along with the distinguished title of Asiarch, and he

⁵ *Or.* 50.4; cf. a similar feeling of possession during oratory in *Or.* 28.110ff.

⁶ On the motif of secrecy, see Meyer 1987:4. Aristides’ references: *Or.* 47.71; cf. *Or.* 45.32.

⁷ E.g. *Or.* 45. Aristides sees in a dream the combined figures of Sarapis and Asclepius (*Or.* 49.46, cf. Edelstein 1945b:129); in another dream Aristides sees a figure who is first a priest of Apollo (in mythology, the father of Asclepius), then of Isis (*Or.* 47.24-25. See also *Or.* 47.8). See Behr 1968:148-151.

⁸ Percy 1988:378 notes that Aristides was not innovative in making this connection, since Asclepius and Sarapis had well-established connections in the Hellenistic world.

⁹ In Hellenistic thought, Sarapis often symbolized the underworld (Behr 1968:149).

counted these (like everything else in his life) as favors from his patron Asclepius. Aristides adopted this name around 147 CE, near the end of his extended two-year incubation at the Temple of Asclepius in Pergamum.¹⁰ Aristides mentions a friend who also had a name change, suggesting that this practice had some currency in the Asclepius cult, at least in Pergamum.¹¹ The change or addition of a name is a common feature in rites of initiation, symbolizing a rebirth or new identity.¹² It appears to have been a feature in some religious conversions or affiliations to religious groups in antiquity (Horsley 1987). Of course, name changes indicate social acts besides conversion: adoption into a family and affiliation with a patron are two examples.¹³ Neither of these acts is inappropriate when considering the case of Aristides. In all these cases a name change indicates a new social identity and role.

Aristides uses the concept of regeneration to discuss his illness and cures. He refers to his sickness as death or a near-death condition from which he recovers or is resurrected (*Or.* 48.39; 49.3; 50.2). He notes that many people claim to have been resurrected by Asclepius, and in a public oration he cites this attitude as conventional wisdom (*Or.* 42.6-11). He himself claims to have lived not one, but many lives, due to the intervention and continued patronage of Asclepius (*Or.* 23.16). He calls Asclepius a “great wonder worker” who works for humanity’s salvation (*Or.* 39.14). In *Or.* 48.44 and 50.22-25 Aristides states that his life has been spared in exchange for another’s: someone dies in his place, and he is healed and continues to live.

Particularly interesting for anthropologists are two instances in which rituals symbolizing or enacting death are part of the process of cure for Aristides. In the first (*Or.* 48.26-28), Asclepius appears in a dream and states that Aristides is fated to die; however, Aristides is

¹⁰ Behr 1968:47. Aristides’ initial healing by Asclepius was in 144 CE, so this is early in the relationship.

¹¹ *Or.* 50.16. See Rüttiman 1987:102. We have seen name changes in the Epidaurian inscriptions, see previous chapter and Horsley 1987:2.

¹² Van Gennep 1960:62; Eliade 1958:28, 74-5; Angus 1925:90. Compare with Paul in Acts 16.

¹³ Horsley 1987:1. A slave who was manumitted would take the name of his former owner (now patron) as part of his new name.

granted divine permission to perform acts which ritually dramatize and thus avert a literal death. Aristides conducts special sacrifices and tosses away money. At first he is ordered to cut off part of his body, then the god relents and Aristides is allowed to part with his finger-ring. In the second instance, (*Or.* 50.2) the god orders him to sprinkle white earth on himself, “in place of being buried,” and then to bathe in snow which had “covered everything, the ground, the trees, and the springs.” Cutting off part of the body, symbolic burial, and divesting oneself of previous belongings are all common elements in rites of passage. Aristides, along with the assistance of his friends and temple functionaries at the Asklepieion, came up with these interpretations of his dream-vision prescriptions. The meaning of his dreams and the rituals he performed thus came out of symbols and concepts common in the Greco-Roman world, the milieu of Luke–Acts.

The idea of transformation is an important part of Aristides’ conception of the healing process as well as his entire relationship to Asclepius (e.g., *Or.* 50.52). Aristides has a dream in which Asclepius removes and replaces his damaged bones and nerves (*Or.* 49.15): such images of radical surgery are common in the incubular visions of the Asclepius cult. At another time, Aristides considers that his entire body was formed and given to him as a gift by Asclepius (*Or.* 42.7). The entire course of Aristides’ life is a series of transformations from ill to well, from struggling rhetorician to successful orator. To this list we may add a third transformation, one from a typically eclectic polytheist of Hellenistic society to a faithful, even ardent client and devotee of Asclepius (Behr 1968:148). Aristides comes to count Asclepius as his personal patron in everything. Although Aristides had both successes and failures in health and in oration, he never felt abandoned by his savior Asclepius (*Or.* 50.8-9).¹⁴

¹⁴ Behr 1973:ix-xi sketches Aristides’ health career as follows. Born in 117 CE, Aristides contracted health problems during a trip to Egypt in 142 CE and then suffered a complete collapse in 143 CE, suffering for a year. His health gradually improved after his “initiation” into the Asclepius cult (144 CE) and his two-year period at the Pergamum Asklepieion (145-147 CE). Aristides apparently enjoyed relatively normal health from 154-164 CE. This period also marked the height of his public career as orator. Aristides’ health declined in 165, he retired from public life and began composition of *Sacred Tales* around 170 CE, and died in 177 at the age of 63.

Interpretation of illness

Aristides has a distinctive interpretation of his illness: he sees it as an advantage. He views it this way for two reasons: it was the instigating event which brought him into a beneficial client relationship with Asclepius, and it is a means by which he continues to relate with his patron deity. Aristides first encountered Asclepius while seeking healing during a bout of illness in 144 CE. He views this event as a turning-point and an initiation into the Asclepius cult.¹⁵ Further, he considers that he continues to encounter the god as he seeks healing. In some of his public orations Aristides states these views directly. In the first passage, a panegyric to Pergamum (home of the site of the Asclepius cult that Aristides frequented), he compares his illnesses and healings to death and resurrection experiences. Aristides praises

the gain and profit in having been fellow pilgrims at the Temple of Asclepius and having been initiated in the highest of the rites under the fairest and most perfect Torch-bearer and Mystagogue, and under him to whom every law of necessity yields. I myself am one of those who, under the god's protection, have lived not twice, but many, various lives, and who on this account regard their disease as profitable, and who in addition have won approval, in place of which I would not choose all the so-called felicity of mankind.¹⁶

In his *Sacred Tales*, Aristides quotes an authority on oratory who gives the following assessment:

And once that famous Paradalas, who, I would say, was the greatest expert of the Greeks of our time in the science of oratory, dared to say and to affirm to me that he believed that I had

¹⁵ Rüttiman (1987:101-102) calls this event a kind of conversion experience.

¹⁶ *Or.* 23.16 Behr 1986:29. Behr interprets "approval" as the approval of Asclepius (1986:366 n.14); it could also be public approval for Aristides' orations. See also *Oration* 42.6: An Address Concerning Asclepius. "I wish to mention matters which pertain to me. Some say that they have been resurrected when they were dead, and their stories are accepted, of course, and it is an old practice of the god. We have received this benefit not only once, but it is not easy to say how often. To some he has given added years of life from his predictions. We belong to this group... For us it is not only a part of the body, but it is the whole body which he has formed and put together and given as a gift, just as Prometheus of old is said to have fashioned man." See Behr 1986:248.

become ill through some divine good fortune, so that by my association with the god, I might make this improvement [i.e., the ability to give public orations].¹⁷

Aristides' illness is an advantage because it brought him into contact with his patron Asclepius.¹⁸ Aristides even boasts about the afflictions he has endured under the patronage of Asclepius: these include not only the illnesses but the equally painful remedies. In this passage I am reminded of Paul's similar boasting of the afflictions he endured as a follower of Christ.¹⁹ As patron, Asclepius not only dispenses the benefit of health, he encourages and inspires Aristides' rhetorical career. Indeed, Aristides often finds that oration is itself a therapeutic act: many times he finds that his symptoms diminish through public speaking.²⁰ For Aristides this is not surprising, since his patron helps him in everything.

Aristides interprets his illnesses and healings as a process which brings him into contact with the divine and puts him into a special privileged client relationship with Asclepius. In *Or.* 2.67, he suggests that this interpretation is shared by others:

¹⁷ *Or.* 50.27, Behr 1986:323. See also 50.29: "But the god also ordered me to compose speeches... [yet] first I had to be saved [healed]. Yet, as it seems, these were contrivances of his for the present moment, but at the same time he had better plans than salvation alone. Therefore he saved me by means worth more than the act of being saved" Behr 1986:323.

¹⁸ Scholars such as Behr (1968:39-40, 60) and Festugière (1954:86) state that Aristides was able to find meaning, even consolation in his recurring illness, since he also felt the continued presence and concern of Asclepius.

¹⁹ Compare Aristides' statement with that of Paul. In *Or.* 42.6-9 Aristides recounts some of the difficult prescriptions of Asclepius— such as purges, fasting, long walks, bathing in cold rivers— and states, "If people cured in this way can boast about it, we too are not without our share of boasting. Indeed, some men tell stories about their endurance and all the different things they withstood under the god's leadership.... We indeed, have shown endurance in most things in many and in various ways." In 2 Cor 11:22-12:13 Paul boasts of his many labors, imprisonments, beatings, lashings, situations of danger, and anxieties he has experienced, and then says, "If I must boast, I will boast of the things that show my weakness." He makes a cryptic reference to his "thorn in the flesh," and concludes that the Lord said to him, "My grace is sufficient for you, for my power is made perfect in weakness." I will all the more gladly boast of my weaknesses, that the power of Christ may rest upon me."

²⁰ Oration as means of salvation (health): e.g., 50.22; 50.30; 51.36. Cf. Percy 1988:391.

Truly just as the seers, initiated into the service of the gods... I have knowledge from the gods themselves. Through their aid, contrary to the likelihood of the circumstances, I am alive, having escaped at different times through various kinds of consolation and advice on the part of the god [Asclepius] from things which no doctor knew what to call, to say nothing of cure, nor had seen befall the nature of man. There are many others like me and they can bear witness to these tales, not only Greeks but barbarians, both the flocks of those who dwell at times in the Temple of Asclepius and all who attend upon the god of Egypt [i.e., Sarapis].²¹

In the above it is worthwhile to draw comparisons between Aristides' view of his illness and that of the initiatory illness we have seen in the cases of initiatory illness and the shamans I discussed in Chapter Five. I think this is a worthwhile comparison, and one I that I have never seen applied to Aristides. Both cases fit the model of affliction–healing, in which persons find meaning through interpreting the illness as an interaction with the god. An illness is interpreted as the initial stage of a process that leads the afflicted person into a closer relationship with the deity. Healing results when this meaning has been ascribed to the health condition. (We see this same view in Luke–Acts, as I show in Chapters Eight and Nine.) Further, Behr estimates that Aristides “infused himself with the presence of Asclepius in a sort of non-contemplative mystic union.”²² Conditions of ecstasy, exhilaration, and altered states of consciousness are a common feature of mystery religions, and of shamanistic activity. These mystical states usually are interpreted as being the result of possession by the deity or encounter with it. As I noted, Aristides interprets the sensation of physical and mental well-being resulting from a cure or cessation of illness as an epiphany of the god and an initiation.²³ His other experiences in the Asclepius cult have a similar interpretation.²⁴ Did something similar happen in early

²¹ *Oration* 2.67. Behr 1968:88.

²² Behr 1968:158; cf. Angus 1925:135–136.

²³ Epiphany: *Or.* 48.21–23. Initiation: *Or.* 50.7; cf. Behr 1968:164.

²⁴ Aristides suggests that his dream-visions, experienced both in incubation and in normal life, are a personal and ineffable encounter with the divine. Apart from the benefit of the specific prescription for healing contained in the

Christianity? Luke–Acts suggests that healing was commemorated in worship services. If this was the case, then there likely was an affective component to the act.

Patron–client relations

As I have mentioned, Aristides views his relation with Asclepius as that of a client to his patron. In *Or.* 2.430 Aristides specifically calls Asclepius the “leader and patron” of his life and speech. As patron, Asclepius orders the affairs of Aristides’ life, prescribing him various substances and regimens for illness, inspiring him in the art of oration and rhetoric, helping him make useful social connections.²⁵ While Aristides commends other gods for their powers, including healing, such statements reflect a typically eclectic attitude towards religion in the Greco-Roman world.²⁶ Aristides freely admits that other gods heal; however he feels he has been singled out for a special client relationship with a particular patron god, Asclepius.²⁷ This relationship entitles Aristides to protection, guidance, and treatment.

As the client of Asclepius, Aristides seeks to support and honour his patron, who in his opinion has provided so generously for all aspects of Aristides’ life. Aristides does this in several ways. Principally, he places his art and career, that of oration and rhetoric, at the service

dream, he prizes the dream itself as an experience, as a communion between himself and the god. See *Or.* 48.32–33, *Or.* 48.21; cf. *Or.* 48.41 concerning Athena. Even the act of anticipating a night of incubation brings about a feeling of possession, peace and joy in Aristides (*Or.* 50.4).

²⁵ Ruttiman (1987:109) summarizes the issue: Asclepius orders Aristides to continue his career (50.14–30), to deliver speeches (51.38–41) and to participate in oratory contests and dedicate his speeches to him (50.15). In speeches collected in written form (47.38; 50.30) he claims to have had special help in their composition from the god in dreams (50.25), therefore he spoke “by his grace” (50.26). On social connections, see Remus’ discussion of Aristides’ friendships and social network at the Pergamum Asclepieion (1993:99ff.).

²⁶ In one oration, Aristides declares that Zeus is the supreme creator-god, and that the various gods assist Zeus, Asclepius by healing (*Or.* 43.7f, 25, cf. 43.30). In addition to Asclepius he credits Apollo and Athena with healing (*Or.* 48.18; 48.40).

²⁷ *Or.* 2.75, 430; 33.2, 42.3; cf. Behr 1968:159–160.

of Asclepius.²⁸ He makes speeches in praise of Asclepius. He mentions Asclepius constantly as the benefactor of his life. He writes lyric poems, hymns to the god, and has inscriptions made to him (Rüttiman 1987:109-111). The following excerpts from a public speech (essentially an aretalogy), titled “An Address Regarding Asclepius,” summarize Aristides’ attitude:

Of course I am concerned to express my gratitude and show my respect by means of sacrifice and incense... but the expression of gratitude through oratory seems particularly proper for me. For if in general the study of oratory means for man the point and, as it were, the sum of life, and of speeches those concerning the gods are the most necessary and just, there is no fairer means of showing gratitude to the god, I think, than through oratory, nor would we have a better use to which to put our oratory.²⁹

I have received, O Lord Asclepius, as I have said, many, various gifts from you and your generosity, but the greatest, the one deserving the most gratitude, and nearly, one might say the most wholesome is oratory.... I am the actor of your compositions. For you have exhorted me to oratory and have guided my training. And this was not enough for you. But you also were concerned with what was likely to come next, that your work would become famous. And there is no city, no private citizen, no official, who after even a brief association with us did not salute us and praise us as extensively as possible, and it was not, I think, the effect of my oratory, but the effect of you, my master.³⁰

Here we see many of the themes I have identified in the previous chapter as belonging to patron–client relations: expressing gratitude to the patron, giving the patron honor and fame, acting as the patron’s instrument.³¹ Smith states that Aristides “believes himself to be a man chosen by

²⁸ Aristides was a *sophistes*, a travelling orator, who would go from place to place and declaim in public.

²⁹ *Or.* 42.2-3. Behr 1968:247.

³⁰ *Or.* 42.12. Behr 1968:249-250. In 42.4f Aristides lists the various benefactions he and others have received from the god.

³¹ On acting as an instrument of the god, see also *Or.* 47.41 where he sees himself as priest of the god, and *Or.* 50.10 where Aristides implies that he himself is a healer (presumably due to a mediation of the power of Asclepius).

God as a servant and mouthpiece of the great healer.”³² Aristides respects the traditional means of thanksgiving to the gods such as sacrifices and votive offerings, and he performs these acts. He also makes his rhetorical efforts into votive offerings and he uses his career as a sophist to praise the god (Rüttiman 1987:109). In essence, he acts as an advocate or proselytizer for faith in Asclepius (Rüttiman 1987:121). Aristides’ conviction that he was the instrument of Asclepius also reminds us of factors common in possession and the mystery religions: the close identification of devotee to deity, the intimate bond of intimacy and friendship.³³ Here we see the affective side of a patron–client relationship.

According to Aristides, it is Asclepius who requires him to write down an account of his various dreams and cures, and call them the ἱεροὶ λόγοι.³⁴ The title means “sacred tales” or “holy writings.” In addition to this general meaning, the term ἱεροὶ λόγοι was used in Hellenistic literature to refer to a sacred legend revealed in divine revelation, one that might be told to justify a rite of special worship such as a ceremony of initiation.³⁵ By so naming his text, Aristides suggests that he sees in his healings a manifestation of the divine and a justification of his devotion to Asclepius. This account is much more than an unedited transcript of Aristides’ diary, or as some scholars have erroneously characterized it, an incoherent, almost dream-like recitation of the various experiences Aristides had in the Asclepius cult. The *Sacred Tales* is a carefully crafted narrative aretalogy, whose components have been chosen to contrast the effective divine treatment given by Asclepius with the mundane and ineffectual treatments

³² Smith 1984:37, 46. See also Lonnoy 1986:42. Such an assessment could easily be made of Paul.

³³ On identification of devotee to deity, see Angus 1925:105. On bond of intimacy and friendship, see Angus 1925:117-118, Mylonas 1961:284, Festugière 1954:98.

³⁴ *Or.* 48.12, cf. Philips 25. The *Sacred Tales* is *Orations* 47–51.

³⁵ Festugière 1954:88, cf. Burkert 1987:69-70.

proposed by human doctors—all to the glory of the wisdom and power of Asclepius (as well as the piety and endurance of Aristides).³⁶ In analyzing Aristides' text, Percy perceptively notes:

The *Sacred Tales* do not narrate only healing and dreams; they narrate also the creation of a text, or rather of two texts. One is, of course, the *Sacred Tales* themselves.... But the *Sacred Tales* record also the creation of a second text.... It is the body of Aristides himself. In its illness and recoveries, the medical history of Aristides makes up a narrative of Asclepius' providence and favor. Physical existence is transitory.... The *Sacred Tales* themselves, however, might endure, to present the complex interpenetration of reality by the word of the god and the transformation of the diseased and imperfect text of Aristides' body into the lasting text of the *Sacred Tales*.³⁷

Here we see the sentiment explicitly stated by the writer of the "Praise of Imouthes"—that his writings will be a permanent testimony to the power and the virtues (ἀρετή) of the god. What is interesting here is the idea that the body of Aristides is a text.³⁸ Perkins (1992:249) states.

Aristides describes a relationship with the divine that is neither psychologically nor spiritually based, but rather physically based. Aristides' text was about the body, and in his representation, divine power was focused and inscribed on the body in palpably material terms.

A person who sees him/herself as the text upon which a god writes is a person who has found meaning for their problematic conditions, and thus has achieved healing.

Finally, I would like to point out another item which demonstrates Aristides' view of his relation to Asclepius. Percy (1988:378) correctly discerns the reason behind the many allusions to Homer's *Odyssey* in the *Sacred Tales*: "Aristides uses them to equate himself with the

³⁶ E.g., *Or.* 47.62-64, 67. Percy 1992:605-606, 609-610 is one of the few commentators to recognize this theme. See also Philips 1950:25.

³⁷ Percy 1988:390-391. Perkins has similarly astute comments on the *Sacred Tales* as a shaped discourse, p. 248. Percy 1988:379 makes the interesting comparison: "We must look to Augustine's *Confessions* ... and to the Gospels for comparable examples of narrative informed by profound religious experience."

³⁸ Percy 1992:610 states, "Aristides uses his illness to define his own existence. The relationship with Asclepius that marks him out from other men has two sides. For Aristides to be the divinely favored man that he is, Asclepius must heal him; but for Asclepius to heal, Aristides must be ill, and heroically so."

wandering, god-driven hero, Odysseus.” In Aristides’ accounts of the course of his life, particularly his healings, there are many references to the *Odyssey*.³⁹ While quotations of Homer were not uncommon in Greek orations and literature, this should not make us dismiss Aristides’ use of this theme as a mere rhetorical flourish. Rather, these allusions are shadings in the autobiographical public portrait of Aristides, and they reveal his self-understanding. Festugière (1954:86) characterizes Aristides’ illnesses and Asclepius’ healing prescriptions as a “series of ordeals” which Aristides (like Odysseus) meets successfully. By meeting these divinely-sent ordeals successfully Aristides wins honor for himself and for his god. Nor is Aristides shy about boasting about these ordeals: they reflect favorably upon his endurance and therefore also on his patron, who chose such a heroic client.⁴⁰ Perkins notes that some devotees of deities manifested their obedience through endurance and bodily submission to painful divine commands. This was true in the case of Aristides:

Aristides, who regularly represented himself as in almost constant pain, found bodily ease and divine union as a result of his obedience....; the experience of suffering changes when it is undertaken at divine behest. Interpretation affects experience (Perkins 1992:254).

When Asclepius did not cure Aristides, Asclepius gave him something to do with his pain and allowed him to understand pain both as profitable and as the basis for his relationship with the god. Pain and affliction can be easier to bear if a nomic structure is provided.⁴¹

³⁹ E.g., *Or.* 33.18; 48.39, 42; cf. 48.65; 42.14. At the beginning of *Sacred Tales* (*Or.* 47.1), Aristides compares himself to Odysseus. Note that an important episode in Odysseus’ quest was the voyage to the underworld, where he conversed with many dead heroes. The story of Odysseus includes a motif of a voyage to death and back, a theme which was attractive to Aristides and which is reflected in how he describes his healings. See Aristides’ use of the death motif to describe his healings. On *Sacred Tales* as a series of ordeals see also Lonnoy 1986:44.

⁴⁰ Rüttiman (1987:108) notes that “boasting” (αὔχημα) of the healed about their god (*Or.* 42.8) is mentioned frequently by Aristides (*Or.* 50.48). See also Smith 1984:45-46. Interestingly, the same word (and attitude) is displayed by Paul in his account of the various ordeals he has endured in the service of his deity, e.g., 2 Cor 11:23-30, cf. 2 Cor 12.9-10; Rom 5:3-5; 1 Cor 1:26-31; Col 1:24.

⁴¹ Perkins 1992:256, cf. 259.

It is not the result (i.e., healing) that Aristides values in his relationship with Asclepius, although he is grateful when it occurs. It is the *relationship with the god* that gives Aristides meaning, and the illness–healing process is a means to that end.⁴²

The value of Aristides' writings

The writings of Aristides are a valuable resource into personal piety in the second century Greco-Roman world, yet they do not have a high profile in scholarship. Festugière (1954) was one of the first modern scholars to take Aristides seriously enough to have any extended discussion of him. Charles Behr has led scholarship in the English-speaking world, starting with his 1968 translation of the *Sacred Tales*, the first full translation of that text into any modern language.⁴³ In many cases, the writings of Aristides have been either considered primarily as rhetorical exercises or dismissed as eccentric musings.

I have noted that Aristides draws upon the language and concepts of the mystery religions to understand and describe his experiences of healing in the Asclepius cult. Yet, as Lonnoy notes, these comparisons are neglected on the most part by commentators, who consider them to be unimportant metaphors.⁴⁴ When looking at Aristides' writings, we should understand them within their context: they are from the Roman Imperial period. As such, they draw upon literary conventions of that era, in particular a tendency to use the lexicon of the mysteries to describe a variety of subjects and at times to add a cachet of mystery and the exotic to one's discourse (Nock 1964:120). Aristides was a classically-trained and accomplished rhetorician, and elegant and imaginative phrases were his stock in trade. Aristides' use of the mystery terms is not restricted to references to healing, and this fact gives us insight into how to interpret his writings.

⁴² See Ferguson 1970:110-111, Tinkler 1983:89, Smith 1984:47, Festugière 1954:86, my note on Percy 1992:610 above, Perkins 1992:255. Note that Aristides thanks the god for giving him endurance to face his disease and the therapeutic regimens (and even boasts of his endurance): *Or.* 47.60; 42.8-9.

⁴³ Festugière 1954. See Behr 1968, 1973, 1986, 1993.

⁴⁴ Lonnoy 1986:42. E.g., Behr 1968:34; 1986:366 n11; Festugière 1954:95, 171 n27.

He also uses the language of the mystery religions in reference to his career as a rhetorician and orator.⁴⁵ As I mentioned above, healing and oration are the two most important things in Aristides' life, and he considers both of them to be divine favors resulting from his client-patron relationship with Asclepius. The idea that the gods inspired oration was common in Greek thought, so we are not surprised to encounter it in Aristides. Similarly, his idea of encountering the god in healing, especially in dreams, is not novel. But we must go farther and examine seriously the striking way Aristides uses healing and oratory, events in his everyday life, to relate with his god. Of course it is precisely in the events of everyday life that a client encounters his patron. The depth of Aristides' convictions in these matters clearly rises above rhetorical conventions and has been admitted, grudgingly at times, by modern scholars.⁴⁶

I say "grudgingly" because those researchers who allow that Aristides expresses genuine religious sentiment at the same time marginalize him. Aristides' credulous acceptance of what appear to be rigorous and (to modern eyes) bizarre methods of treatment, and his preoccupation with his health, elicit wonder among scholars.⁴⁷ Many recent articles attempt to place Aristides on the psychoanalytical couch.⁴⁸ The effect of such characterizations is to categorize Aristides as an eccentric hypochondriac, thus limiting the value of the evidence he provides to a personal and eccentric point of view rather than a representative one. Thus, although we may accept that Aristides was sincere, we still must consider whether he was unusual or abnormal.

⁴⁵ *Or.* 2.75; 28.109f; 33.20, cf. Behr 1968:45f, 107, 149.

⁴⁶ Cf. Festugière 1954:97; Phillips 1950:23.

⁴⁷ The classic statement along these lines is in the 1937 article by Campbell Bonner (1937:129): "any normal reader inclines to dismiss Aristides as a maundering, brainsick noodle."

⁴⁸ Smith 1984:32 notes that Aristides has been called "superstitious, unpleasantly vain and neurotic, egotistical, ... narcissistic, a neurotic, a chronic invalid, preoccupied with himself, a sick soul and religious fanatic, and a broken personality who has found peace through self-identification with the image of an ideal father [i.e., Asclepius]."

We are fortunate to have testimonies from a contemporary and a near-contemporary of Aristides. Among the writings of the famous second century physician Galen is a brief mention of Aristides.⁴⁹ Galen describes him sympathetically:

As for those whose souls are strong by nature and whose bodies are weak, I have seen only a few. One of them was Aristides from Mysia, and this man was one of the most outstanding orators. So it happened that lifelong activity in talking and declaiming caused his whole body to fade away.

The third century writer Philostratus, in his *Lives of the Sophists*, has a chapter on Aristides. Philostratus also presents a positive assessment of Aristides:

Though he had poor health from his boyhood, he did not fail to work hard. The nature of his disease and the fact that he suffered from a palsy of his muscles he tells us himself in his *Sacred Discourses*. These discourses served him in some sort as a diary, and such diaries are excellent teachers on the art of speaking well on any subject.⁵⁰

On the whole, Philostratus is approving of Aristides' rhetorical skills,⁵¹ although he finds that occasionally his performance fell short of the mark. Such are the typical remarks of an arts critic. Philostratus notes that the inhabitants of Smyrna set up a statue to Aristides in gratitude for his oratorical skills in persuading the Emperor Marcus Aurelius to rebuild the city after an earthquake, and that the Emperor himself had a favorable opinion of Aristides.⁵² Nothing in these accounts suggests that Aristides was viewed by his contemporaries as anything other than how he presents himself, as a successful and admired orator with serious health problems.

⁴⁹ From an Arabic translation of a passage from Galen's Commentary on Plato, *Galini in Platonis Commentarii fragmenta*, cited in Bowersock 1969:61.

⁵⁰ Philostratus, *Lives of the Sophists* 9 (LCL).

⁵¹ E.g., "he was well endowed with natural ability and purified his style of any empty verbosity." Philostratus *Lives of the Sophists* 9 (LCL).

⁵² Philostratus *Lives of the Sophists* 9 (LCL). Smyrna was a site of particular interest to Aristides, being the place where he was first healed by Asclepius, *Or.* 48.7.

Aristides' fellow patients at the Asclepium apparently tolerated his views: he was not ostracised but had a large circle of friends from the élite and intelligentsia there.⁵³ Some recent researchers now estimate that Aristides' concern with his personal health and his syncretization of a variety of religious concepts was typical of many citizens of the late Empire.⁵⁴ Judith Perkins has done the most extensive recent analysis in this topic. She finds that writers of the second century such as Ignatius, Marcus Aurelius and Aristides give evidence of a common practice of the time, "a widespread cultural concern of the period that used representations of bodily pain and suffering to construct a new subjectivity of the human person."⁵⁵ I therefore conclude that Aristides was not abnormal, although he did have a heightened sensitivity on matters of his health.

In the realm of Asclepius worship, it has been objected that Aristides presents an idiosyncratic view, one which was not commonly shared by other participants in the healing cult.⁵⁶ Based on my research, I find that Aristides was not idiosyncratic in his syncretism between the mysteries and the healing cult of Asclepius. Proof of this position lies in the many connections between healing cults and the mysteries, which I discussed in the previous chapter.

Comparative text for Aristides: the *Metamorphoses* of Apuleius

There is a text which provides useful points of comparison to the writings of Aristides. It is from the same time period, it deals explicitly with initiation and affiliation to a particular deity, and it uses the image of physical transformation (although not healing) as a sign of the religious transformation. This text is the *Metamorphoses* of Apuleius. Because this work deals with the

⁵³ So Remus 1993:99. See also Remus 1983. The group included a jurist, praetor, consul, literary critic, civic benefactor, aristocrats and sons of nobility, along with the *therapeutai* (temple officials): see Behr 1973:x.

⁵⁴ Bowersock 1969:73, Rüttiman 1987:127, Gourevitch 1984:70, Perkins 1992:249.

⁵⁵ Perkins 1992:245-272, here 245. These ideas are re-stated and expanded in Perkins 1995.

⁵⁶ Behr 1968:159; Behr 1986:366 n11; Festugière 1954:98. Even Lonnoy (1986:49), who is confident that Aristides' syncretism of mysteries and healings reflects not only a sincere attitude but a lived experience, thinks that Aristides was unique among those in the Asclepius cult.

general theme of physical transformation rather than the specific theme of healing, I offer only a brief discussion of it. However, I suggest that it is an important text to consider, since its view of physical transformation describes a similar process to religious healing.

The cult of Isis and Sarapis provides the background for the *Metamorphoses* of Apuleius. This cult was introduced into Egypt by the Hellenistic ruler Ptolemy I (early third century BCE), who grafted new mystery elements (perhaps drawing from Eleusis) onto the existing Egyptian Isis cult. This mystery spread throughout the Greco-Roman world, ranking only after the Eleusinian and Dionysian mysteries in ubiquity and popularity. Like Asclepius, Isis and Sarapis were healing gods who appeared in their temple to incubants.⁵⁷

In many ways, the story of Lucius as written by Apuleius in his picaresque novel *Metamorphoses* or *The Golden Ass* provides a fascinating parallel to what we have seen in Aristides. A second century writer and contemporary of Aristides,⁵⁸ Apuleius drew upon a popular Hellenistic (Greek-Egyptian) folktale or romance to tell the humorous story of how the character Lucius fell into the snares of magic, was transformed into an ass and had a series of misadventures, and was restored through the miraculous intervention of the goddess Isis. This fits the affliction–healing model I devised: transformation in attitude (impiety to devotion) and acts (impious deeds and magic versus praise and worship) evidenced or achieved through transformation in physical condition (ass to human). Many scholars agree that the last section (Book XI) of *Metamorphoses*, which recounts the initiation of Lucius into the Isis mysteries, reflects Apuleius' own experiences and attitudes in the cult and can be used as a source of information on the cult.⁵⁹ There are several features in Book XI which are also in Aristides' work: for example, the god appears in a series of dream visions or oracles, and these visions produce an ineffable feeling of joy in the beholder which is an end in itself apart from the

⁵⁷ For example, see Diodorus of Sicily I.25.2-6 (LCL). On Isis cult, see Ferguson 1970:36, 107; Burkert 1987:15; Nock 1933:38-40; Dibelius 1975.

⁵⁸ It appears that *Metamorphoses* was written at the same time as *Sacred Tales*, ca. 170 CE. So Griffiths 1975:10.

⁵⁹ Festugière 1954:76-77; Nock 1933:138, 149ff.; Griffiths 1975:3-6.

benefits of the vision.⁶⁰ Of particular interest is that fact that in both cases the person assumes a privileged (in fact, divinely-instigated) client relationship with the patron deity.⁶¹ Like Aristides, we know that Apuleius wrote aretalogies.⁶² *Metamorphoses* is his aretalogy to Isis.

Most significant for my thesis is the fact that a physical transformation proves to be the turning-point in each character's life: it is more than a restoration since it marks the beginning of their new relationship to the god. In Aristides' case, his initial cure is the beginning of his devotion to Asclepius; for Lucius his resumption of human form marks his change from a pawn of Fortune to someone now under the patronly protection of Isis (XI,15,1–4). The title of the work, *Metamorphoses*, means transformation. As we have seen, Aristides uses the language of initiation to describe his cures, and Apuleius has a similar understanding of what has happened to Lucius. Lucius' transformation is described as a rebirth (*renatus*) in chapter 16, and this state is clearly intended by the author to be an analogue and a foreshadowing of the voluntary death and rebirth enacted in Lucius' initiation ritual into the Isis cult (chapter 21).⁶³ Griffiths states: "Lucius has been born again in the sense that he has been restored to human shape; he has also been born again spiritually in his acceptance of the protection and favour of Isis" (Griffiths 1975:258). Lucius' transformation is comparable to a religious healing, as Nock (1933:140) has noted. Isis was a well-known healing deity. The reaction of the crowd in chapter 13—awe and praise at the power of the goddess as evidenced in the miracle—is typical of those recounted in

⁶⁰ On similarities, see Lonnoy 1986:44-45, 48, Festugière 1954, Nock 1933.

⁶¹ On patronage in *Metamorphoses*, see Festugière 1954:70-71, 75. Isis promises a fine career for Lucius, an extended life, happy afterlife—if he devotes his life in service to her. See also Dibelius 1975 who notes on p. 71 that Lucius XI, 6 uses the language of patron-client to describe his relation to Isis: "under my protection" *in mea tutela*; "your patron"... [or] "one who has been favourable to you" *tibi propitiam frequens*. Cf. pg 82, "under the protection of" the goddess, *tutelam*.

⁶² Aretalogies in prose, verse and oration to Asclepius by Apuleius: see Edelstein 1942a: #608, 609.

⁶³ Griffiths 1975:51-53; Festugière 1954:71, 78.

aretalogies and other accounts of miraculous healings. Festugière (1954) characterizes Apuleius/Lucius and Aristides as examples of personal piety in the Greco-Roman world.⁶⁴

Conclusion

The case of Aristides offers researchers a rare opportunity to examine in detail a second-century Greco-Roman person's self-understanding of piety, beliefs and practices in a healing cult. Aristides enjoys a special relationship with his healing patron, Asclepius. Aristides prizes his experiences of illness and healing because they are the means by which he was initiated into this relationship, and they are the way Aristides maintains his client relationship with his patron. Asclepius offers Aristides healing and advice, and Aristides offers Asclepius aretalogies of praise and rhetoric. Aristides dedicates his life and career in service to his patron. Keeping in mind the evidence from the previous chapter, as well as that from the anthropological studies of Chapter Five, it is clear that Aristides exemplifies a particular but by no means idiosyncratic view of healing. Aristides combines elements from the mysteries with his healing cult. He sees healing as a positive transformation similar to initiation. He values healing as a religious act in its own right. This is a view we have seen in the Greco-Roman world of the first and second centuries CE. It is a view that we will encounter again, in Luke–Acts.

⁶⁴ Cf. Griffiths 1975, Nock 1933, Dibelius 1975.

CHAPTER EIGHT: HEALING IN LUKE–ACTS (1)

Introduction

In the next two chapters I examine healing in Luke–Acts. In Chapter Nine I consider unique Lukan material in the third Gospel and Acts, and here I discuss material that Luke receives and adapts for his gospel from Mark and the Q source. Once again I note my model of affliction and healing. I refer to it as I work through the Lukan material. In Luke–Acts we will see the intersection of the individual and the community, the physical and the spiritual, the religious and the social that was evident in the healing groups discussed in Chapters Five–Seven.

The affliction-cure model

Characteristics	Phase 1	Transformation	Phase 2
Attitude	opposed to god (e.g., scepticism, disbelief, impiety)	conversion	in accord with god (e.g., belief, devotion)
Activity	scoffing, impious acts		praise, special activity
Community	outsider, non-believer	initiation	group member with role
Physical condition	sick, afflicted	healing	well/healed

There are recurring themes and features in the Lukan healing and exorcism accounts which are part of an authorial tendency.¹ I refer to them in my detailed analysis below of the text of Luke–Acts, but they can be outlined at the outset and kept in mind as we review the evidence.

The first feature is that healing is an important part of the worship activity of Luke's audience. In Chapters Five and Six we saw how healing cults usually enact their cures within a corporate and ritualized context. I argue that the same is true for the Lukan community, and that the narratives of Luke–Acts reflect the situation of the text's audience. This feature is demonstrated in several ways in the text. Luke portrays healings occurring in a place of worship (synagogue, Temple) and during a time of worship (Sabbath). Whenever possible, Luke places a healing account within a context of teaching and/or a meal (typical activities of Christian

¹ On Luke's treatment of miracle, see Achtemeier 1978, Carroll 1995, 1994; Foubister 1981, Gen 1989, Hardon 1954, Hermer 1989:431–438, Hogan 1992:239–246, Lampe 1965:165–78, Miller 1971, Neirynck 1977.

worship).² Those healed and the witnesses give liturgical-sounding acclamations, and these expressions would be appropriate in a worship setting. In Luke–Acts, there is a corporate or social aspect in the healing accounts. Luke stresses that crowds witness the healing or hear reports about it later, and these crowds may be an analogue for the congregation at worship. Healed persons adopt new roles of witness and service within the community. Urban settings are of interest to Luke, and I argue that they likely reflect the milieu of his audience. In Luke–Acts, healing is a socio-religious act. Luke’s group associates healing with worship.

The second feature is that Luke blurs the line between healing and exorcism. For Luke, both sickness and possession relate to demonic affliction. Here Luke draws on a first-century dualistic view which can also be seen in Jewish apocalyptic literature of this period, wherein God and demons battle for control of this world.³ Luke develops a particular aspect of this apocalyptic world-view: he stresses the boundary between the divine and demonic realms. In Luke–Acts, sickness indicates that the person has fallen under demonic control and is thus in a negative form of community. Here, one’s physical condition corresponds to his/her religious-social condition.⁴ Sometimes the person is afflicted due to an act of opposition to the will of God (they are an outcast from God’s favor), other times they are just victims of demonic control. In any event, the person needs to be rescued or “released” from that state by an agent of God, and restored or put into God’s community. Healing is a transformation that carries a person across the boundary separating the two realms. In this respect healing is comparable to initiation, which is also a boundary-crossing ritual of transformation performed by a group on an individual. We have seen the close connection between healing and initiation in the cross-cultural groups discussed in Chapter Five, and in the Greco-Roman groups discussed in Chapters Six and Seven. In Luke’s view, healing takes place within the community of Jesus and his followers. Those who

² Navone (1970:29) discusses the Lukan connection between meal and healing.

³ See Kee 1986:70-74.

⁴ On Luke and the demonic, see Miller 1971:155-166, Kee 1983:204, Garrett 1989, 1988.

have been healed have experienced the kingdom of God and are now the people of God. They have undergone a positive transformation. In addition to miraculous healings, Luke seeks to strengthen the community by encouraging fellowship towards the poor and sick. Perhaps this aspect of community also achieves healing. The ethnomedical theories in Chapter Three and the cross-cultural studies of Chapter Five show that the ascription of roles for the sick achieves healing, even if those roles are only as the recipients of charity and attention.

The third feature is that God has commissioned agents to act on his behalf. These agents realize God's plan to heal and 'release' those who are afflicted, and they serve in the community of God. In addition to describing Jesus' healings, Luke tells of healings performed by Jesus' followers. The book of Acts is made up of many such accounts. In Luke-Acts, persons who have been healed then take on special roles in service to God within the community: they act as examples of God's power at work, give testimony, at times (as does Paul) even act as healers. Here we see the client response to healing that I discussed in Chapter Six. The characters in the narrative may be examples for, or reflective of, Luke's audience. Furthermore, following Lewis's theory of possession (discussed in Chapter Four), when affliction and healing are used to legitimate claims of election and the adoption of roles within the community, a process of institutionalization is taking place. We will see that this is how Luke presents some healings. For Luke, healing marks a turning-point in one's socio-religious status as well as one's physical condition. Healing is like a rite of initiation, in that it is a corporate ritualized act which brings a person into the kingdom of God, a state which Luke believes is realized within his community.

Lukan redaction of Mark

A useful starting-point in the assessment of authorial intent of the New Testament Synoptic evangelists is signs of redactional activity, in this case, how Luke uses and thus interprets his source material. The most secure evidence of this kind is Luke's treatment of the

Markan Gospel.⁵ When the topic is healing this is a fortunate state of affairs, as Mark provides the majority of miracle traditions in the New Testament. We are thus in a good position to assess Luke's redactional treatment of healing accounts. I discuss this evidence in this section. Luke's treatment of the Q sayings source is another important redactional issue; however it is of necessity a separate and more speculative assessment given the reconstructed nature of that source. I discuss this evidence in the following section. In the next chapter I move beyond redaction considerations and discuss uniquely Lukan accounts, in the Gospel and then in Acts.

Although my analysis in these first two sections is largely redactional (i.e., attending to the evangelist's retentions, deletions, additions and amendments to the source pericopes), I discuss literary-critical issues as well (e.g., the structure of the narrative as a whole, foreshadowings, reiterations, etc.). In this section I move sequentially through the Lukan narrative in order to get a sense of the overall story. At times where I choose to reserve full discussion of a topic to another section, I make a brief note at the appropriate point in my discussion of Luke's narrative. For ease of synoptic comparison I use the pericope numbers assigned by Kurt Aland in the *U.B.S. Greek-English Four Gospel Synopsis*.

It is generally acknowledged by scholars that Luke treats the Markan source material in a conservative manner, at least in comparison to Matthew. As far as healing accounts go, Luke uses all but four of Mark's healing accounts, and always in the same order, many times even using Mark's pericope clusters.⁶ Mark clearly is an important and controlling source for Luke, especially Mark's miracle accounts.⁷ Luke finds much that is useful in that source. While extensively utilizing Mark, Luke puts his own stamp on the material, as I show below.

⁵ As is typical in redaction criticism I am assuming the Two-Source Hypothesis, the dominant theory for the formation of the Synoptic Gospels. On Luke's treatment of Mark, see Burkitt 1920:106-20.

⁶ #36-38; 42-43; 91 and 95. See also the intercalated stories within #95, which Luke uses from Mark.

⁷ On Luke's redaction of Mark's miracle accounts, see Achtemeier 1978:155ff. Harnack (1909:182ff.) estimates that the Lukan redaction indicates the author was a physician or at least one who has a special interest in medicine. On this point, however, see my discussion of Luke as author in Chapter Nine.

For a summary of the Synoptic treatment of healing and exorcism accounts, refer to Table 1 at the end of this chapter. For a summary of other Lukan and Synoptic material relevant to healing and affliction, refer to Table 2. For a summary of Luke's redaction of Mark, see Table 3.

Programmatic commission: Luke 4

Prior to any account of Jesus' healings, Luke provides an important speech by Jesus which foreshadows and interprets the meaning and purpose of Jesus' upcoming ministry, in particular his healings, exorcisms and teachings. This is #33 *Jesus' Preaching at Nazareth* (4:16-30). Any consideration of the Lukan view of Jesus' healing must begin here. Luke takes an account of Jesus' preaching from later in its place in the Markan narrative and inserts it at the beginning of Jesus' public ministry.⁸ The Markan account notes that Jesus was teaching in a synagogue on a sabbath, but it does not provide the content of his teaching.⁹ Luke either draws from an unknown tradition or writes his own version of what he thought Jesus said. In Luke 4:18-19, Jesus begins his speech with a reading from the prophet Isaiah:

The Spirit of the Lord is upon me, because he has anointed me to preach good news to the poor.

He has sent me to proclaim release to the captives and recovering of sight to the blind, to set at

liberty those who are oppressed, to proclaim the acceptable year of the Lord (RSV).

In Luke 4:21, Jesus concludes his reading by implicitly identifying himself with the person just described. Luke then returns to his Markan source but abbreviates the skeptical comments of those who heard Jesus' reading.¹⁰ In giving Jesus' response, Luke then uses Mark's quotation of a proverb concerning the honor of a prophet (Luke 4:24, from Mark 6:4) but he first prefaces it

⁸ Mark 6:1-6a, Luke 4:16-30. Luke concludes Acts with a related quote from Isaiah (see discussion below), thus framing his two-volume account with Isaianic prophecy.

⁹ Neither does Matthew, see Matt 13:53-58.

¹⁰ Compare Luke 4:22 with Mark 6:2-3. Despite Luke's description of the crowd "speaking well" of Jesus and admiring his "gracious words," the skepticism portrayed in Mark's account is still evident in the query "is this not Joseph's son?" (Luke 4:22).

with a uniquely Lukan proverb: “Physician, heal yourself.”¹¹ Following Jesus’ quotation of these proverbs, Luke again supplies material not found in any other Synoptic account: in Luke 4:25-27 Jesus alludes to the healing miracles of the legendary Jewish prophets Elijah and Elisha. Luke retains the negative response by the crowd given in Mark but dramatically escalates it to murderous intent, which Jesus escapes with seemingly miraculous ease. At the same time Luke omits Mark’s reference to the limited amount of miracles Jesus performed there.¹²

What are we to make of this impressive and complex mélange of Markan elements, scriptural (LXX) quotations, and unique Lukan material? The compositional effort of the evangelist in assembling the diverse components to interpret each other, and the deviation from the original Markan order of the event, suggest the significance of this passage. Robert Tannehill identifies literary clues that help us detect the central theme of the Lukan narrative (for Luke, the plan of God). These clues are present in this passage: preview of upcoming events, scripture quotations, commission statement, and statements by a reliable speaker.¹³ I consider the three Lukan additions to the Markan material: the quotation from Isaiah, the proverb about the physician, and the allusion to Elijah and Elisha.

Tannehill (1986a:61-62) correctly notes that the quotation from Isaiah is a public disclosure of Jesus’ commission from God, a statement which helps the reader understand Luke’s narrative of Jesus’ ministry. This programmatic statement inaugurates Jesus’ public ministry and it links Jesus’ activity with a scriptural paradigm. In its original context, the passage from Isaiah

¹¹ Luke 4:23: ἰατρὲ, θεράπευσον σεαυτόν. This is unique to the canonical Gospels; however, *Gos. Thom.* 31 has a version, see NTA II:122.

¹² Compare Mark 6:5-6a with Luke 4:28-29. Matt 13:58 similarly softens the negative description compared to Mark’s account. Luke probably removes the reference to healings because he intends that the trio of healings at Capernaum be first in his narrative.

¹³ Tannehill 1986:22. Conzelmann (1987:xliii) offers a similar list: the manner of ordering and connecting events within the narrative, editorial summaries, and speeches by characters. Dahl (1976:88) lists summaries, general comments and speeches as indicators of important junctures in the Lukan narrative.

refers to acts of divine restoration and renewal, which according to Jewish tradition are anticipated in the upcoming age of the reign or kingdom of God.¹⁴ Isaiah is an important LXX resource for Luke, and it is interesting to see how Luke here redacts his Isaianic source: he eliminates one phrase and adds one. The following diagram illustrates Luke's changes:¹⁵

Isaiah

The spirit of the Lord is upon me,
because he has anointed me;
he has sent me to preach good news to the poor
to heal the brokenhearted,
to proclaim release to the captives,
and recovery of sight to the blind

to call an acceptable year of the Lord...

Luke

The spirit of the Lord is upon me
because he has anointed me;
he has sent me to preach good news to the poor

to proclaim release to the captives,
and recovery of sight to the blind
to send off in release those who are oppressed
to proclaim an acceptable year of the Lord...

¹⁴ As it is quoted in Luke 4:18-19, the passage is a quotation from LXX Isa 61:1-2. The theme of healings or restorations of the physical senses (usually sight, hearing) in the upcoming age is found in several other places in Isaiah, e.g., 6:9-10; 29:18; 30:20-21; 32:3; 35:5-6; 42:7,16,18-21; 43:8; 44:18. At times the healings are metaphors (representing understanding), at other times they are literal signs of divine blessing, and perhaps in some cases they are both. Clements 1988 convincingly sketches the complex literary history of this theme in Isaiah, from its original prophetic and ironic setting in Isaiah 6 to its various redactions in Deutero- and Trito-Isaiah. Of particular interest are two items: the recurring notion in Isaiah of divine affliction and restoration of the senses, and the theme of commission, both of which we see in Luke. The evangelist concludes Acts 28:26-27 with a citation of Isaiah 6:9-10.

¹⁵ Compare the two accounts in Greek, with the changes underlined:

Isaiah 61:1-2 (LXX). Πνεῦμα κυρίου ἐπ' ἐμέ, οὗ εἵνεκεν ἔχρισέν με. εὐαγγελίσασθαι πτωχοῖς ἀπέσταλκέν με, ἰασασθαι τοὺς συντετριμμένους τῇ καρδίᾳ, κηρύξαι αἰχμαλώτοις ἄφεςιν καὶ τυφλοῖς ἀνάβλεψιν, κηρύξαι ἐν αὐτὸν κυρίου δεκτόν.

Luke 4:18-19. Πνεῦμα κυρίου ἐπ' ἐμέ, οὗ εἵνεκεν ἔχρισέν με εὐαγγελίσασθαι πτωχοῖς, ἀπέσταλκέν με κηρύξαι αἰχμαλώτοις ἄφεςιν καὶ τυφλοῖς ἀνάβλεψιν, ἀποστεῖλαι τεθραυσμένους ἐν ἀφέσει, κηρύξαι ἐν αὐτὸν κυρίου δεκτόν.

Luke finds much that is useful in the account from Isaiah. It speaks of an anointed (i.e., commissioned) agent of God who has the spirit of God.¹⁶ This person has been sent by God to act on his behalf, preaching good news (εὐαγγελίσασθαι) to the poor (πτωχοῖς), recovery of sight (ἀναβλέπω) to the blind, and release (ἄφεσις) to those who are captive. These concepts are very important to Luke, and they reappear throughout Luke–Acts.¹⁷ These concepts are enacted in the preachings, healings and other miraculous acts performed by God’s agents.¹⁸ The concept of release proves so important to Luke that he omits a healing reference (albeit an apparently metaphorical one) from Isaiah in order to double the references to release. In Luke’s addition, those who are oppressed will be released and sent off (ἀποστεῖλαι... ἐν ἀφέσει).¹⁹ The concept of “release” relates to Luke’s concept of demonic affliction behind illness, as I will demonstrate.²⁰ In Luke–Acts, being healed and being exorcised are examples of being released. For Luke, the ministry to which Spirit-guided agents (Jesus and his followers) are assigned combines elements of preaching and healing.²¹

¹⁶ Luke has stated previously in the narrative that Jesus received the Spirit of God at his baptism (4:21–22), is full of the Holy Spirit (4:1) and entered Galilee in the power of the Spirit (4:14). Tannehill (1986:63) notes that Jesus has and continues to have the Spirit of God throughout Luke. Jesus is the model for Spirit-inspired preachers and healers in Acts. See also Carroll 1995:271; Carroll 1994:134.

¹⁷ For example, Luke uses ἀναβλέπω, to (re-)gain sight, in Luke 18:41–42 (healing of blind man), Luke 7:22 (answer to the Baptist), and Acts 9:12 (healing of Paul).

¹⁸ Tannehill (1986:64) correctly points out that although these concepts (the poor, the blind, the captives) may have a metaphorical dimension, for Luke they also have a significant literal aspect. Jesus’ ministry, according to Luke, is to offer relief to the economically poor, the physically afflicted and those oppressed by demons.

¹⁹ This added phrase is from Isa 58: 6. ἀποστέλλω is of course familiar as the term for Jesus’ followers who were sent out to evangelize. In Luke–Acts, see Luke 9:2 (the Twelve), 10:3 (the Seventy), Acts 26:17 (Paul), and Luke 11:49 where the title “apostle” is used.

²⁰ For example, see 4:39 (Peter’s mother-in-law). Miller (1971:160) finds that the first three healing/exorcisms in Luke have been patterned to represent the idea of release. See discussion below.

²¹ Miller (1971:169).

We should not assume that the “preaching” as envisioned by Luke (and practiced by his community) was just an abstract theological discourse on salvation. As I argue, we have reason to believe that healing acts were themselves part of the preaching. Here I recall the dangers of methodological docetism (discussed in Chapter Two), and Geertz’s thoughts on how ritual articulates and shapes religious belief (discussed in Chapter Three). Miller (1971:168) notes:

To proclaim good news is not just to preach a message about something, e.g., about sin and salvation.... It is rather a matter of proclaiming saving events in such a way that they take place: it is the actualization of a powerful word.... In Luke 4:18... Luke probably does not understand Isaiah to mean preaching to the poor plus healing the sick. It is the sick themselves who are the poor, and the preaching is the kind which does not only bring a message, but brings healing.

We will see that Luke combines preaching and healing in the Commission to the Seventy.

Some scholars find that the proverb of the physician (4:23) sits uneasily within this story: it appears to be a non sequitur.²² Unlike in Mark, here in Luke’s narrative Jesus has not yet been in Capernaum and performed the trio of miracles (see below), so the reference to Capernaum and Jesus’ deeds at this point seems odd. The saying is presented in the narrative as a proverb (παράβολήν) familiar to Jesus’ audience, although exact verbal parallels in Hellenistic literature are hard to find.²³ The relation of the saying either to the preceding quotation from Isaiah or to the following discussion of Elijah and Elisha is not immediately obvious. Upon closer examination however, the proverb does make sense. First, Luke uses it for literary purposes to foreshadow the upcoming events in the rest of chapter four and throughout his narrative.²⁴ Second, Luke uses it conceptually, linking this saying with the Markan saying of Jesus about the honor of a prophet. Both sayings speak to the skepticism faced by persons acting in a certain

²² Some think that it shows the author’s interest in things medical, or his profession as a physician. So Harnack (1909:17), “We may well believe that our author was better acquainted with the proverb than was our Lord.”

²³ See Nolland 1979. Nevertheless, the irony of a sick healer is a common concept in Greek and Latin literature.

²⁴ Harnack (1909:17) sees an affinity between the saying and the mocking at the crucifixion (Luke 23:35), “he saved others, let him save himself.”

role, either as physician or prophet. According to Luke, Jesus takes this theme of prophetic rejection and turns it on its head. Rejection by others is actually part of God's plan, and Jesus illustrates his assertion by the cases of Elijah's and Elisha's commissions as prophets.²⁵ The theme of prophetic commission has already been raised by the quotation from Isaiah. As is the case with the Isaiac quotation, here Jesus implicitly is ascribing the role of prophet to himself. According to Luke the role of physician (ἰατρός) also is appropriate for Jesus, and Jesus acts as prophet and healer due to divine commission.²⁶

The discussion of the Jewish prophets Elijah and Elisha which concludes this pericope alludes to two incidents in their respective careers: Elijah's healing/resurrection of the son of the widow of Zaraphath (1 Kings 17:17-24) and Elisha's healing of Naaman (2 Kings 5:1-14). Jesus claims that these prophets were commissioned by God to heal non-Jews. As with the previous sections, Jesus is implicitly identifying himself with the person in the discussion.²⁷ It is also worth noting the persons being healed. Both the widow and Naaman are examples of non-Jews who receive healing, and as a result acclaim the God of Israel and his agent in a client response for the favor. Such figures are conducive to Luke's theological purposes and may well serve as paradigms for the faith and behavior response he wishes to foster in his community.²⁸

Trio of exorcisms: Luke 4

The first three healing accounts in Luke's gospel are #36 *Healing of the Demoniac in the Synagogue* (4:33-37), #37 *Healing of Peter's mother-in-law* (4:38-39), and #38 *Sick Healed at*

²⁵ The divine reversal of human expectations is a recurring theme in Luke-Acts, see Tannehill 1986:30-31.

²⁶ The comparison between Jesus and a physician has already been made in Mark 2:17, and Luke likely draws upon that precedent to write this account. The physician comparison at this point in Luke's narrative thus foreshadows its reappearance in Luke's version of #44 *Call of Levi*.

²⁷ Elijah is a recurring figure in Luke's gospel, both in scriptural allusion and once as a character: Elijah appears at Jesus' transfiguration. Luke here is foreshadowing the healing of Gentiles, and the Gentile mission of Acts.

²⁸ In early Christian tradition, Naaman's healing becomes a type of baptism and conversion. See Chapter Eleven.

Evening (4:40-41). This set is one of the clusters Luke has taken over from Mark, so Luke takes from Mark the impression of three related events quickly happening in the same place over a short period of time (Tannehill 1986a:82). As I noted above, this set is immediately preceded by the programmatic #33 *Jesus' Preaching at Nazareth* (4:16-30). These three healings provide concrete examples of that program, as does the editorial summary of 4:14-15 that Jesus went in the power of the Spirit into Galilee, teaching and being glorified by all (Tannehill 1986a:82-83).

#36 *Healing of the Demoniac in the Synagogue* (4:33-37) describes Jesus' first healing/exorcism in Capernaum.²⁹ This incident (and the following two) has been foreshadowed by Jesus' saying in 4:23 concerning his deeds in Capernaum. Luke sets the stage by retaining Mark's note that the setting of the healing was the Sabbath, the traditional time of Jewish public worship.³⁰ Luke keeps Mark's depiction of the event taking place in a worship assembly (the synagogue) and the acclamation of the demons: "you are the Holy One of God."³¹ Luke intensifies the demonic element, changing Mark's statement that the man had an "unclean spirit" (Mark 1:23, πνεύματι ἀκαθάρτῳ) to a "spirit of an unclean demon" (Luke 4:33, πνεῦμα δαιμονίου ἀκαθάρτου).³² Luke 4:34 retains the Markan saying (Mark 1:24) of the demons, "have you come to destroy us?" Tannehill 1986a:83 correctly notes that this statement not only foreshadows the conclusion to this particular exorcism, but describes the general intent of Jesus' exorcistic work. Jesus is in an apocalyptic battle against demonic forces. Luke is careful to emphasize that Jesus is in complete control of the situation, noting that the departing demon did the man no harm.³³ Luke keeps from Mark the crowds' acclamation, and adds to it: Jesus

²⁹ Matthew omits this account.

³⁰ Luke 4:31, Mark 1:21. Note that Luke specifically notes that Capernaum is "a city [πόλις] of Galilee," Mark does not make this designation. Here we see the Lukan emphasis on healings happening in an urban context.

³¹ Luke 4:33 and Mark 1:23; Luke 4:34 and Mark 1:24.

³² Same in Luke 4:35, "demon" rather than "unclean spirit" (cf. Mark 1:26), but Luke retains "unclean spirit" in the crowd's saying in Luke 4:36 (cf. Mark 1:27).

³³ Compare Luke 4:35 with Mark 1:26. Harnack (1909:184) sees Luke's note (that the demon did no harm) as the diagnostic assessment of a physician. That may be so, or it could reflect Luke's literary efforts.

commands the spirits with “authority” (ἐξουσία) and with “power” (δυνάμει).³⁴ The phrase “authority and power” is typical of Luke to describe Jesus’ miraculous actions.³⁵ Luke changes the words but retains the meaning from Mark concerning the publicity resulting from the event.³⁶

The next story is #37 *Healing of Peter’s mother-in-law* (4:38-39). As in Mark, the incident follows immediately after the exorcism in the Capernaum synagogue, so Luke would have us understand that it also took place on the Sabbath. Although both versions are brief, Luke makes several changes to Mark’s account.³⁷ Mark says the woman had a fever (πυρέσουσα), whereas Luke says that she was seized by the fever (συνεχομένη πυρετῷ).³⁸ This phrase undoubtedly reflects the author’s literary hand at work (adding a dramatic note). On the other hand, when we consider Luke’s interest in the demonic we may also see that tendency here, resulting in the personification of the illness as a fever-demon which has seized or afflicted the woman. It is generally acknowledged that Luke recasts this story as an exorcism (Tannehill 1986a:83-84). Luke omits Mark’s reference to Jesus touching the woman (a typical healing action); instead in Luke’s account Jesus stands over her and “rebukes” (ἐπετίμησεν) the personified fever. The word ἐπιτιμάω is used by Luke and Mark in the previous account of the exorcism in the synagogue, and in the following summary of exorcisms.³⁹ The effect of its use in Luke’s narrative is to link these accounts, making a trio of exorcisms (as well as some healings) Jesus’ first public miracles. Luke likely saw an implicit connection between the two stories in his Markan source and made it explicit.

³⁴ Compare Luke 4:36 with Mark 1:27.

³⁵ “Power” likely is an allusion to a stock concept in the LXX: that God acted with power (directly and through his agent Moses) to deliver his people. See Exod 32:11; Deut 4:34, 37; 9:29; 26:8; 34:12; 2 Kgs 17:36; Neh 1:10. We will see the Mosaic paradigm behind the Lukan phrase “signs and wonders” as well, see discussion in Chapter Nine.

³⁶ Compare Luke 4:37 with Mark 1:28.

³⁷ Compare Luke 4:38-39 with Mark 1:29-31. For instance, Luke adds a classification of the fever as “high” or “great” (μεγάλῳ). Harnack (1909:184) sees this as a diagnostic assessment by a physician.

³⁸ Tannehill 1986:84. These nuances are usually not evident in English translations.

³⁹ Luke 4:35 and Mark 1:25; Luke 4:41. See also the exorcism account of Luke 9:42.

Luke retains from Mark the “release” (ἀφῆκεν) of the woman from the fever: for Luke ἀφῆκεν is an important word describing Jesus’ ministry of liberation from a variety of oppressive forces such as illness, demonic affliction and poverty.⁴⁰ Also of interest is the result of the healing. Luke retains from Mark that the woman rose and “served” (διηκόνει) Jesus and those in the house.⁴¹ Here we see client response for the benefaction of healing. Carroll (1995:275) sees the act of service as proof of the healing and an appropriate expression of gratitude, but I suggest that it is more. First, what would this “service” have been? The most obvious assumption is there was table service of a meal.⁴² I argue below that the combination of healing and meal is an important Lukan theme. Second, the house setting and the word διακονέω likely had certain connotations for Luke’s audience: ones of worship and a proto-office in the Christian group.⁴³ The story suggests that the woman has moved from the realm of demonic affliction to that of Christian affiliation and a role within the community, and that the physical change of healing has effected this boundary-crossing, religious-social change. This account has many of the elements of the particular view of healing summarized in the affliction–healing model.

The third account in the cluster of healing/exorcisms is #38 *Sick Healed at Evening* (4:40–41). Again, Luke makes several changes to Mark’s editorial summary.⁴⁴ Significantly, he

⁴⁰ See Luke 4:18.

⁴¹ Luke 4:39 and Mark 1:15.

⁴² διακονέω designating table service is the most basic meaning of this word. See also the account of Martha serving Jesus in Luke 10:40, again likely with meal connotations. Cf. Acts 6:1–6.

⁴³ Luke describes the creation of the *diakonate* in Acts 6:1–6 and persons filling this role (which comprises both service and evangelizing) in Acts 1:17ff, 12:25; 20:24; 21:19. On Acts, see Conzelmann 1961:217.

⁴⁴ Compare Luke 40:41 with Mark 1:32–34. Luke intensifies the description, noting that Jesus healed every one (ἐκάστω αὐτῶν) rather than many (πολλούς), he alludes to the cure of a variety of diseases rather than general illness, and he adds the detail that Jesus did this by laying his hands on the sick people. Luke 4:40 “those ailing with various diseases” (ἀσθενούντας νόσοις ποικίλαις) versus Mark 1:32 “those who were ill” (κακῶς ἔχοντας).

adjusts the time of the event so that it just falls within the Sabbath worship period.⁴⁵ Luke also displays his typical blurring of the line between exorcism and healing. He retains the combination of healing and exorcism from the Markan source, but reworks the account, separating the healings from the exorcisms and describing the healings first. By delaying description of the exorcisms to v. 41, Luke implies that the demonic afflictions are examples of the diseases Jesus healed (ἐθεράπευεν). Recalling the previous two accounts, Luke notes that Jesus rebukes the demons.⁴⁶ Luke adds the acclamation from the demons, “you are the son of God,” further noting that they knew Jesus was the anointed agent of God (the Christ).⁴⁷

We should consider how the above trio of healing/exorcisms links up with the following Lukan narrative. In Luke (not Mark) they are closely followed by the call of the first disciples, Luke 5:1-11.⁴⁸ Luke notably sets the stage for the disciples’ call by showing Jesus perform many healing/exorcism miracles, including one for Peter’s own family member. Here again we detect client response to the benefaction of healing, in Peter’s acceptance of the call to follow Jesus. Through discipleship Peter is repaying his family’s debt created by this gift of healing. Achtemeier (1978:155, 160-61) correctly notes the close relationship in Luke between miracle and the commission and execution of discipleship. Luke would have us see that discipleship is related to miracles, specifically healing, in a tangible way. This call of the disciples is then followed in the Lukan narrative by two more healing accounts (5:12-16 and 5:17-26) and then #44 *Call of Levi* (5:27-32), another call account.

⁴⁵ Luke 4:40 “when the sun was setting” versus Mark 1:32 “at sundown.” Luke thus provides a nice symmetry of three Sabbath day healing/exorcisms as the inaugural events of Jesus’ public ministry: one at the beginning, one later, and one at the close of the day.

⁴⁶ Luke 4:41 (ἐπιτιμῶν), compare with Mark 1:34 where Jesus casts out (ἐξέβαλεν) the demons.

⁴⁷ Compare Luke 4:41 with Mark 1:33.

⁴⁸ See #41 *The Miraculous Draught of Fish*, Mark 1:16-20 (call account) and Luke 5:1-11 (call and miracle account). This is a rare case of a substantial change in the Markan order of events for Luke. According to Luke, Peter had seen Jesus heal his mother-in-law before Jesus called him as a disciple. In Mark, the healing happens after the call/commission.

In the call of Levi, Luke restates the image of Jesus as physician which he had introduced at 4:23. Luke essentially takes over the Markan tradition with a few modifications. The aphorism and its elaboration in both Mark and Luke compare Jesus to a physician (ἰάτρος), and the sick (οἱ κακῶς ἔχοντες) with sinners (ἁμαρτωλοὺς):

A	Those who are healthy have no need of a physician	<i>Aphorism</i>
B	but those who are sick; [do need one]	
A'	I have not come to call the righteous	<i>Elaboration</i>
B'	but [I have come to call] the sinners... <u>to repentance.</u>	

The implication is that Jesus will act as “physician” to sinners. Luke adds the phrase “to repentance” (εἰς μετάνοιαν), a typical Lukan term.⁴⁹ He also changes Mark’s term for “the well” (οἱ ἰσχύοντες, literally “the strong”) to “the healthy” (οἱ ὑγιαίνοντες), to increase the emphasis on healing. Particularly significant is the fact that this “medical” discourse takes place during a meal.⁵⁰ This passage is related to the number of accounts in Luke where healings are followed by a meal.⁵¹ As I demonstrate, the association of healing with meal (and teaching) is a distinctive Lukan emphasis and it gives us a glimpse into practices in the Lukan community.

Doublet of healings: Luke 5

Luke resumes his use of Mark’s healing accounts with the next cluster of two pericopes, #42 *Cleansing of the Leper* (5:12-16) and #43 *Healing of the Paralytic* (5:17-26). Of the Synoptists, Luke alone places the leper’s healing in an urban setting (Luke 5:12, ἐν μιᾷ τῶν πόλεων). There are some changes from the Markan version concerning the condition of the man and his actions towards Jesus: some of these are primarily stylistic, others are more substantial.⁵²

⁴⁹ Presumably, repentance is at least part of the “treatment” administered by Jesus the “physician.”

⁵⁰ The expression of themes of healing and ministry to the sick is also in the discourse of the Great Feast, Luke 14.

⁵¹ Luke 4:33-37, 9:10b-17, Acts 9.

⁵² Compare Luke 5:12 with Mark 1:40. The man is full of leprosy rather than a leper, he falls on his face (= worship?) and beseeches Jesus, rather than beseeches him and kneels. Luke adds that he addresses Jesus with the

Luke retains that the leprosy left the man but omits Mark's comment that the man was thus cleansed.⁵³ An interesting feature of Luke's redaction is that he eliminates the role of the man, as described by Mark, in spreading the news of the healing.⁵⁴ This omission can be explained by noting that Jesus has commanded the man to keep silent, and thus Luke apparently wishes to avoid having the man specifically disobey Jesus (this being inappropriate client behavior for a grateful recipient of Jesus' healing).⁵⁵ Most importantly, Luke 5:15 reworks the publicity notice, stating that after the miracle "great multitudes [ὄχλοι πολλοὶ] gathered [συνήρχοντο] to hear and be healed [ἀκούειν καὶ θεραπεύεσθαι] of their infirmities." This is a significant sentence, since it links healing with gathering and hearing apart from Jesus. To what does the phrase "to hear" refer? It is an allusion to an account of Jesus' miraculous healings, the report (ὁ λόγος) that had gone abroad concerning Jesus (5:41).⁵⁶ What we have here is a unique Lukan reference to a large group that comes together, listens to an account of Jesus' healings, and experiences healings as a result (even though Jesus or his disciples apparently are not on the scene). I suggest that this account has implications for Luke's audience or alludes to it.⁵⁷

honorific title "Lord" (κύριε). Luke retains the note that Jesus stretched out his hand and touched the man, see Luke 5:13 and Mark 1:41. So Carroll 1995:276 n. 33.

⁵³ Compare Mark 1:42 (ἐκαθαρίσθη) with Luke 5:13, Matt 8:13. Luke keeps the word in the leper's request (5:12), Jesus' healing (5:13) and Jesus' subsequent command (5:14) but he does not reiterate it in an editorial comment as do Mark and Matthew. Evidently Jewish ritual purity was not the issue for Luke that it was for Mark or Matthew.

⁵⁴ Compare Mark 1:45 "he went out and began to talk freely about it, and to spread the news" with Luke 5:15 "so much the more the report went abroad concerning him [Jesus]."

⁵⁵ Matthew similarly omits the role of the man, see Matt 8:4.

⁵⁶ Note: some English translations misleadingly supply "him" [i.e., Jesus] as the object, despite this word not being in the Greek: "they went to hear [him]." This may reflect a translation of a secondary meaning for συνέρχομαι as "accompany, travel with" (presumably Jesus); however, the primary meaning is "gather together, assemble." See BAGD s.v. συνέρχομαι. I argue that the latter sense is to be preferred here.

⁵⁷ Luke uses this word at other times to refer to large gatherings of people, in contexts which also suggest worship settings: Acts 1:6 (the group at Jesus' ascension), 2:6 (the multitude at Pentecost); 5:16 (those at healings and exorcisms); 10:27 (the group at the house of Cornelius); and 16:13 (a group of women gathered on the Sabbath). 19:32; 22:30 and 28:17 are exceptions to this case. 1 Cor 14:26 clearly refers to a Christian worship assembly.

Immediately following (as it does in Mark) the above account is #43 *Healing of the Paralytic* (5:17-26). Luke adjusts the context of the event, making it during Jesus' teaching (διδάσκων) rather than preaching or speaking the word (ἐλάλει τὸν λόγον). He drops Mark's reference to the event occurring in Jesus' home and instead suggests a public setting, most likely a synagogue (a place of worship/teaching) since Pharisees and teachers of the law are present.⁵⁸ The association of a healing miracle with teaching is typical for Luke. Luke adds the sentence "and the power [δύναμις] of the Lord was with him [Jesus] to heal." Δύναμις is a typical Lukan word for a healing miracle. As with Mark, Luke retains the consequence that the healing sparked a debate with the Jewish authorities over Jesus' authority (ἐξουσίαν) to forgive sins. ἐξουσία is another typical Lukan word connected with Jesus' role as miracle-worker. In his capacity as Son of Man Jesus has the divine authority to act on God's behalf.⁵⁹ Luke adds that the man "glorified God" as he departed healed. Luke retains that the amazed crowd glorified God after the miracle, adding that the crowd was filled with awe.⁶⁰ The statement of the crowd is changed: Luke notes that they said "we have seen strange things [παράδοξα] today."⁶¹

Doublet of Healings: Luke 6

The next healing account in Luke is #47 *Healing of the Man with the Withered Hand*. Both Mark and Luke note that the event takes place on a Sabbath in a synagogue, but Luke adds a statement at the beginning of the story to emphasize that setting. Luke also adds that Jesus was

⁵⁸ Compare Luke 5:17 with Mark 2:1-2. The Markan setting could be seen as an allusion to a worshipping community. Perhaps Luke felt that a public setting made more sense for a debate with the Jewish legal authorities, especially since he has added Pharisees to the group of scribes, compare Luke 5:21 with Mark 2:6.

⁵⁹ Mark 2:10 and Luke 5:24.

⁶⁰ Compare Luke 5:25-26 with Mark 2:12.

⁶¹ παράδοξα here is a *hapax legomena* in the New Testament and as such its meaning is difficult to ascertain. The entire phrase is suggestive of a liturgical response, since the word need not have a negative connotation.

Achteimeier 1978:161 estimates Luke uses *paradoxa* as a technical term for a miracle.

teaching there.⁶² Once again we see the Lukan association of teaching with a healing miracle. The fact that Luke retains Mark's view of the healing as the occasion of a Sabbath controversy does not mean that controversy is the only relevant point in this story. Luke's emphasis that the event takes place during a time, and in a place, of worship may give us a glimpse of his audience's own situation. Luke 6:8 plays up the public role of the man who is being healed, noting that Jesus tells the man to stand (presumably in a prominent spot in the synagogue), which the man does.⁶³ Luke retains Mark's statement of the rhetorical question of Jesus, which characterizes the impending healing as a good deed and a saving of a life.⁶⁴ Immediately following this story is the account of the commission of the Twelve (6:12-16). I discuss this passage below, so here I will confine my comments to noting that as with the previous two call narratives (5:1-11 first disciples; 5:27-32 Levi) once again Luke closely associates a discipleship account with miracles, especially healing (Achteemeier 1978:161). He inserts the story of the choosing of the Twelve (out of its order from its Markan source) between two healing accounts.⁶⁵ Such changes from the Markan order reflect significant editorial choices on Luke's part and point to Luke's theological agenda.

It is difficult to decide how best to analyze the next Lukan healing passage. The problem arises because at this point in the narrative Luke brings in his other source, the Q sayings tradition. The general scholarly assessment is that Luke retains the Markan cluster of #47

⁶² Compare Luke 6:6-7 with Mark 3:1-2. The Lukan account thus recalls Jesus exorcising in the Capernaum synagogue on a sabbath (4:33-37).

⁶³ See the similar incident of Peter's healing near the Jerusalem Temple, Acts 3.

⁶⁴ Luke 6:9 ἀγαθοποιῆσαι... ψυχὴν σῶσαι, similar in Mark 3:4. The halakhic background of Jesus' argument, implicit in Mark and more fully developed in Matthew, likely is of little interest to Luke: compare Mark 3:1-6, Luke 6:6-11 and Matt 12:9-14.

⁶⁵ In Mark the order is: Withered Hand 3:1-6, Healing by the Sea 3:7-12, Choosing of Twelve 3:13-19, and Beelzebub Controversy 3:20-27. In Luke the order is Withered Hand 6:6-11, Choosing of Twelve 6:12-16, Healing on the Plain 6:17-26. Luke takes the Beelzebub Controversy out of its Markan sequence, couples it with an exorcism, and inserts it much later in his narrative (11:14-23). On the Beelzebub Controversy, see discussion below.

Withered Hand and #48 *Healing Multitudes by the Sea (Plain)*, except he inserts #49 *Call of the Twelve* between the two accounts: thus Mark has #47–48–49 and Luke has #47–49–48. Given Luke's usually conservative treatment of the order of Mark's gospel, the simplest explanation of Luke's account in 6:17-20a of the healings is that it is a version of Mark 3:7-13a.⁶⁶ However, Luke's treatment of #48 differs from Mark's at enough points to raise the question as to whether it is not a parallel but rather a separate, perhaps uniquely Lukan healing account.⁶⁷ The fact that both Matthew and Luke have a healing summary as the preface to the Q-based Sermon on the Mount would suggest that the healing summary is from Q, yet this is not held to be the case by scholars.⁶⁸ Accordingly, I treat Luke 6:17-19 as a Lukan adaptation of Mark 3:7-13a but recognize the issues involved.

The editorial summary of #48 *Healing Multitudes by the Plain* (6:17-19) has some notable redactive features. As is evident from the title, Luke has freely changed the setting and thus some of the details of his Markan source. In Mark, the healings and exorcisms take place at a beach on the sea of Galilee (Mark 3:7-12). Luke is willing to jettison the attractively dramatic Markan scene of Jesus getting into a boat to avoid the pressing throng, because Luke wishes to associate healing with teaching. In a significant editorial choice, Luke uses this healing account as the preface for the Sermon on the Plain/Mount.⁶⁹ I discuss this Sermon separately in my Q

⁶⁶ The list of places from which members of the crowd hail (Judea, Jerusalem, Tyre and Sidon) is common to both Mark and Luke and is an argument that Luke has a version of Mark's account. Compare Luke 6:17 with Mark 3:8.

⁶⁷ Matthew unfortunately does not help us on this point. Matt 4:24-25, the usually-cited parallel, differs from both Mark and Luke substantially.

⁶⁸ Kloppenborg (1987:22) notes that some sort of transition is needed between Q 4:1-13 (Temptation in the Wilderness) and Q 6:20b-23 (Beatitudes). He states, "... the redactional activities of Matthew and Luke have apparently obscured Q at this point and thus any reconstruction is extremely speculative." His assessment of the scholarship on the issue concludes that neither Luke 6:17b-19 nor Matt 4:24-25 are from Q.

⁶⁹ So does Matthew, see Matt 4:24–5:2. Luke is more concerned than is Matt with making the two activities (healing, teaching) into one seamless event. In Matt 5:1 Jesus quits his healing, climbs the mountain to get away from the crowd and then teaches his disciples. In Luke 6:17 Jesus comes down from the mountain and heals. In 6:20 he is still in the midst of the crowd when he begins his address to the disciples.

section, so here I will only note that Luke has chosen to insert a sizable portion of Q teaching material at what seems to him a judicious point, namely immediately following a healing.⁷⁰ Many of the redactive touches to the summary of the healings are necessitated by Luke's inclusion of the following Sermon. The setting must be on a plain, because that is where the discourse will take place. Thus the references to boat and beach are eliminated. Jesus does not withdraw with his disciples to the waterside (so Mark) but rather comes down from the mountainside—the site where he called the Twelve—and heals as he prepares to deliver his discourse before the crowd. Luke retains that a multitude was present, but he adds that there was also a great crowd of disciples there.⁷¹ The addition of the phrase “great crowd” of disciples suggests a worship setting: in essence Luke gives us a scene depicting followers of Jesus who are gathered to witness and participate in teaching and healing. Luke says that the people came to hear Jesus and be healed of their diseases.⁷² Here the “hearing” refers to Jesus' upcoming discourse and introduces it. Luke explicitly pairs Jesus' healing and his teaching. Typically, Luke 6:18 blurs the line between healing and exorcism by stating that “all those who were troubled with unclean spirits were cured [ἐθεραπεύοντο].”⁷³ Elements in Luke 6:19 foreshadow those in the story of the healing of the woman with the hemorrhage (8:42b-48).⁷⁴

⁷⁰ Although “the sick” are not named in the litany of those who are blessed, I suggest that their healing immediately preceding the Beatitudes is for Luke a case study of God's benign will towards the misfortunate (the poor, the hungry, those who weep, the hated). In Luke's gospel these healings are depicted as an event which foreshadows and is then interpreted or illustrated by Jesus' teaching. On the equation “the poor” = the sick, see Chapter Nine.

⁷¹ Compare Luke 6:17 with Mark 3:8. Luke: great multitude of people (πλήθους πολὺ τοῦ λαοῦ), Mark: great multitude (πολὺ πλήθους). Great crowd of disciples (ὄχλος πολὺς μαθητῶν) is only in Luke.

⁷² Compare Luke 6:17 with Mark 3:8. Luke changes Mark's statement that the people “hearing what he [Jesus] did came to him.” For Mark what the people have heard is reports about Jesus' miracles.

⁷³ V. 18 associates those needing healing with those needing exorcism: those who came to hear him and to be healed of their diseases, and those who were troubled with unclean spirits were cured (οἱ ἦλθον ἀκοῦσαι αὐτοῦ καὶ ἰαθῆναι ἀπὸ τῶν νόσων αὐτῶν· καὶ οἱ ἐνοχλούμενοι ἀπὸ πνευμάτων ἀκαθάρτων ἐθεραπεύοντο).

Compare Mark 3:10-11 with Luke 6:17-18. Luke takes the word θεραπεύω which Mark uses in v.10 to describe

An exorcism: Luke 8

Luke is now deep in Q territory. Three of the next sections come from the Q sayings source, and I discuss some of them in my section dealing with Luke's treatment of Q. First, there is the Sermon on the Mount/Plain, in particular the Beatitudes (6:17-49, especially vs. 17-26) which is from Q and immediately follows the above healing account.⁷⁵ The only healing story we know of in Q, #85 *The Centurion of Capernaum* (7:1-10), follows the conclusion of Jesus' teachings on the Plain. This is followed by #86 *The Widow's Son*, a healing account unique to Luke which I discuss in the next chapter. The following story also uses Q: #106 *Answer to John the Baptist* contains an editorial summary on healings and exorcisms.

Luke now returns to the Markan source. Following the anointing of Jesus by the sinful woman (7:36-50, from Mark) Luke has another unique healing reference, #115 *The Ministering Women* (8:1-3), which I discuss in Chapter Nine. Drawing from Mark, Luke then presents accounts of Jesus' teachings (Parable of the Sower 8:4-18), sayings (True Kindred 8:19-21), and a nature miracle (Stilling of the Storm 8:22-25), followed by #91 *Gerasene demoniac* (8:26-39).

Luke makes several changes to Mark's dramatic narrative of the exorcism of the Gerasene demoniac.⁷⁶ There is the usual Lukan preference for the term "demons" rather than "unclean spirits," which increases the demonic motif.⁷⁷ Luke retains Mark's liturgical-sounding acclamation by the demon ("Jesus, son of the most High God") but turns the demon's

Jesus' healings and applies it (v.18) to Jesus' treatment of those with unclean spirits. Luke's version of the treatment of the sick here uses *ἰάομαι*.

⁷⁴ The crowd (ὁ ὄχλος) surrounds Jesus and seeks to touch (ἅπτεσθαι) him, and curative power (δύναμις) comes from him.

⁷⁵ Here we see Luke's tendency to combine a healing account with a meal motif. The healing account (6:17-19) is followed by the Beatitudes which includes a saying stating that "those who are hungry will be satisfied" (6:21). I suggest that the Lukan community not only agreed with this concept in an abstract way but enacted it ritually.

⁷⁶ Luke retains most of these elements, although he changes their order. Compare Luke 8:26-39 with Mark 5:1-20.

⁷⁷ Luke 8:27 and Mark 5:2; Luke 8:33 and Mark 5:13. Also compare Mark 8:8-9 with Luke 8:29-30—Luke adds two references to demons.

pugnacious challenge into a humble plea for clemency.⁷⁸ In Luke, the demon clearly is the subordinate being from the outset. Luke retains and adds to Mark's statements that the witnessing herdsmen reported the incident in the city and in the country. In Mark's account, the second statement neutrally reports the incident, whereas in Luke the witnesses give a positive testimony to the healing power of Jesus.⁷⁹ Luke paints a fuller picture of the man after the exorcism: he is described as "the man from whom the demons had gone" rather than Mark's "the demoniac," and he is "sitting at the feet of Jesus" rather than Mark's "sitting there."⁸⁰ Luke is careful to show how the man's status has changed: he no longer has anything to do with demons, but is associated with Jesus. The phrase "sitting at the feet" of someone suggests the posture of a disciple or student.⁸¹ As did Peter, the blind man responds to the debt created by the benefaction of healing by becoming a disciple of the healer.⁸² Luke makes an editorial note that Jesus dismissed or "released" the man.⁸³ In Mark's Gospel, Jesus instructs the man to tell his friends at home what has happened. Luke does not limit this command to the man's friends: the implication is that he should tell everyone.⁸⁴ Luke removes the probably deliberate Markan ambiguity between the content of Jesus' command and that of the man's proclamation, although

⁷⁸ Luke 8:28 substitutes the phrase "I beseech you" for the "I adjure you by God" of Mark 5:7.

⁷⁹ The first statement is in Luke 8:34 and Mark 5:14. In the second statement, Luke changes Mark's reference from "what had happened to the demoniac and to the swine," to "how he who had been possessed with demons had been healed." See Luke 8:36 and Mark 5:16.

⁸⁰ Luke 8:35 and Mark 5:15. In 8:38 Luke reiterates that the demons had gone from the man.

⁸¹ See Luke 10:39 where Mary sits at Jesus' feet and listens to his teaching.

⁸² Luke uses Mark's reference to the request of the man to be "with" Jesus but changes the Greek word. Mark 5:18 μετά; Luke 8:38 σύν. Both words mean "with," however σύν has a sense of "accompany, travel with" which Luke may be wishing to suggest. See BAGD.

⁸³ Luke 8:39 uses ἀπέλυσεν, from ἀπολύω, literally "released," a significant word for Luke. This is an apt conclusion given the chains and fetters that had formerly bound the man in v. 29, see Seybold and Mueller 1978:153. See the programmatic speech of Jesus in Luke 4:16-30.

⁸⁴ Luke 8:39 and Mark 5:19.

this seems at first glance to create a contradiction.⁸⁵ Luke retains that the man proclaimed how much Jesus had done for him, but he changes the setting of the proclamation. It seems as if Luke lessens the impact, for he only has the man speaking “throughout the whole city” rather than Mark’s “in the Decapolis [region].”⁸⁶ If Luke’s audience is primarily urban, such a proclamation might be more appropriate for their own setting, exemplifying the missionary work they do in their city. As with the case of Peter’s mother-in-law, the account of the Gerasene demoniac portrays a person who has moved from the realm of demonic affliction to that of affiliation and work within the community, and it shows that the physical change of healing has effected this religious-social change. Healing has initiated the man into the group of Jesus’ followers.

Two intertwined healings: Luke 8

As does Mark, Luke segues immediately to the intercalated account #95 *Jairus’ Daughter and the Woman with a Hemorrhage* (8:40-56). Luke omits Mark’s reference to the beach setting, leaving the place unspecified. This is a useful omission if he wants to suggest a worship context. In Luke the attitude of the crowd is more positive than in Mark: they had been waiting for Jesus, and they welcome him when he arrives.⁸⁷ Thus Luke’s picture is of an expectant, happy crowd (a paradigm of a worshipping group) anticipating an encounter with Jesus. Luke essentially retains the description of Jairus falling at Jesus’ feet and beseeching him, although Luke relates the

⁸⁵ In Mark 5:18 Jesus tells the man to proclaim how much *the Lord* has done for him, and 5:19 says that the man tells how much *Jesus* has done. In Luke 8:39 Jesus tells the man to tell how much *God* has done, and the man tells what *Jesus* has done. Without getting into Lukan christology (low? high?), I suggest that the image of Jesus as commissioned prophet or agent of God (thus one who acts on God’s behalf) fits the sense of this verse from Luke. See Carroll 1995:277.

⁸⁶ Luke 8:39 and Mark 5:20.

⁸⁷ Compare Luke 8:40 with Mark 5:21, where the crowd merely gathers at Jesus’ arrival.

incident in third-person summary rather than Jairus' first-person speech.⁸⁸ Luke retains the title of "Teacher" in this account: a juxtaposition of teaching and miracle motifs is congenial for him.⁸⁹ In Luke, the faith of Jairus is not in doubt.⁹⁰ Luke retains Jesus' statement, "do not fear, only believe..." but Luke adds what the result will be: "and she shall be saved/healed."⁹¹ Luke uses much of Mark's account.⁹² Luke takes pains to emphasize that the miracle really is a resurrection.⁹³ Miller correctly points out the many affinities in this story to Elijah's healing of the widow's son, especially in its Lukan redaction.⁹⁴ Luke abridges the healing scene, removing the Aramaic (and likely esoteric, from his audience's perspective) portion of Jesus' command to the girl.⁹⁵ Luke adds that upon the girl's recovery, Jesus directs that she should be given

⁸⁸ Compare Luke 8:41-42 with Mark 5:22-23. Luke leaves implied the request to heal, noting only that Jairus asks Jesus to come to his house. Luke omits the request that specifies what action Jesus should take, namely laying on of hands. Perhaps for Luke's taste, Jairus presumes too much in the Markan version.

⁸⁹ Luke 8:49 and Mark 5:21.

⁹⁰ Compare Luke 8:50 with Mark 5:36. Luke changes the account so that Jesus gives the command not to fear to the person who came from Jairus' house (in Mark, it is to Jairus himself).

⁹¹ Luke takes some of the material he dropped from Mark 5:23 and has Jesus say it: Jesus (rather than the father) states that the girl will be well. Since the word in both cases for "made well" is σώζω (save, deliver), Luke probably prefers to have Jesus rather than the man make this assessment, thus matching Jesus' statement in 8:48.

⁹² Luke abridges but basically retains the scene of the weeping mourners at Jairus' house, Jesus' statement that the girl is not dead but sleeping, and their skeptical response. Compare Luke 8:52-53 with Mark 5:38-40a. Luke abridges Jesus' statement, stylistically making it similar to Jesus' statement to Jairus in 8:50. In Luke, both statements begin with an imperative: (8:50) μή φοβοῦ, (8:52) μή κλαίετε. Perhaps these reflect liturgical statements in Luke's audience.

⁹³ Luke abridges but basically retains the scene of the weeping mourners at Jairus' house, Jesus' statement that the girl is not dead but sleeping, and their skeptical response. Compare Luke 8:49 and Mark 5:35, Luke 8:53 and Mark 5:40, Luke 8:55 and Mark 5:42. Even if in Luke's narrative world the man and the crowd had been mistaken, as a reliable narrator Luke would have us believe him.

⁹⁴ Miller 1971:28, 38. See 1 Kgs (LXX 3 Kgs) 17:17-24. See especially where the spirit of the child returns in 1 Kgs 17:22. The comparison between Elijah and Jesus has been made by Luke in Luke 4:16-30.

something to eat. Harnack (1909:187) sees in this addition Luke's practical concern as a physician that a recuperating patient should receive refreshment! A more intriguing possibility involves the Lukan tendency to associate a meal with a healing. The juxtaposition of healing with meal (breaking of bread, eucharist) likely reflects worship practices of Luke's audience.⁹⁶

Luke inserts the story of the woman with the flow of blood into the middle of the story of Jairus and his daughter, just as Mark does. Luke condenses Mark's account, omitting several details. Probably the most interesting omission, and one that has attracted scholarly comment, is Luke's deletion of Mark's negative editorial comment about physicians.⁹⁷ Those scholars who identify the author of the third gospel as Luke the physician mentioned in Col 4:14, look to this feature of the text as evidence for their case.⁹⁸ Harnack (1909:185) argues that such a deletion is understandable if the author of the text is a member of the profession being criticized. Although I would not stake a claim that the third evangelist was a Hippocratically-trained *iatρός*, I would argue that the deletion here clearly shows that the author does not want to cast aspersions on physicians. I can see no other reason why Mark's statement should be deleted. According to the tenets of Form Criticism, Mark's statement follows a standard miracle account description of distress: it emphasizes the severity of the condition so that the ensuing healing will appear

⁹⁵ Compare Luke 8:54 with Mark 5:41 and Matt 9:25. Matt also omits the Aramaic phrase. Such deletions are typical for Luke. Perhaps he is reluctant to ascribe what might be perceived as magical techniques to Jesus. In the same vein, Luke does not use Mark's accounts of Jesus healing by spittle (Mark 7:31-37 and 8:22-26).

⁹⁶ See also Luke 9:10b-17 Feeding of the Five Thousand. Luke alone adds a healing miracle to this context. See discussion below. See also Paul's healing in Acts 9, discussed in Chapter One.

⁹⁷ Mark 5:26 the woman "had suffered much under many physicians (πολλῶν ἰατρῶν) and had spent all that she had, and was not better but rather grew worse." Luke 8:25b [the woman] "could not be healed by anyone." Assessment of Luke's redaction is complicated by the fact that there are textual variations. Some manuscripts add "and had spent all her living on physicians" (variations on ἥτις ἰατροῖς προσαναλώσασα ὅλον τὸν βίον), see UBS III p. 240. Even with this contested addition the critique is not as harsh as that in Mark.

⁹⁸ I discuss the tradition of Luke the physician in Chapter Ten.

impressive (Theissen 1983:50-51). Such a sentence should have been as much use to Luke as it was to Mark.

Luke eliminates the description of the woman's thoughts prior to the healing, noting only that she touched Jesus' garment.⁹⁹ Luke takes Mark's editorial comment about power (δύναμιν) having issued from Jesus and has Jesus say it directly, probably to demonstrate Jesus' knowledge.¹⁰⁰ Given so many redactional deletions in this passage, an addition particularly stands out. Luke adds to Mark's description of the woman's response to the healing, changing Mark's she "... told him the whole truth," to she "... declared in the presence of all the people why she had touched him and how she had been immediately healed."¹⁰¹ The various deletions made by Luke in vv. 43-46, and the accompanying expansion of v. 47 (the woman's testimonial), serve to focus attention on this last part of the story (Theissen 1983:135). Theissen finds the phrase "declared before all the people," (ἀπήγγειλεν ἐνώπιον παντὸς τοῦ λαοῦ) to be suggestive of a particular *Sitz im Leben*. From a form-critical perspective, Theissen (1983:135) notes, "one almost has the impression of entering a cultic domain in which God's saving act is being proclaimed before the entire community." Luke retains Mark's version of Jesus' response to the woman's statement, "Daughter, your faith has made you well, go in peace."¹⁰² Luke however drops the last part of the sentence from Mark, "be healed from your disease." Luke likely does this to show the woman's faith and acclamation are a result of the healing, rather than its occasion.¹⁰³ The woman's response is that of a grateful client, who

⁹⁹ Compare Luke 8:43-44 with Mark 5:27-28.

¹⁰⁰ Mark 5:30, Luke 8:46. Luke often uses δύναμις in connection with Jesus' miracles, see 5:17, 6:19, 8:46 (healing) and 4:36 (exorcism). See also 19:37 (unspecified acts) and 9:1, 10:19 (acts of Jesus' disciples).

¹⁰¹ Luke takes some of the material he dropped from Mark 5:29 and puts it in Luke 8:47. The effect is to augment the woman's report of her healing, and make it into a testimonial to Jesus' healing power.

¹⁰² Luke 8:48 = Mark 5:34 ἡ πίστις σου σέσωκέν σε, πορεύου εἰς εἰρήνην.

¹⁰³ Compare the three Synoptic accounts. Mark 5:25-34 states that the hemorrhage ceases and the woman feels the healing in her body (5:29), yet Jesus later tells her to "go... and be healed" (5:35). Matthew decides to remove the ambiguity by omitting Mark 5: 29—in his account the woman is not healed until Jesus says so (9:22). Luke goes in

praises the person responsible for the gift. Her response also reminds us of the aretalogical inscriptions we saw in Chapter Six.

Some Lukan additions and omissions: Luke 9

Immediately following this account in Luke is #142 *Commissioning of the Twelve*.¹⁰⁴ Achtemeier notes that Luke has once again associated a discipleship motif with miracles.¹⁰⁵ This is not an account of Jesus' healings, but it is the first time in the narrative that healings and exorcisms by Jesus' *followers* are mentioned. As such it sets the stage for the commissioning of the Seventy (10:1-12) and the healings by the apostles in Acts. Luke expands Jesus' commission as recorded in Mark to include not only exorcisms but healings. Luke substitutes the word "demons" for "unclean spirits," and according to Luke, Jesus gives his followers not only "authority" (so Mark) but "power and authority" over the demons.¹⁰⁶ Luke adds an editorial comment (likely based on the Q source of 10:1-12): Jesus "sent them out to preach the kingdom of God and to heal [καὶ ἰᾶσθαι]." ¹⁰⁷ This conjunction of preaching and healing by Jesus' followers is an important feature. It occurs also at #177 *Commission of the Seventy*, and I discuss this feature in the next section. Luke abridges some of Mark's material; most notably for our

the other direction, stating that the flow of blood ceased (8:44), the woman confirms that she had been healed (8:47), and Jesus' statement does not mention her healing (8:48). See Theissen 1983:135.

¹⁰⁴ Here Luke departs slightly from the Markan order. In Mark's narrative, Jesus' preaching at Nazareth comes between the healings of the woman and Jairus' daughter and the commissioning of the Twelve. Luke takes the preaching story, re-works it substantially, and places it as the programmatic speech of Luke 4:16-30.

¹⁰⁵ Achtemeier 1978:156. Instead of placing the sending out of the Twelve after Jesus' rejection in Nazareth (Mark) or introducing it with a statement on the need for harvesters (Matt), Luke has it follow immediately on a series of four miracles, strengthening the impression that such activity was an important part of their mission.

¹⁰⁶ Mark 6:6b [Jesus] "gave them authority [ἐξουσίαν] over the unclean spirits." Luke 9:1 [Jesus] "gave them power and authority [δύναμιν καὶ ἐξουσίαν] over all demons and to cure diseases [νόσους θεραπεύειν]."

¹⁰⁷ Some manuscripts have a fuller version, "to preach the kingdom of God and to heal the sick (καὶ ἰᾶσθαι τοὺς ἀσθενεῖς)." See Greek New Testament UBS III p. 242. On the Q source, Kloppenborg (1988:69) estimates that Luke 9:2-6 and Mark 6:8-13 are parallel variants of Q/Luke 10:2-10.

purposes he is deliberately vague on how the Twelve healed.¹⁰⁸ Perhaps Luke's community practiced healing but did not anoint with oil.¹⁰⁹ Healing by anointing is not well attested in the New Testament.¹¹⁰

The next Lukan healing account is an addition to a Markan story that did not mention healing. Following a brief notice of the death of John the Baptist (9:7-9), Luke relates #146 *Feeding of the Five Thousand* (9:10-17). Because this account follows closely the Commission of the Twelve, and because Luke states that the Twelve were present (Luke 9:12) we should understand this incident as an illustration of how the commission to heal and teach (and share a meal) is to be enacted.¹¹¹ Luke makes several changes to this account, but I focus primarily on the healing aspect. Luke changes the location to the city of Bethsaida.¹¹² Mark mentions that Jesus taught the crowd "many things," but Luke supplies the content of the teaching: "he spoke to them of the kingdom of God."¹¹³ Luke also makes the editorial comment that Jesus "cured those who had need of healing," and this assertion interestingly is attested by not only Matthew but John.¹¹⁴ It appears that Luke has combined the Markan tradition of a teaching-meal

¹⁰⁸ Mark 6:13 "they... anointed with oil many that were sick and healed them." Luke 9:6 "they went ... healing everywhere."

¹⁰⁹ Crossan finds that Mark had redacted an earlier tradition evident in Q and added the note about anointing. Luke's version here is thus influenced by Q. Crossan 1992:344, see also Kloppenborg 1988:72.

¹¹⁰ Aside from the anointings with mud in John 9:6, 11 the only other anointing (with oil) is in James 5:14 where it is part of an institutionalized healing procedure by the presbyters. See Chapter Eleven.

¹¹¹ See discussion below on the Commission of the Seventy.

¹¹² Luke 9:10b, compare with Mark 6:32 which speaks of a "lonely place." Luke, somewhat at odds with his earlier city location, retains Mark's second reference to the lonely place, compare Luke 9:12 and Mark 6:35. Despite Luke's preference to portray healings in urban settings, this one must be in an isolated place in order to set the stage for the food provisioning miracle.

¹¹³ Compare Mark 6:34 and Luke 9:11. Luke similarly supplies the content of Jesus' teaching in his version of #33 *Jesus Preaching at Nazareth* 4:16-30. See my discussion above.

¹¹⁴ Luke 9:11b καὶ τοὺς χρεῖαν ἔχοντας θεραπείας ἰᾶτο. The parallel in Matt 14:14 also describes healing but does not mention that Jesus taught at that point. The agreement between Luke and Matt on the healing here does not

combination with another tradition (reflected in Matt and John) of a healing-meal combination. It seems almost certain that a description of a scene containing a teaching discourse on the kingdom of God followed by a meal would suggest a worship setting to Luke's audience. But what are we to make of Luke's assertion that Jesus also healed in this context? I argue that it reflects the practice in Luke's community of healing in a worship context.¹¹⁵

At this point Luke omits an entire section of Mark (Mark 6:46 to 8:26) which concerns Jesus' travels throughout northern Palestine (e.g., Bethsaida, Gennesaret, Tyre and Sidon, the Decapolis). Luke only omits five of the healing accounts found in Mark, and four are from this section.¹¹⁶ They are: #148 *Healings at Gennesaret* (Mark 6:53-56), #151 *Syrophoenician Woman* (Mark 7:24-30), #152 *Deaf mute* (Mark 7:31-37), #156 *Blind man at Bethsaida* (Mark 8:22-26). Some of these omissions are understandable. #148 is an editorial summary by Mark, and the material in it is covered elsewhere in Luke. #152 and #156 are unique among the Gospel healing accounts in that they both mention the use of Jesus' spittle and a certain form of ritual (application of saliva, specific words) apart from a general act with touching and a verbal command to the person to be healed or for the demon to depart. Perhaps Luke found this element inappropriate for his context.¹¹⁷ #151 is the most difficult omission to explain, given that the woman is Gentile and Luke has an interest in the mission to the Gentiles. Perhaps that

appear to be from Q. Kloppenborg (1988) does not list Luke 9:10b-17 as Q material. We must assume that this agreement either reflects use of another tradition, or an independent development by Matt and Luke. Argument for another tradition is supported by the version in John 6:1-15, which also mentions healing, see the reference in v. 2 to the "signs he [Jesus] did on those who were diseased." However John, like Matt, does not have a teaching context. On the combination of proclamation of kingdom of God, meal, and healing, see Crossan (1992:303ff.) and my discussion on the Commission of the Seventy.

¹¹⁵ For other healing-meal combinations, see #95 *Jairus' daughter*, #177 *Commission of the Seventy*, the chapter 14 complex in Luke (#214 *Man with Dropsy*, followed by the parable of the marriage feast and the parable of the great banquet) and Acts 9 Healing of Paul. Healing and meal is a particular Lukan theme and combination.

¹¹⁶ The fifth is #33 *Jesus' Preaching at Nazareth*, which I have discussed above.

¹¹⁷ Crossan (1992:325) suggests that the accounts may have seemed to portray a magical practice (perhaps an unattractive feature). #156 is also omitted by Matthew, who uses #152 but does not refer to any ritual aspects.

mission provides the explanation: in Acts, Luke portrays the mission expanding outward from Palestine, but not until after Jesus' death and due primarily to the efforts of Peter and Paul.

Luke returns to his Markan source at Peter's confession (Luke 9:18-27) and the Transfiguration (9:28-36). Luke then relates #163 *Healing of the Boy Possessed by a Spirit* (9:37-43a). As with Mark's version, this story in Luke relates how Jesus' disciples were unable to cast out a demon. Luke however drastically edits the story, reduces many details, and eliminates Mark's styling of the exorcism as a resurrection.¹¹⁸ Typically, Luke manages to work in a reference to demons.¹¹⁹ Also typically, Luke blurs the line between exorcism and healing, adding that after Jesus rebuked the spirit, Jesus healed (ἰάσατο) the boy.¹²⁰ Luke's additional comment that Jesus "gave the boy back to his father" alludes to the action of Elijah after he healed the son of the widow of Zaraphath.¹²¹ Luke retains the setting of the "great crowd," and the acclamation by the boy's father of Jesus as "Teacher" in his healing request (Carroll 1995:274 n. 23). Once again we see a corporate setting, and teaching associated with healing. Luke adds an acclamatory editorial comment on the crowd's behalf: they are described as being "astonished at the majesty of God." Notably, Luke eliminates any criticism of either the father's faith or that of the disciples. For Luke, the point of the story is Jesus' ability to cast out any demon, and the disciples' inability serves to illustrate the difficulty of the case.

In Luke 9:49-50 we have the brief account #167 *Strange Exorcist*. Only Luke uses this incident from the Markan source,¹²² and he edits it in ways that suggest that a community that

¹¹⁸ It is difficult to know why Luke does this. He is not reluctant to portray the healing of Jairus' daughter as a resurrection; however, that is not an exorcism. Perhaps the idea that the demon could have killed the boy while Jesus was there was unacceptable to Luke, even if Jesus subsequently resuscitated him.

¹¹⁹ Mark 9:17 speaks of a πνεῦμα ἄλογον (dumb spirit), Luke 9:39 just has πνεῦμα (spirit). Luke substitutes demon (9:42) for spirit (Mark 9:20). Mark has Jesus' command to the spirit: v.25 ἄλογον καὶ κωφὸν πνεῦμα (dumb and deaf spirit), Luke v.42 omits an explicit statement of Jesus' command.

¹²⁰ Compare Luke 9:42 with Mark 9:25-27.

¹²¹ Compare Luke 9:42 with 1 Kgs (LXX 3 Kgs) 17:23. See Miller 1971:29.

¹²² Compare Mark 9:38-41, Luke 9:49-50 and Matt 10:42. Matt only keeps the saying about discipleship.

itself practices exorcisms is being addressed. In Mark 9:39, the point of the story is that those who are performing exorcisms in Jesus' name are not to be discouraged, because they are giving implicit testimony to Jesus as an agent of God. Luke edits out that aspect, retaining only Mark's secondary point, the practical proverb that whoever is not opposed to a group is giving it tacit support. The concern in Luke is primarily the operation of the group.¹²³ Luke changes the word so that "you" (ὁμῶν) is used, rather than "us" (ἡμῶν), suggesting a group removed from Jesus.¹²⁴

Healings and teachings: Luke 13–19

Around the end of chapter 9, Luke begins to make increasing use of Q material. Chapter 10 has the Commission of the Seventy (10:1-24) from Q. This is followed by a parable unique to Luke (the Good Samaritan, 10:25-37), which has some relevance to healing. Jesus' sayings and teachings dominate chapters 11–12; however the important (particularly for Luke) account #188 *Beelzebub Controversy* is here as well (11:14-28). Chapters 13 through 19 of Luke's gospel are concerned with Jesus' last journey to Jerusalem. The narrative here is constructed on a framework of Jesus' teachings mostly from the Q source, interspersed with material largely unique to Luke which is of two types. The first is parables and sayings, many of which relate to the kingdom of God. The second is healing miracles: three are unique to Luke (#208 *Healing of Crippled Woman* 13:10-17, #214 *Man with Dropsy* 14:1-6, #233 *Cleansing of 10 Lepers* 17:11-19), and one (possibly two, see below) are brought in from the Markan source (#264 *Healing of the Blind Man*). Luke deliberately sets teachings and healing material side by side in this part of his narrative, making the same association between the two topics that we have seen earlier in his text. I discuss the Q material in the next section, and the Lukan material in the next chapter.

When Luke returns to his Markan source, one story we find that seldom receives attention as a healing account is #253 *Jesus and the Children*. The fact that it is not discussed as a healing

¹²³ The account of the sons of Sceva in Acts offers a different perspective. See Chapter Nine.

¹²⁴ Luke 9:50 and Mark 9:40.

account may be because commentators see the event through a lens which combines all three Synoptic versions.¹²⁵ When we look at these accounts separately, we see that they differ in interesting ways. The Markan source says that Jesus blessed (κατευλόγει) the children, laying his hands upon them. Matthew's account says that the children were brought to Jesus in the first place so that he might lay his hands on them and pray (προσεύχεται). But the Lukan account makes neither statement.¹²⁶ All it says is that infants were brought to Jesus so that he might touch them, and Luke does not record what Jesus did. All three accounts note that Jesus associated the children with the kingdom of God.¹²⁷ Presumably by touching them Jesus would bring them into contact with the kingdom of God.¹²⁸ Given Luke's redactional efforts, the act of Jesus touching someone (which is usually done in healings), and the motif of the kingdom of God, we may wonder if Luke is suggesting that these children were brought to Jesus for healing. The fact that this account is in a section in Luke where teachings and healing material are placed side by side makes it a candidate for being a healing account.¹²⁹

Luke makes use of his Markan source to round out the healings in this section, as he presents #264 *Healing of Blind Man* (18:35-43). Luke eliminates the name of the blind man but keeps the note that he is a beggar and that a multitude was present.¹³⁰ That the man is sick and poor has relevance for Luke's program of charity, which I discuss in the next chapter. The corporate setting for the healing is a typical Lukan element. Luke retains the double acclamation

¹²⁵ Mark 10:13-16; Luke 18:15-17; Matt 19:13-15.

¹²⁶ Of course, neither blessing nor prayer is mutually exclusive from healing, in fact each could be a prelude to it.

¹²⁷ On the association of healing with the kingdom of God, see the Commission of the Seventy.

¹²⁸ If we assume that this story has some relation to a historical event, then we wonder why children would have been brought to Jesus in the first place. The gospels do not record other instances of Jesus praying over people or blessing them for abstract or "theological" ends. They do record Jesus touching people to heal them. Perhaps Luke, out of all the evangelists, noticed this aspect and nudges his account in this direction.

¹²⁹ The story is immediately preceded by two parables, The Widow and the Judge (18:1-8) and The Pharisee and the Publican (18:9-14). Ysabaert (1962:255) suggests this may have been a healing.

¹³⁰ Luke 18:35-36 and Mark 10:46.

of the man, who calls Jesus by the messianic title “Son of David.”¹³¹ For Luke, this acclamation recalls the programmatic reference in 4:16-30 to Isaiah’s prophecy of an age of restoration brought about by God’s appointed agent. Luke edits out some of the incidental details of the story.¹³² Luke changes the title given to Jesus by the man, from a Hebrew to a Greek honorific (likely more comprehensible to Luke’s audience).¹³³ Luke retains the phrase “your faith has saved/healed you.”¹³⁴ Following Mark, Luke uses ἀναβλέπω (gain or regain sight) twice.¹³⁵ For Luke, this is an important word, recalling Jesus’ programmatic reading from Isaiah (4:16-30).¹³⁶ Luke retains that the healed man “followed” (ἠκολούθει) Jesus: ἀκολουθέω in Luke is usually associated with the act of a disciple.¹³⁷ Luke 18:43 adds acclamations. The man glorified God and the people praised God. As in the call of Peter and the exorcism of the Gerasene demoniac, in this account discipleship is depicted as a client response to the benefaction of healing. The discipleship element in this healing account becomes more apparent when we consider this story within its larger Lukan context. The story of the rich young ruler (18:18-30) and that of the conversion of Zacchaeus (19:1-10) frame this healing, and the three accounts are related to each other.¹³⁸ The first two accounts roughly follow each other in the Markan source as well (Mark 10:17-31; 10:46-52) but the third is unique to Luke; and, we must assume, has been inserted by Luke at this point to comment on the previous two. Dennis Hamm

¹³¹ Luke 18:38-39 and Mark 10:47-48.

¹³² Luke 18:40 and Mark 10:49-50.

¹³³ Mark 10:51 has ῥαββουνί (“my master/lord/teacher”). Luke 18:41 has κύριε, lord.

¹³⁴ Luke 18:42 and Mark 10:52, ἡ πίστις σου σέσωκέν σε. Luke, following the Markan source, reiterates this saying from its previous setting, #95 *The Woman with the Hemorrhage* (Mark 5:34 and Luke 8:48).

¹³⁵ Luke 18:41, 42 and Mark 10:51-52.

¹³⁶ See also Luke 7:22 answer to the Baptist, and Acts 9:12 healing of Paul.

¹³⁷ Luke 5:11; 5:27, 28; 9:23; 9:57, 59, 61; 18:22, 28; 22:39. The act of following (different word used) after a healing is seen again in Acts 3:8. Carroll (1995:276) notes that the blind man is a paradigm of discipleship, as were the women in Luke 8 who followed and were patrons of Jesus.

¹³⁸ Hamm 1975:61 call the three accounts a “narrative triptych.” See also Hamm 1986b:462-464.

perceptively recognizes the affinities between the blind man and Zacchaeus: both initially are unable to see who Jesus was, experience the obstacle of a crowd, remain resolute, and are finally transformed into model followers of Jesus through faith and association with him.¹³⁹ The restoration of sight to the blind man is matched by the change of heart in Zacchaeus, and we will see this pattern again, combined in one character, Paul in Acts 9.¹⁴⁰

Additions and other issues: Luke 19, 22

The last two healing accounts in Luke are additions to the Markan source material. They are short notices which primarily demonstrate Luke's interest in the topic of healing. #269 *Triumphal Entry* connects the entry of Jesus to Jerusalem with the acclamation of the crowd. Among the Synoptists, Luke alone notes that the multitude was offering praise for "all the powerful deeds" (πασῶν ...δυνάμεων) they had seen.¹⁴¹ As we have noted, Luke stresses that Jesus has acted in the power of the Spirit, primarily to heal and exorcise. Therefore, we can take this to be an oblique editorial reference to Jesus' healings. The acclamation in Luke differs from that in Mark, stressing the kingly role of Jesus, and reiterating Luke's unique account of the liturgical-style acclamation made by the angels at Jesus' birth.¹⁴² In the account #331 *Jesus Arrested*, Luke is the only Synoptist who relates that Jesus healed (ἰάσατο) the servant who had

¹³⁹ Hamm 1975:61. Affinities between Zacchaeus and the unnamed rich man include: they are both rich, and they both wrestle with the issue of the appropriate use of their wealth.

¹⁴⁰ See note above on ἀναβλέπω.

¹⁴¹ Luke 19:37. This account has a version in John, and interestingly Luke here may be alluding to a tradition found in John, see John 12:17-18 (reference to the raising of Lazarus). Luke and John also share here the kingly title for Jesus, see Luke 19:38 and John 12:13, 15.

¹⁴² Luke 1:14 "glory in the highest places to God and on earth peace..." (δόξα ἐν ὑψίστοις θεῷ καὶ ἐπὶ γῆς εἰρήνῃ); Luke 19:38 "peace in heaven and glory in the highest places" (ἐν οὐρανῷ εἰρήνῃ καὶ δόξα ἐν ὑψίστοις).

his ear cut off (Luke 22:51).¹⁴³ At the height of the drama of Jesus' passion and arrest, Luke finds it appropriate to insert a healing account.¹⁴⁴

The issue of the longer ending to Mark (Mark 16:9-20) is an interesting one. If this is considered to be part of the Markan source used by Luke, then it would appear that Luke has omitted it, including its reiteration of the commission to the Twelve and the Seventy and references to healings. However, most scholars agree that this section in Mark is a later appendix, probably added in the second century (Nineham 1963:449-450). As such, it would not have been available to Luke. Indeed, the issue of sources may point in the other direction: When we look at the contents of this Markan passage and see references to apostolic preaching, baptisms, signs (σημεῖα) such as exorcisms and speaking in tongues, picking up serpents,¹⁴⁵ and laying on of hands by Jesus' followers to heal, then we may reasonably conclude that this later Markan ending is in fact an *epitome* of Acts or at least the traditions Luke used to write Acts.¹⁴⁶

Luke's redaction of the Q source

As I mentioned in the previous section, Luke draws primarily on the Markan source for the majority of his accounts of Jesus' healings and exorcisms. Luke also makes use of the Q

¹⁴³ Again there is an affinity between Luke and John. John does not mention a healing, but he alone records that Malchus is the name of the servant (John 18:10). If there was a tradition that Jesus had healed the servant, the name of the person could have been in the story. For John this event was not a "sign," so the healing is not mentioned.

¹⁴⁴ The other Gospel writers tend to stop relating Jesus' healings once the Passion events begin. Matthew inserts a late healing account into the tradition of the Cleansing of the Temple (Matt 21:10-17) because it suits Matthew's polemical agenda against Jewish authorities to portray Jesus healing in the Temple site. The healing of Bartimaeus is the last healing account in Mark (Mark 10), and the raising of Lazarus is the last in John (John 11), where it is a foreshadowing of Jesus' own resurrection.

¹⁴⁵ Acts 28:3-6. See also Luke 10:19.

¹⁴⁶ One proof that this passage is a late addition is its positive view of signs. Authentic Mark is suspicious of signs, see 8:11-12 and especially the signs and wonders (σημεῖα καὶ τέρατα) given by false Christs in 13:22. See discussion in the next chapter on diverging early Christian traditions for signs.

sayings source. See Table 4 at the end of this chapter for a summary of Luke's redaction of Q. Addressing the issue of Luke's redactional activity on the Q source is a necessary but difficult enterprise, since Q only exists as a hypothetically-reconstructed text. We can never be certain that material omitted by both Luke and Matthew did not exist in Q, nor the exact extent of Luke's redaction of Q. Given Luke's generally conservative treatment of Mark, most scholars who work with Q find that Luke generally redacted Q to a lesser extent than did Matthew.¹⁴⁷

The Q material pertaining to healings has a critical impact on Luke's theology of healing. Luke gets two important and related concepts from the Q source: Jesus' healings and exorcisms are in fulfillment of a scriptural paradigm from Isaiah, and these acts are connected with the kingdom or reign of God. As far as we know, there is one healing account (The Centurion's Servant) and one exorcism account (The Beelzebul Controversy) in Q. That a sayings source should have such accounts at all is perhaps surprising.¹⁴⁸ There are also two other important passages from Q which are relevant to healing and exorcism, and which have a profound influence on Luke's theology of those subjects. These passages are the commission of the Seventy (Q/Luke 10:1-12) and the parable of the great supper (Q/Luke 14:15-24).

The healing complex of Q/Luke 7:1-23

The healing account #85 *The Centurion's Servant* (Q/Luke 7:1-10) is unique among known Q material for being a story rather than a saying.¹⁴⁹ The fullest account is in Luke, and it is assumed that Matthew has edited or summarized from the Q source preserved in Luke.¹⁵⁰ This

¹⁴⁷ Perrin 1967:74. The numbering of Q passages follows that of Luke's gospel: see Kloppenborg 1988:xxx.

¹⁴⁸ The *Gospel of Thomas*, often cited as being a sayings collection similar to Q, does not have any narratives of healings or exorcisms.

¹⁴⁹ Perrin 1974:74, Achtemeier 1978:154, Kloppenborg 1987:118.

¹⁵⁰ According to Kloppenborg (1988:50) most authors assign 7:1-2, 6-10 to Q. There is disagreement as to Luke 10:3-5—several scholars assign it to Q on the grounds that it is a plausible Palestinian-Jewish situation; others see it as a Lukan addition. A version of this story is preserved in John as well, see John 4:46b-54.

is one of the few recorded healings by Jesus on behalf of a Gentile.¹⁵¹ The point of the story in both Luke and Matthew is the recognition of Jesus' authority (ἐξουσίαν) by a Gentile, and it therefore is a condemnation of the Jews who had rejected Jesus. According to Kloppenborg 1987:117, the account's reconstructed position in Q is that it comes after the Sermon on the Plain/Mount and other sayings (Q/Luke 6:20b-49), and before John's question (Q/Luke 7:18-23). Luke modifies the Q tradition by inserting his unique account of the resurrection of the widow's son (Luke 7:11-17) between the story of the centurion and John's question.¹⁵² The stories of the centurion and the widow's son thus provide immediate examples, in Luke's narrative, of the messianic healings Jesus mentions in his answer to the Baptist's question. This story is of interest from a patron-client perspective. The centurion has acted as a patron for the local Jews in sponsoring the building of their synagogue. A group of his Jewish clients approaches Jesus, seeking to broker a healing from Jesus (who can supply God's healing) on their patron's behalf. In the story, Jesus' authority (ἐξουσίαν) to heal is compared to that of the centurion: both Jesus and the centurion are portrayed as people who have been established in positions of authority over subordinates. What is implicit in the account is that the subordinates Jesus can command are the forces (demons, in Luke's view) that cause illness.

Immediately following in Q is #106 *Baptist's Question and Jesus' Answer* (Q/Luke 7:18-19, 22-23). As is evident from the enumeration of Q, most scholars see 7:21 as redactional, that is, it has been added by Luke and was not part of the Q source.¹⁵³ From our perspective this means that Luke has added to the Q account his editorial summary of Jesus' healings and exorcisms. This is not a radical addition, since v. 22 (in Q) alludes to Jesus' healing ministry, using the language of an Isaianic prophecy concerning the coming age of restoration (Isa 61:1-

¹⁵¹ The other being the Syrophonecian woman, Mark 7:24-30. This account curiously is omitted by Luke.

¹⁵² The theme of death may be a link between the two accounts: the centurion's servant is "at the point of death" (ἤμελλον τελευτᾶν, Luke 7:2), the widow's son had died (τεθνηκώς, Luke 7:12).

¹⁵³ Kloppenborg (1988:52) states, "While there is relatively strong consensus that Luke 7:21 is redactional, opinion is divided on 7:20, with a number of critics assigning it to Q."

2).¹⁵⁴ As I discussed in the previous section, Luke projects this citation back to his programmatic section concerning Jesus' inaugural discourse in the synagogue (4:16-30). Luke here provides examples within the narrative of the actions described in the prophecy. According to Luke, the disciples of John have witnessed these acts and can report back to John not only Jesus' saying but a description of his deeds.¹⁵⁵ We see familiar terms in Luke's editorial summary: the blind "receive sight" (ἀναβλέπω), diseases and evil spirits are all "cured" (θεραπεύω), the poor have good news preached to them. These are the acts, according to Luke, that Jesus was commissioned to perform on God's behalf.

The Commission of the Seventy and its result

#177 *Commission of the Seventy* is an important account from the Q source which introduces themes that resonate throughout the Lukan narrative. The linkage we see here between healing and kingdom of God will be restated in the Beelzebul Controversy (Q/Luke 11:14-23), that time as a connection between exorcisms and the kingdom of God. The combination of healing and meal, typical in so many of Luke's healing accounts, may have had its origin here in the Q source. The account of Jesus' commissioning of the Seventy is one of two commissioning speeches in Luke. The first is #142 *Commissioning of the Twelve* (Luke 9:1-6), which as I noted in the previous section is a Lukan redaction from Mark that likely was influenced by this Q account.¹⁵⁶ Most Q scholars estimate that Luke 10:2-10 essentially reflects

¹⁵⁴ Kloppenborg (1987:107) notes that the events listed in 7:22 are a pastiche of Isaiah's description of the coming time of peace (Isa 61:1-2 LXX; 42:6-7; 35:5; 29:18-19). See also Miller 1971:161-2.

¹⁵⁵ Luke 7:21 explicitly states that Jesus healed and exorcised "in that hour," so that there is no doubt that John's disciples saw the events. The theme of reports of Jesus' miracles after the fact is one we see several times in Luke.

¹⁵⁶ For example, the deletion of the reference to anointing with oil, and a reversal of commands regarding taking a staff. See Kloppenborg 1988:72.

the Q source in content and arrangement.¹⁵⁷ The status of the accompanying account of the report of the Seventy in Luke 10:7-10 is in dispute; many find it to be a Lukan redaction.¹⁵⁸

The account begins with the editorial comment that Jesus “appointed” (ἀνέδειχεν) Seventy (or Seventy-Two) followers.¹⁵⁹ As with the account of the commissioning of the Twelve, Jesus here is reported to have “sent off” (ἀπέστειλεν) his followers to preach the kingdom of God and to heal, stating: “whenever you enter a town and they receive you... heal the sick in it and say to them, ‘the kingdom of God has come near to you’” (RSV).¹⁶⁰ What is interesting in the Q commissioning tradition is that a meal is now part of the scenario: in the saying above, Jesus also enjoins his followers to “eat what is set before you.” This combination of eating and healing is found in a similar passage in the *Gospel of Thomas*.¹⁶¹

John Dominic Crossan has made much of this combination of meal and healing. It is his thesis that the early itinerant Christian missionaries, as well as the historical Jesus, practised open commensality and freely-given healing in the belief that such egalitarian acts manifested the kingdom of God.¹⁶² The view that eating together and healing enact the kingdom of God is

¹⁵⁷ See review in Kloppenborg 1988:72. The majority of scholars find 10:1 to be a Lukan redaction, and there is dispute about 10:5b-6. Kloppenborg 1987:193-94 himself sees the core of the tradition being instruction about equipment (10:4), instructions concerning acceptance (10:5-7) and rejection (10:10-11).

¹⁵⁸ See review in Kloppenborg 1988:76.

¹⁵⁹ ἀνέδειχεν only occurs twice in the New Testament, both times in Lukan works. It refers to something being shown or revealed (e.g., the appointment by lots of a replacement to Judas in Acts 1:24), and to an appointment or commission (presumably with particular, visible credentials) here in Luke 10:1. See BAGD s.v. ἀνέδειχεν.

¹⁶⁰ Q/Luke 10:1, 8-9, compare with Luke 9:2.

¹⁶¹ *Gos. Thom.* 14b, cited in Kloppenborg 1988:70-71. Crossan 1992:332 notes that the presence of the topic here is interesting, since *Gos. Thom.* otherwise shows no interest in healing

¹⁶² For example, see Crossan (1992:341): the missionaries “share a miracle and a Kingdom, and they receive in return a table and a house. Here, I think, is the heart of the original Jesus movement, a shared egalitarianism of spiritual and material resources.” See also p. 422: “His [Jesus’] strategy, implicitly for himself and explicitly for his followers, was the combination of free healing and common eating, a religious and economic egalitarianism that negated alike and at once the hierarchical and patronal normalcies of Jewish religion and Roman power.”

implied in the Q/Lukan text. 10:8b-9 states, “eat what is set before you, and heal the sick... and say to them, ‘The kingdom of God has come near to you.’”¹⁶³ The phrase “say to them” (λέγετε αὐτοῖς) is intriguingly ambiguous: does the dative plural pronoun refer only to the sick?¹⁶⁴ If so, the implication would be that the kingdom of God has been specifically manifested in the healing of the sick. Seybold and Mueller summarize the underlying belief that healings contribute to God’s kingdom being realized on earth: “When the sick become well, that shows that God becomes Lord and that his salvation is thus realized in this world.”¹⁶⁵ Crossan notes that the word for “come near” (the Greek verb ἤγγικεν) is in the perfect tense, thus referring to an event which happened in the past but continues to be of relevance for the present. Crossan (1992:345) interprets this statement to mean that “the Kingdom is at hand or near in the sense not of promise but of presence and that its power is made visible in the commonality of shared miracle and shared meal.” Crossan further offers the intriguing speculation as to those being addressed in the commission:

I wonder, but this is a pure guess, if what we are initially or primarily dealing with is healed healers? Is this what Jesus did with those whom he himself healed and who wanted to join his movement? He sent them out to do likewise?¹⁶⁶

¹⁶³ In Greek: “ἐσθίετε τὰ παρατιθέμενα ὑμῖν, καὶ θεραπεύετε τοὺς ἐν αὐτῇ ἀσθενεῖς, καὶ λέγετε αὐτοῖς, Ἥγγικεν ἐφ’ ὑμᾶς ἡ βασιλεία τοῦ θεοῦ.” The three acts are listed as equal events in Luke. What may argue against this view is that in Luke 10:11 the kingdom of God appears to be associated with the mere presence of the disciples (it has “come near” despite there being no opportunity to preach or heal). Also in Matthew the activities are not equated but listed sequentially: preaching the kingdom (10:7) is *followed* by healing and exorcisms (10:8).

¹⁶⁴ Such is the most natural reading of the verse. If it refers to the people of the city/town, that is a more distant reference made in the previous verse.

¹⁶⁵ Seybold and Mueller 1978:183. They think that expectations concerning the eschatological efficacy of disciples’ actions decreased rapidly in early Christianity, and are not evident even in Acts, where the disciples heal “in Jesus’ name,” thus proclaiming *him* rather than the impending kingdom of God.

¹⁶⁶ Crossan 1992:335. He goes on to review some cross-cultural anthropological studies of thaumaturgical movements that might offer insights into the question (pp. 336-337).

The portrait of a healed healer is seen in Luke's account of Paul in Acts 9. And as I demonstrate, Luke's healing accounts often portray a role for the healed person within the community (for example, the women followers of Jesus in Luke 8), as well as hinting at a therapeutic community that combines healing with worship.

Crossan's thesis is attractive and carefully argued, and regardless of whether the historical Jesus worked this way, such a scenario fits the Lukan view. What is attractive about it is that the content of the preaching here is seen not as primarily abstract discourse but as concrete acts, perhaps even rituals, of eating and healing.¹⁶⁷ A view that takes into account the importance of action and ritual, and how these acts express and shape belief, is a necessary corrective to a tendency among early Christian scholars to portray all developments as being solely rooted in ideas and concepts. I noted this tendency in Chapter Two.

The commission's result is reported in the return of the Seventy, described in Luke 10:17-20. Here we see Luke's typical tendency to interpret exorcisms and healings as incidents in an apocalyptic battle with Jesus and his followers pitted against Satan and his demons. Luke 10:17, 19 recalls the commission of 9:1, where the Twelve are given authority over all demons: this time Luke narrates that those who had been sent out report that their mission has been successful. In 10:18, Jesus suggests that these exorcisms mark the overthrow of Satan's dominion. Such a view is re-stated in parabolic form in the Strong Man account which is part of the exorcism controversy of Luke 11 (see my discussion in Chapter Nine).

The exorcism controversy of Q/Luke 11:14-23

#188 *Beelzebub controversy* ties together much of Luke's theological views on Jesus' healing and exorcisms. This account is notable because it exists in both a Markan and Q version. The Markan version makes no mention of an exorcism being the occasion of the controversy, nor

¹⁶⁷ Kloppenborg (1987:195) notes that Q here appears to offer a much less abstract conception of preaching of the kingdom than Mark and appears to be closer to the actual situation of preaching.

of Jesus' sayings.¹⁶⁸ The Q version does, however, and this is the only exorcism account we know of in Q.¹⁶⁹ According to Q/Luke 11:14, "Now [Jesus] was casting out a demon that was dumb; when the demon had gone out, the dumb man spoke, and the people marvelled."¹⁷⁰ Kloppenborg (1987:122) notes that although this statement contains all of the usual form-critical features of a miracle story—description of the illness, healing, confirmation of the act and reaction of the crowd—it is so laconic that it is unlikely that it circulated in this form, independent of the following discourse. The implication is that the association of exorcism and teaching here is very early, belonging to at least Q if not a pre-Q stratum of material. Luke adopts this combination of healing and teaching in many accounts. The Q version differs from that of Mark in that it does not record the accusation that Jesus is possessed, only that he casts out demons by [association with] Beelzebul, the prince of demons.¹⁷¹ In the Q version there is a request for a "sign from heaven" (σημεῖον ἐξ οὐρανοῦ) that is not in Mark.¹⁷²

The versions in Q and Mark then converge, as Jesus goes on to talk about the instability of divided kingdoms and households (and hence the logical inconsistency of the accusation). Q differs from Mark in that it adds a reference by Jesus to other Jewish exorcists ("your sons").¹⁷³ The Q/Luke version has more references to demons than that in Mark.¹⁷⁴ Q/Luke is more

¹⁶⁸ In Mark 3:22 the setting of the controversy is a debate with scribes from Jerusalem. Further, in Q/Luke, Jesus' opponents are not named; whereas in Matt 12:24 they are named as Pharisees.

¹⁶⁹ According to the survey of Kloppenborg (1988:92), the majority of scholars assign 11:14–15, 17–20, 23 to Q. Verse 18 may be a Lukan addition, especially 18b "for if you say that I exorcise demons by Beelzebul...." Q 11:21–22 is disputed: the majority assign a version of the strong man parable to Q, but some find that it comes from Mark.

¹⁷⁰ Matt 12:22 has a "blind and dumb demoniac" who was "healed" (ἐθεράπευσεν) so that he spoke and saw.

¹⁷¹ Compare Q/Luke 11:15 and Mark 3:22. On Jesus' possession, see Davies 1995.

¹⁷² Q/Luke 11:16. The phrase "from heaven" is a Jewish-Hellenistic euphemism for "from God."

¹⁷³ Q/Luke 11:19. The phrase "your sons" and the topic of Jewish exorcists is a foreshadowing of the story of the unsuccessful exorcists, the sons of Sceva, found in Acts 19:30–20, as well as an allusion to the account of the Strange Exorcist in Luke 9:49–50.

¹⁷⁴ Compare Mark 3:22 with Luke 11:15. There are additional references to demons in Luke 11:14, 18–20.

emphatic than Mark about demons being involved in the struggle, portraying the exorcism of demons as examples of Jesus' battle with Beelzebul. As we will see, these texts interpret the exorcisms as "plundering the strong man's [i.e., Satan's] spoil"—that is, taking those who were under Satan's control and restoring them to the kingdom of God and God's control.

Q then records the striking statement of Jesus, "if it is by the finger of God that I cast out demons, then the kingdom of God has come upon you."¹⁷⁵ Perrin finds that the saying must be at least as old as Q, since both Matthew and Luke use the saying and its setting in different ways: for example in Luke the event is an example of how Jesus' healings and exorcisms fulfill the programmatic saying of Isaiah recorded in Luke 4:18-19.¹⁷⁶ The phrase "finger of God" is an allusion to Exodus 8:19, where the miracles wrought by Moses and Aaron against the Pharaoh and the Egyptians are called "the finger of God."¹⁷⁷ The suggestion here is that Jesus, like Moses, has been commissioned by God to be a prophet and to announce and enact the divine will.¹⁷⁸ Perrin (1967:67) summarizes the thought of the saying:

'This is not the work of demons, but of God, and if God is at work in this manner, then you are even now experiencing the New Exodus: the Kingdom of God has come upon you.'

The comparison between the miracles of Jesus (and later his followers) and those of Moses recurs in Luke-Acts. What is distinctive is the claim that the exorcisms and healings of Jesus are manifestations of the kingdom of God, and that these events are experienced by individuals

¹⁷⁵ Q/Luke 11:20. Matthew 12:28 has "Spirit of God" for "finger of God." The more difficult reading of Luke is to be preferred as reflective of Q. So Perrin (1967:63-64), who notes that since "spirit" is a favorite Lukan word it is difficult to imagine Luke changing it from spirit to finger.

¹⁷⁶ Perrin 1967:63. As I noted above, Luke likely has projected the Isaianic allusion in 4:18-19 back from its original position in the Q source (Jesus' response to the Baptist's question in Q/Luke 7:22).

¹⁷⁷ Exod 8:19 (v.15 in Hebrew text). Perrin 1967:66.

¹⁷⁸ Davies (1995:45, 92) relates the concepts "Spirit of the Lord" (Num 11:25-26) and "hand of the Lord" (1 Kgs 18:46; 2 Kgs 3:15; Jer 15:17; Ezek 1:30) to the initiation of prophetic ecstasy experienced by certain prophets or agents of Yahweh in Hebrew scriptures.

(those whom Jesus exorcises or heals), rather than the people of Israel as a whole.¹⁷⁹ The association of the kingdom of God with concrete acts—the exorcisms and healings of Jesus and his followers—is a key element of the Commission to the Seventy, another Q source account, which I discussed above. Geertz's observation (discussed in Chapter Three) that a community enacts and shapes its central beliefs in acts, especially ritual, is appropriate here.

Q/Luke 11:20 has a version of the Strong Man parable, which describes a strong man who is powerless to keep his possessions from one who is stronger. This parable is brought in as a further argument that Jesus does not exorcise using demonic power. Kloppenborg (1987:125) accurately summarizes the imagery of this parable:

If the Lukan version represents that of Q, the image is not one of robbery of the strong man (as in Mark and *Gospel of Thomas* 35) but of a battle between armed soldiers and the seizure and distribution of the spoils of war. And the focus is not on the act of binding the "strong man" (so Mark), but on the supplanting of his kingdom and the seizure of his goods.

The major point of the parable is that Jesus is the stronger man (empowered by God's spirit to act as God's agent) who engages Satan in an apocalyptic battle and plunders of his kingdom in order to establish God's kingdom on earth.¹⁸⁰ Q/Luke adds an aphorism which recalls the one at the end of #167 *Strange Exorcist* about those who are for or against Jesus.¹⁸¹

¹⁷⁹ "The victory of God is resulting not in the restoration to a state of purity of the land of Israel and its people, but in the restoration to wholeness of a single disordered individual. The experience of the individual, rather than that of the people as a whole, has become the focal point of the eschatological activity of God." Perrin (1967:67), see also p. 64, where he states that the saying has much to recommend it as an authentic saying of Jesus, and it is basically accepted as such by most scholars.

¹⁸⁰ On this theme, see Squires 1993:93-94 and Garrett 1989, 1988.

¹⁸¹ Luke 11:23, "he who is not with me is against me, and he who does not gather with me scatters." Compare this to Luke 9:50, "he that is not against you is for you." The statement in Luke 11 is stronger and seems to contradict that in Luke 9. It anticipates the story of the sons of Sceva more than the aphorism of 9:50 does.

Healing and Meal: The Parable of the Great Banquet (Luke 14)

Luke's gospel contains the account of the healing of the man with dropsy (14:1-6). This account is immediately preceded by a unique Lukan passage, #212 *Warning against Herod* (13:31-35). The incident resembles the Q story of Jesus' reply to the Baptist's question (7:18-23) and may be modelled on it. Both stories have a delegation come to Jesus, and Jesus instructs them to tell a third party about his healings and exorcisms. Here Jesus links these acts with his role as a prophet (13:33, 34).

Chapter 14 has three components. The first is a healing account #214 *Man with Dropsy* (Luke 14:1-6). This appears to be a unique Lukan story, one that is not generally reckoned to have originated from the Q source.¹⁸² The second is Jesus' teaching concerning seating at a feast (Luke 14:7-11). This too is a unique Lukan item.¹⁸³ The third section is #217 *Parable of the Great Feast* (Q/Luke 14:16-24), which the majority of scholars see as being from Q.¹⁸⁴ In analyzing these sections, it is generally recognized that the banquet setting is a unifying element. Beyond that, many scholars do not explore the important connections between these three components. An exception is Willi Braun (1995), whose thesis is that this passage is a coherent unit, with elements bound together not only by a common setting (the dinner party hosted on the Sabbath by the rich Pharisee) and topical material ("table-talk," Jesus' pronouncements concerning proper behavior at a banquet) but also a single rhetorical purpose. Braun identifies this purpose as a critique of traditional Greco-Roman social values (particularly honor and shame) and an attempt to inculcate new egalitarian values in the Lukan community. Braun finds that the narrative's elements have been chosen and redacted or written to serve this aim. What is

¹⁸² See survey in Kloppenborg 1988:160-61. Some scholars estimate that 14:5, the proverb concerning the ox in the well, may have originated in Q. Kloppenborg (1987:229) notes that the meal setting (and therefore the healing account) "is undoubtedly a product of Lukan redaction." See also discussion by Braun 1995:24-25, who similarly concludes that the story is Lukan.

¹⁸³ See survey in Kloppenborg 1988:162-63. Scholarly opinion is divided on whether 14:11 is Lukan or from Q.

¹⁸⁴ See survey in Kloppenborg 1988:166-67. 14:15 is thought to be Lukan.

interesting in Braun's well-argued thesis is the relation in Luke between the healing event and the teaching discourse that follows. I refer to some of Braun's findings in my discussion below.

The chapter opens with an account of how Jesus heals a man with dropsy. Although this is a uniquely Lukan healing account, I discuss it here because of its close integration in Luke with Q material. According to Luke, this healing occurs during a meal on a Sabbath in the home of a Pharisee. Scholarly attention tends to focus on this account as a Sabbath controversy, which it is. That being said, we should not let the other elements escape our notice, particularly the fact that the event is described as taking place on a day of worship and in the context of a meal, and it is followed by teaching. I argue that these elements would have had equal if not greater interest for Luke's audience than the Sabbath controversy *per se*, and they would have suggested to that audience the context of acts that took place in their community.¹⁸⁵

The teaching on humility (14:7-14) which follows the healing relates how Jesus enjoins his audience to adopt positions of humility when invited to a feast. More importantly from our perspective, he also advises the Pharisee—the host of the meal at which Jesus is present—to abandon conventional Greco-Roman etiquette in which only one's social equals would be invited to a dinner. Instead, the host is urged to invite his social inferiors, the marginal people of society: the poor, the maimed, the lame, and the blind. In doing so the host will receive God's eschatological reward or blessing rather than the usual patron–client social rewards in this life. Schotroff and Stegmann note that in Hellenistic parenesis, behavior at a banquet could serve as a metaphor for behavior in life generally.¹⁸⁶ What this means is that the attitudes and behavior in a feast are a microcosm for life in general.

¹⁸⁵ Braun (1995:26-27) similarly concludes that the issue for Luke is not halakhic legalities but what is proper (i.e., moral) action on the sabbath.

¹⁸⁶ Schotroff and Stegmann 1986:99. Braun (1995:13-14) makes a similar assessment. Note that Paul is familiar with the concept that a meal embodies social values: see his assertion in 1 Cor 10:16-17 that the common meal unites believers.

What Braun recognizes is that both the healing and the teaching sections are, for Luke, commentaries on the Parable of the Great Banquet. This parable describes a host whose invitation to his social equals is refused. The host then orders a servant, “Go out quickly to the streets and lanes of the city, and bring in the poor and maimed and blind and lame.” It is they, rather than the initial invitees, who will share the benefits of the feast. There are interesting features in the parable. In Luke’s version the urban sick and poor specifically are targeted: the servant is sent to the “streets and lanes of the city.”¹⁸⁷ In fact, neither Matthew nor the parallel in *Gospel of Thomas* mention what sort of people are to be invited. Only Luke mentions that the guests must be poor, maimed, blind and lame.¹⁸⁸ We have seen the list of those invited before, in #106 *Answer to the Baptist’s Question* (Q/Luke 7:18-23) which lists the blind, the lame, and the poor (also lepers, the deaf and the dead). As I noted, Luke takes that list, identifies it explicitly as a scriptural paradigm, and uses it early in his narrative, in the programmatic agenda of Jesus’ inaugural address #33 *Preaching at Nazareth* (Luke 4:16-30). There Jesus refers to the poor, the blind and those oppressed or in captivity (for Luke, the latter two conditions are synonyms for demonic affliction). It appears that Luke has once again taken this list and used it to characterize the guests of the various banquets.¹⁸⁹ Jesus’ teaching in the 14:7-14 passage reiterates this list (the poor, the maimed, the lame, the blind). Even more interesting from our perspective is the fact that Jesus’ healing in 14:1-6 provides a concrete example of ministry to a

¹⁸⁷ Luke 14:21, τὰς πλατείας καὶ ῥύμας τῆς πόλεως. Compare this with Matt 22:9-10 where a more general order is given, to invite people from the streets (τῶν ὁδῶν). *Gos. Thom.* 64 makes a similar reference to those on the streets. Note also that the second round of invitations to those from the “roads and hedges” (τὰς ὁδοὺς καὶ φραγμοὺς) in Luke 14:23 likely refers to the margins of the city rather than a rural setting. See Braun 1995:93-94.

¹⁸⁸ Compare Matt 22:9-10 and *Gos. Thom.* 64 with Luke 14:21. In Matthew and Thomas the principal point of the parable is that the original invitees have been supplanted by others, rather than on whom is or should be invited. See Braun 1995:71, 81.

¹⁸⁹ Luke has redacted the more general group mentioned in the Q source to focus on the poor and the sick. See Braun 1995:81 and also p. 71.

sick person.¹⁹⁰ Braun correctly recognizes that Jesus' attention to the sick guest (14:2-4) parallels the fictional householder's invitation to the poor and the sick to be his table companions (14:21). Braun states, "dramatic action and fictional story stand in some kind of mutually illustrating or interpreting relationship to each other."¹⁹¹ As is typical with Luke, a healing is brought into close association with a teaching, in order to provide a concrete example of the teaching's message. Or, we might invert this statement and say that a teaching is brought into close association with a healing in order to interpret the meaning of the event. In the next chapter, we will see a more extended discourse following a healing in Acts 3-4, where Peter's healing of a cripple is the occasion of two sermons.

Conclusion

By considering how the evangelist treats his sources, we get clues as to authorial intent. An examination of Luke's redaction of the Markan and Q source material shows that Luke stresses particular themes in his gospel concerning healing. First, he emphasizes that healing takes place in a *worship context*. The act is usually performed in a place and at a time of worship, often in association with teaching and a meal. It is done in a corporate setting, and the witnesses together with the person being healed offer acclamations during the event. We have seen all these features in the healing groups I discussed in Chapter Five, and they are similar to those in many Greco-Roman healing cults discussed in Chapters Six and Seven.

The second Lukan emphasis is that healing is a *transformative act*. Like initiation, it does more than restore a person; it changes the person in a positive way by bringing him or her into a new relationship with God and a new role within a community. Again, we have seen these

¹⁹⁰ It is interesting that the person does not suffer from any of the ailments on the list (being maimed, lame, or blind). Braun convincingly demonstrates that the affliction of dropsy had a commonly recognized symbolic value in Greco-Roman (specifically Cynic) philosophical discourse as a metaphor for greed. For Luke that condition is an apt symbol of an attitude that must be cured in his audience. See discussion in Braun 1995:28ff.

¹⁹¹ Braun 1995:20. Braun 1995:19 notes that the healing account conditions the audience's reading of the parable.

features in the groups described in Chapter Five, and in the Greco-Roman individuals and groups of Chapters Six and Seven (particularly Aristides). In Luke–Acts, healing is a boundary-crossing ritual that takes persons out of the demonic realm and puts them into the kingdom of God. Once in that community, the healed persons perform new tasks and adopt certain roles: they give testimony, serve, prophecy and even heal. In some cases, healing creates disciples, persons who dedicate their lives to the healer in a client response for the benefit of healing. Since everything in Luke–Acts happens according to divine plan, these healings are a demonstration that the persons have been chosen or commissioned by God for these roles. The ascription of roles is a way of achieving meaning for health conditions, as is the interpretation that things occur according to divine plan. As I discussed in Chapter Four, the derivation of meaning is a major component in healing. By fitting illness within this framework, the Lukan evangelist and his community show the outlines of the healing process that takes place among them.

Lukan redaction is one side of the evangelist's presentation. In the next chapter I discuss original Lukan material on healing. We will see the above features there as well. In Chapter Then I discuss the authorship and audience of the text, and how these issues relate to the descriptions of healing in the text.

Table 1: Comparison of Synoptic healing and exorcism accounts

Pericope	Mark	Luke	Matt
33 Jesus' Preaching at Nazareth	6:1-6a	(4:16-30)	13:53-58 ?
36 Healing of Demoniac in Synagogue	1:23-28	4:31-37	—
37 Healing of Peter's mother-in-law	1:29-31	4:38-39	8:14-15
38 Sick Healed at Evening	1:32-34	4:40-41	8:16-17
40 First preaching tour	1:39	(4:44)	4:23
42 Cleansing of the Leper	1:40-45	5:12-16	8:1-4
43 Healing of the Paralytic	2:1-12	5:17-26	9:1-8
47 Man with the Withered Hand	3:1-6	6:6-11	12:9-14
48 Jesus Heals Multitudes by the Sea	3:7-12	6:17-19	4:24-25; 12:15-16
85 The Centurion of Capernaum :J3	—	7:1-10	8:5-13
86 Widow's Son at Nain	—	7:11-17	—
106 Baptist's Question, Jesus' Answer	—	7:18-23	(11:2-6)
115 Ministering Women	—	8:1-3	—
98 Harvest is Great	—	—	9:35-38
91 The Gerasene Demoniac	5:1-20	8:26-39	8:28-34
95 Jairus' Daughter, Hemorrhaging Woman	5:21-43	8:40-56	9:18-26
142 Commissioning of Twelve *	6:6b-13	9:1-6	10:1,7-11,14
146 Five Thousand are Fed :J1	(6:32-44)	9:10b-17	14:13-21
148 Healings at Gennesaret	6:53-56	—	14:34-36
151 The Syrophoenician Woman	7:24-30	—	15:21-28
152 Jesus Heals Deaf Mute and Many Others	7:31-37	—	15:29-31
156 Blind Man at Bethsaida	8:22-36	—	—
163 Jesus Heals Boy Possessed by Spirit	9:14-29	9:37-43a	17:14-21
167 Strange Exorcist *	9:38-41	9:49-50	—
251 Ministry in Judea	(10:1)	(9:51)	19:1-2
177 Commissioning of the Seventy * :T1	—	10:1-12	~ 9:37-38
180 Return of the Seventy *	~ 16:17-18	10:17-20	—
188 Beelzebul Controversy/Strong Man (:T2)	(3:22-27)	11:14-23	12:22-30
208 Crippled Woman on Sabbath	—	13:10-17	—
212 Warning against Herod	—	13:31-33	—
214 Man with Dropsy	—	14:1-6	—
233 Cleansing of Ten Lepers	—	17:11-19	—
253 Jesus and the Children +	(10:13-16)	18:15-17 ?	19:13-15 ?
264 Healing of Blind Men/Bartimaeus	10:46-52	18:35-43	9:27-31; 20:29-34
269 Triumphal entry +	(11:1-10)	19:28-40?	(21:1-9)
271 Cleansing the Temple	(11:15-17)	(19:45-46)	21:10-17
331 Jesus arrested :J2	(14:43-52)	22:47-53	(26:47-56)

Sigla

- () these passages do not mention healing
 * healing by followers (The Twelve, The Seventy) or others (Strange Exorcist), not Jesus
 + not usually counted as healing account
 ~ approximate parallel
 ? passage is ambiguous, may refer to healing
 :J cf. Johannine version J1 (John 6:1-15), J2 (John 18:2-12), J3 (John 4:46-54)
 :T cf. version in *Gospel of Thomas* T1 (*Gos. Thom.* 14b), T2 (*Gos. Thom.* 35)

Table 2: Synoptic comparison of Lukan accounts relevant to healing and affliction

Pericope	Mark	Luke	Matt
2 Zechariah's muting	—	1:5-25	—
3 Annunciation	—	1:26-38	—
4 Mary's visit to Elizabeth	—	1:39-56	—
5 Zechariah's release	—	1:57-80	—
33 Jesus' Preaching at Nazareth	6:1-6a	4:16-30	13:53-58
44 Call of Levi	2:13-17	5:27-32	9:9-13
78 The Beatitudes	—	6:20b-23	5:3-12
79 The Woes	—	6:24-26	—
142 Commissioning of the Twelve	6:6b-13	9:1-6	10:1,7-11,14
167 Strange exorcist	9:38-41	9:49-50	—
170 Parable of Good Samaritan	—	10:29-37	—
177 Commissioning of the Seventy :T ₁	—	10:1-12	9:37-38; 10:7-16
180 Return of the Seventy	—	10:17-20	~ 16:17-18
215 Parable on humility	—	14:7-14	—
217 The Parable of the Great Supper (:T ₂)	—	14:15-24	22:1-14
228 Parable of Rich Man and Lazarus	—	16:19-31	—
307 Betrayal of Judas :J	14:10-11	22:36	26:14-16
335 Death of Judas	—	Acts 1:15-20	27:3-10
355 Jesus' appearance at Emmaus	~16:12-13	24:13-35	—
363 Longer ending of Mark	16:9-20	—	—

Sigla

- () no reference to the sick or healing
 ~ approximate parallel
 :J cf. version in John 13:2, 27; 6:70-71
 :T₁ cf. parallel/version in *Gospel of Thomas* 14b
 :T₂ cf. parallel/version in *Gospel of Thomas* 64

Table 3: Luke's redaction of the Markan source for healings

Pericope	Mark	Luke
<u>Luke uses Markan account of healing by Jesus</u>		
36 Healing of Demoniac in Synagogue	1:23-28	4:33-37
37 Healing of Peter's mother-in-law	1:29-31	4:38-39
38 Sick Healed at Evening	1:32-34	4:40-41
42 Cleansing of the Leper	1:40-45	5:12-16
43 Healing of the Paralytic	2:1-12	5:17-26
47 Man with the Withered Hand	3:1-6	6:6-11
48 Jesus Heals Multitudes by the Sea	3:7-12	6:17-19
91 The Gerasene Demoniac	5:1-20	8:26-39
95 Jairus' Daughter, Hemorrhaging Woman	5:21-43	8:40-56
163 Jesus Heals Boy Possessed by Spirit	9:14-29	9:37-43a
264 Healing of Blind Men/Bartimaeus	10:46-52	18:35-43
<u>Luke uses Markan account of healing by Jesus' followers</u>		
142 Commissioning of Twelve	6:6b-13	9:1-6
<u>Luke uses Markan account, adds healing by Jesus</u>		
146 Five Thousand are Fed	6:32-44	9:10b-17
188 Beelzebub Controversy/Strong Man	3:22-27	11:14-23
253 Jesus Blesses Children	10:13-16	18:15-17 ?
269 Triumphal entry	11:1-10	19:28-40 ?
331 Jesus arrested	14:43-52	22:47-53
<u>Luke uses Markan account but eliminates healing by Jesus</u>		
33 Jesus' Preaching at Nazareth	6:1-6a	4:16-30
<u>Luke does not use Markan account of healing by Jesus</u>		
148 Healings at Gennesaret	6:53-56	—
151 The Syrophenician Woman	7:24-30	—
152 Jesus Heals Deaf Mute and Many Others	7:31-37	—
156 Blind Man at Bethsaida	8:22-36	—

Table 4: Luke's redaction of the Q source for healings

Pericope	Luke
<u>Luke uses Q source on healing by Jesus</u>	
85 Centurion's Servant	7:1-10
188 Beelzebub Controversy/Strong Man	11:14-23
<u>Luke uses Q source on healing by Jesus' followers</u>	
177 Commission of the Seventy	10:1-12
<u>Luke adds reference to healing</u>	
106 Baptist's Question, Jesus' Answer	7:18-23
180 Return of the Seventy	10:17-20
214 Man with Dropsy (cf. Great Meal Parable)	14:1-6

CHAPTER NINE: HEALING IN LUKE–ACTS (2)

As we have seen in the previous chapter, the evangelist has a particular view of healings, one which I argue is shared by his community. Healings are seen as properly taking place within a worship context. In such a setting they are corporate acts that enact and shape the religious concepts of the group. Healings are also seen as transformative events that take the person out of the demonic realm and put them into the kingdom of God. This transformation involves a new relationship to God and new affiliations and roles within the community that is the people of God. Healing initiates people into this new state and status. These features of healing are found in the unique Lukan material I discuss in this chapter. In this material we also see other features. There is an emphasis on how Jesus' followers continue his commissioned task of healing. We see healing portrayed as a charitable act within the community, an evangelistic way of proclaiming Jesus' resurrection, and in some cases the means of legitimating roles within the group. I review how healing accounts in Luke–Acts fit the affliction–healing model, and examine themes related to healing in the text. These themes suggest ways that Luke's audience may have understood healing as well as practised it.

Unique Lukan material: Gospel

In addition to his redaction of the Markan and Q sources, Luke brings to his gospel some unique material which includes healing accounts as well as material relating to healing. Whether these healing accounts are from a special source known only to Luke or whether they are the result of his own creative efforts, they reflect his theological views on the subject of healing and exorcism by Jesus and his followers (Achteimer 1978:154). I discussed one of these accounts, #214 *Man with Dropsy* (Luke 14:1-6) in the Q section of the previous chapter. Luke also expands his gospel presentation by writing a second volume (Acts), a history of Jesus' followers.

Healing accounts

The first of the unique Lukan healing accounts is #86 *Jesus Raises a Widow's Son* (Luke 7:11-17). This account is inserted between two Q passages, a healing account #85 *Centurion's Servant* (Luke 7:1-10) and #106 *Baptist's Question* (Luke 7:18-23). Luke likely inserts it at this point to provide an example of an act of resurrection done by Jesus. Such an example is needed since Jesus' reply to the Baptist's question alludes to the dead being raised (7:22). This story resembles the prophet Elijah's raising of the widow of Zaraphath's son (1 Kings 17:17-24).¹ In Luke 7:16, the people witnessing the resurrection exclaim "a great prophet has arisen among us!" and "God has visited his people!" The crowd's acclamation of Jesus as "prophet" is an allusion by Luke to Elijah. Luke 7:17 notes the resulting publicity from the report (ὁ λόγος) of the event.

The editorial comment concerning #115 *Ministering Women* (8:1-3) shows us that Luke thought that healing created community. The account begins in 8:1 with the statement that Jesus was travelling through city and village (πόλιν καὶ κώμην) proclaiming and preaching (εὐαγγελιζόμενος) the kingdom of God.² The Twelve were with Jesus. These were disciples who had been chosen by him to be apostles in 6:12-16. Also with Jesus were women "who had been healed of evil spirits and infirmities." It is significant that the women are named. The Twelve have been named in the account of their calling, and the fact that this is now done for the women suggests that Luke would have us see them as at least disciples, if not apostles.³

In the group of women is Mary Magdalene, "from whom seven demons had gone out," according to 8:2.⁴ The number of demons in Mary's case is significant. It foreshadows the same

¹ Especially to the LXX version (3 Kgs 17:17-24). See Carroll 1995:277, Miller 1971:26-27.

² Preaching (εὐαγγελιζόμενος) recalls the programmatic Isaiac prophecy of Luke 4:18 to preach good news (εὐαγγελίσασθαι) to the poor. Note also here Luke's emphasis on the urban aspect of Jesus' ministry. In Luke's gospel, Jesus is rarely described as going throughout the countryside.

³ See Carroll 1995:271, Achtemeier 1978:161, Fiorenza 1990:139-40

⁴ The women: γυναῖκες τινες αἱ ἦσαν τεθεραπευμέναι ἀπὸ πνευμάτων πονηρῶν καὶ ἀσθενειῶν. Mary Magdalene: ἀφ' ἧς δαιμόνια ἑπτὰ ἐξεληλύθει.

number in the saying of Jesus (11:24-26) concerning the restless exorcised spirit. In that somewhat cryptic account, Jesus relates how a spirit, having been exorcised, would wander restlessly and then return to the person bringing seven more spirits to possess him or her. The implication of the restless spirit story, following as it does the Strong Man parable, is that only through the intervention of someone stronger than the spirit (i.e., Jesus) could a person truly be rid of demonic oppression. In the narrative, Mary is an example of such a person who successfully maintained her demon-free state, and she does so through discipleship to Jesus.⁵ Carroll (1995:271 n.7) states, "In Luke's narrative world, one who has been healed must go on to accept Jesus' invitation to community and so embrace the sovereign rule of God."

The account closes at 8:3 with the statement that the women "provided for them out of their means." This is an interesting insight into the practical results of healing. Not only does Luke provide us with a picture of a community of the healed with their healer, travelling together and sharing in the ministry (preaching and presumably healing)⁶ but those who have been healed express their gratitude by sponsoring the healer. What we see here is a patronage system: the healer provides a scarce commodity (health) to his clients, and in turn the healed clients become followers and disciples, and offer economic and other support in an on-going relationship of mutual benefit.⁷ This is very much like some of the healing groups in Chapter Five. As with Peter's mother-in-law and the Gerasene demoniac, the account of the ministering women is a portrait of those who have moved from the realm of demonic affliction to that of affiliation and roles within the community of Jesus' followers. The physical change of healing functions like

⁵ Here we are reminded of the people I discussed in Chapter Five who maintain their "healthy" state by becoming members of a healing cult.

⁶ We see confirmation of my assertion that Jesus' followers shared in his preaching and healing ministry in the Commission of the Twelve (9:1-6) and of the Seventy (10:12). Jesus' followers continue this ministry throughout Acts. See Crossan's comments about the commission of the Seventy (Crossan 1992:335).

⁷ We see another example of such sponsorship in Acts 28:10, where Paul receives many gifts from the people of Malta in gratitude for his healings performed among them. See discussion below. The blind man healed by Jesus is another example of discipleship following healing, see discussion in previous chapter.

initiation to effect this religious-social change. Luke tells his audience that these women followed Jesus to the end of his ministry: they are a paradigm of faithful disciples.⁸

The next unique Lukan account is #208 *Crippled Woman on the Sabbath* (Luke 13:10-17). This story and the next, #233 *Healing of the Ten Lepers*, is in the section of Luke (chaps. 13–19) where he interweaves healing accounts with teachings (Jesus' parables, sayings). This particular healing is followed by two parables on the kingdom of God.⁹ This healing is described as a Sabbath controversy. As with other such accounts in Luke, we must recognize that in addition to the controversy aspect, Luke describes the event as taking place in a place of worship (a synagogue) on the day of worship (sabbath) during a teaching session (13:10). Such a setting likely speaks to the situation of Luke's audience. Luke stresses the demonic element of the woman's affliction: she has a "spirit of infirmity" (πνεῦμα...ἀσθενείας) according to 13:11, and Jesus describes her as having been "bound by Satan" (ἔδεσεν ὁ σατανᾶς) in 13:16.¹⁰ Tannehill notes that images of bondage and release run through this account.¹¹ These images accentuate Luke's view that Jesus not only has cured the woman's affliction but released her from the control of Satan. It is precisely this type of release from captivity that is an aspect of Jesus' ministry, as Luke has noted in the programmatic speech made by Jesus (Luke 4:18). In 13:14 the woman makes an acclamation ("she praised God") and the story closes at 13:17 with the acclamation of the people, who "rejoiced at all the glorious things that were done by [Jesus]."

#233 *Healing of the Ten Lepers* (17:11-19) is followed by Jesus' saying on the coming of the kingdom of God (17:20-21). Again we see Luke associate healing with the kingdom. Comments in vv. 14-15, 17 equate the cleansing (ἐκαθαρίσθησαν) of the lepers with being

⁸ Luke 23:49, 55; 24:1-2, 10, 22.

⁹ Parables of the mustard seed (Luke 13:18-19) and the leaven (Luke 13:20-21). The connection between healing and kingdom of God relates to the Commission of the Seventy and Crossan's programme (see previous chapter).

¹⁰ See discussion in Miller 1971:156, Seybold and Mueller 1993:153.

¹¹ In addition to 13:16, further references are in vs. 12, 15 (using ἀπολύω or λύω ἀπό). The argument from analogy in v. 15 uses the image of animals tied in place (Tannehill 1986:65).

healed (ἰάθη). According to Luke 17:15-16, one of the lepers returns, “praising God [δοξάζων τὸν θεόν] with a loud voice” and falls at Jesus’ feet, giving thanks (εὐχαριστῶν). Jesus dismisses the man with the liturgical-sounding statement “your faith has made you well.” This statement was made at the healing of the woman with the hemorrhage (8:48) and we see it again at the healing of the blind man (18:42). In both of those accounts Luke took over the statement from his Markan source, and Luke uses this statement in this unique account as well.¹²

Material related to illness, healing

An account often overlooked in discussions of Luke’s theology of healing is #170 *The Good Samaritan* (10:29-37).¹³ As I noted in the previous chapter in the Q section, this parable immediately follows the account of the Commission of the Seventy who have been sent out to heal the sick and proclaim the kingdom of God (10:9). This parable also offers a look at healing. Here we see practical charity performed by the Good Samaritan, who binds up the injured man’s wounds, takes care of him, and provides for his needs (10:34-35). It is likely that the character of the Samaritan is intended by Luke to be a role model for virtuous behavior in Luke’s community: see the injunction of Jesus in 10:37, “go and do likewise.” This Samaritan’s deeds are similar to those of the jailer in Acts 16:33, who tends the wounds of Paul and Silas.

Another Lukan parable visits the topic of charity towards the ill. #228 *The Rich Man and Lazarus* (16:19-31) is in the section of Luke (chaps. 13–19) that contains Jesus’ teachings intertwined with healing accounts. In vv. 19-21 the parable contrasts the rich man who feasts well and presumably is of good health, with Lazarus, a poor beggar who is hungry and “full of sores.” The parable then compares the eschatological fate of the two men: Lazarus is pictured as reclining (presumably at a feast) in heaven, whereas the rich man is in torment in Hades. Most

¹² Miller (1971:30-31) finds allusions to Elijah’s healing of Naaman, in particular the concept of a foreigner returning to acknowledge God. Luke evokes Naaman and Elishah in Jesus’ programmatic speech (4:27).

¹³ Harnack (1909:189-90) and Naylor (1909:31) note the healing dimension of this story.

commentators find this parable to be addressed to members of Luke's audience. The implication is that the virtuous thing to do is to help the poor and sick by sharing one's wealth with them.

Zechariah, Elizabeth and Mary

The story of Zechariah is seldom discussed as a healing account. Since the account precedes the appearance of Jesus in the narrative, the physical transformations that occur to Zechariah are due to God and the angel Gabriel, not Jesus. Scholars looking for Jesus' miracles thus overlook this story; however, it is important for an understanding of Luke's theology of healing. Another reason for the lack of attention to this account is that it (like that of Paul in Acts 9) describes an affliction followed by its reversal. In this case, Zechariah is stricken dumb and then is able to talk again.¹⁴ Many commentators label this change as a "restoration" of faculties rather than a healing. However, both "restoration" and "healing" are conceptual categories assigned to interpret a process of physical change. I find that Zechariah is portrayed as not just restored but healed, and his healing is a rite of passage that leads to a positive transformation. Zechariah has a new status and role, that of prophet. As with Paul, healing has served an initiatory function, giving the person a new status and role in the community.

In Luke's account, Zechariah experiences an epiphany of a heavenly messenger, who announces God's will for Zechariah and his wife: they are to become the parents of John (1:13) who will be a great prophet ("filled with the Holy Spirit" 1:15). Zechariah expresses skepticism about his new role (1:18). As a result of this resistance to God's intention, the angel informs Zechariah that he will be stricken dumb until John is born (1:20). Persons outside the temple, upon seeing Zechariah's mute condition, recognize that he has seen a vision (1:22). Zechariah leaves the temple and goes home, presumably where he remains (1:23). This section of the story corresponds to the separation phase of the rite of passage. When the boy is born, Zechariah

¹⁴ The resemblance to Paul's story includes resistance, affliction, withdrawal from society, healing, new role. This account fits my affliction-healing model.

writes on a tablet that the infant is to be called John, in accord with angel's prophecy. Immediately Zechariah is able to speak again and he blesses God (1:64). Zechariah then is filled with the Holy Spirit and prophesies (1:67).¹⁵ Luke records Zechariah's prophetic discourse in 1:68-79. Healing marks the initiation of Zechariah into his new prophetic role. We see here a pattern similar to the shamanistic initiations I discussed in Chapter Five.

Upon closer examination, we can also see a healing account in the case of Elizabeth. According to the narrative, Elizabeth is barren (1:7). In Hebrew scriptures, this condition is usually thought to be the work of God, who is petitioned to reverse the situation.¹⁶ Gabriel appears and announces that Zechariah's and Elizabeth's prayers have been answered: God intends that Elizabeth bear a son (1:14). Luke's editorial comment records that Elizabeth conceives, and sequesters herself for five months (1:24). Again we see a period of separation, although this time the "healing" occurs prior to the initiation. Elizabeth recognizes the work of God in the event (1:25).¹⁷ Upon seeing the pregnant Mary, Elizabeth is filled with the Holy Spirit and utters a prophetic saying (1:41-45). Elizabeth's speech precedes Zechariah's in the narrative. Eventually Elizabeth gives birth to John (1:57), which is proof of her cure or the culmination of the process. She is "healed" of her barren condition as she assumes the role of mother of the prophet John.

Interwoven into the story of Zechariah and Elizabeth is another story, that of Mary's pregnancy. While I do not claim that this was a healing (or that Luke intended his audience to understand it as such), the pregnancy is a change in physical condition brought about by God's

¹⁵ ἐπλήσθη πνεύματος ἁγίου καὶ ἐπροφήτευσεν.

¹⁶ For example, see the accounts of Sarah (Gen 16:2) "the Lord has prevented me from having children," the women in Abimelech's household (Gen 20:17-18) whom God heals of their barrenness, Rachel (Gen 30:2) "God, who has withheld from you the fruit of the womb," Hannah (1 Sam 1:5) "the Lord had closed her womb." The account of the promise of a son to Abram/Abraham and Sarai/Sarah in Genesis 17 bears many similarities to that in Luke 1 (father's skepticism, old age of parents, divine epiphany, decreed name for child). Tannehill (1986:15) notes the similarity between the annunciation scenes to Zechariah and to Mary and those to characters in the LXX.

¹⁷ See also 1:36 where Gabriel attributes Elizabeth's pregnancy to God's work.

intervention and it begins a new divinely-commissioned role for Mary, as it did for Elizabeth and Zechariah. The fact that Luke has so closely associated these stories indicates that he intends them to comment upon each other. The inter-related visions to Zechariah and Mary are matched later in Luke's narrative by visions to Ananias and Paul concerning Paul's healing (Acts 9).¹⁸ Double visions are a typical plot device by which Luke advances the plan of God in the narrative. In each case the visions are mutually corroborating. As with Zechariah, the angel Gabriel appears to Mary and announces that she has been specially favored by God.¹⁹ Tannehill (1986a:17) notes that the story shows it is God's will that Mary should bear a son: her appointed role is to be the mother of the messiah (1:31). The angel describes the way in which the event will begin: "the Holy Spirit will come upon you and the power of God will overshadow you" (1:35).²⁰ This phrase is general enough that it could be used equally well in descriptions of a healing or prophetic ecstasy. Perhaps it resembles liturgical statements made in Luke's community as they enact healing during their worship. Although Mary initially is troubled (1:29) and expresses doubts (1:34), Luke is careful to portray her as essentially obedient to the divine plan (1:38). Thus Mary is spared any affliction, apart from the pregnancy. Luke contrasts the faith of Mary with the skepticism of Zechariah (Tannehill 1986a:17). When Mary greets Elizabeth, she utters an oracular saying that is surely to be understood as prophetic discourse (1:46b-56).²¹ Eventually Mary gives birth to Jesus (2:7).

¹⁸ See also the visions of Peter and Cornelius concerning food requirements and the admission of Gentiles into the Christian community (Acts 10).

¹⁹ In 1:28 Mary is called "favored one" (κεχαριτωμένη), in 1:30 she is said to have found "favor with God" (χάριν παρὰ τῷ θεῷ). See Tannehill (1986:15-17) for parallels in the annunciation accounts to Zechariah and Mary.

²⁰ Πνεῦμα ἅγιον ἐπελεύσεται ἐπὶ σέ, καὶ δύναμις ὑψίστου ἐπισκιάσει σοι.

²¹ Her speech matches (and is to be understood in the light of) Zechariah's discourse in 1:67-80 which is clearly identified as being a prophesy due to the inspiration of the Holy Spirit. So Tannehill 1986:17. We know from 1:35 that Mary has received the Holy Spirit at Jesus' conception. I am grateful to Edith Humphrey who pointed out the links between the angelic vision-encounters of Zechariah and Mary, and Mary's transformation into a prophet.

In the third gospel, Zechariah, Elizabeth and Mary undergo a change from ordinary persons to divinely-chosen agents. Their roles are in fulfillment of the divine plan, and a prophetic component is involved. This religious-social change in role is accompanied or marked by a physical change. Also associated with the birth of Jesus are two other cases of prophetic status and an unusual physical condition. Both Simeon and Anna have been granted longevity so that they can fulfill their prophetic roles as enunciators of Jesus' role in God's plan.²²

The Emmaus appearance (Luke 24:13-35)

#355 *Jesus Appears to Two on the Way to Emmaus* (24:13-35) is unique to Luke.²³ This account is rarely discussed as a healing story, yet it displays interesting similarities to the account of Zechariah in Luke 1 and particularly to that of Paul in Acts 9.

Luke notes that this encounter between Jesus and some disciples happened on the very day of Jesus' resurrection (Luke 24:13): Sunday, the day of worship in Christian communities. Two disciples are travelling to a village named Emmaus. Jesus approaches them, but "their eyes were prevented from seeing him" (24:16).²⁴ The pair speak with Jesus and share their dismay over the death of Jesus and bewilderment over reports of his resurrection (24:19-24). Jesus then engages in teaching discourse (24:26-27). They arrive at the village and share a meal. As Jesus breaks the bread, the disciples' eyes are "opened" and they recognize him,²⁵ and then he vanishes. The two report to the others how Jesus became known to them in their meal (24:35).

Many scholars have seen in this account a thinly-veiled description of the eucharist. The idea of "encountering Christ" in the meal is a plausible interpretation of what early Christians

²² Simeon has longevity (2:26), is filled with the Holy Spirit (2:25-27), and gives a prophetic discourse (2:29-35). Anna has longevity (2:36-37), is a prophetess (2:36), and praises God and speaks of him (2:38).

²³ An account in Mark 16:12-13 is similar but so brief that we can safely assume that Luke did not use it. In addition, this portion of Mark is likely a late appendix, added in the second century.

²⁴ οἱ δὲ ὀφθαλμοὶ αὐτῶν ἐκρατοῦντο τοῦ μὴ ἐπιγῶναι αὐτόν.

²⁵ αὐτῶν δὲ διηνοιχθῆσαν οἱ ὀφθαλμοὶ καὶ ἐπέγνωσαν αὐτόν.

believed happened in their ritual. What is striking about this passage however, is its affliction–release motif: the disciples are prevented from seeing, and then are allowed to see, in both cases presumably by God. Further, this affliction–release (or affliction–healing) occurs in a context of teaching followed by a meal. This combination, as I have pointed out, is a recurring theme in Luke’s Gospel. Obviously the incomprehension of the disciples is meant to be paralleled by their “blindness,” and their recognition by their “sight.”²⁶ As with the healing accounts, in particular the Sabbath controversies, we must also be attentive to other elements of the story: the time and context of the event (day of worship, setting of teaching and meal). The fact that healing imagery is used in this setting surely must be significant for Luke’s audience.

Unique Lukan material: Acts

Many of the concepts and images presented in Luke’s healing accounts in the gospel are continued in the book of Acts. At the same time, the basic context shifts, for it is no longer Jesus but his followers who now are performing healings and exorcisms. In Luke’s gospel, God acts primarily through his agent Jesus. In Acts, God sometimes acts directly but often accomplishes his will through other commissioned or designated agents. In Luke, there is a programmatic speech near the beginning of the text which is built around a scriptural paradigm and which sets the stage for the events that follow: this is Jesus’ speech in the synagogue (Luke 4:16-30). The same feature occurs in Acts. Here there are two programmatic events, interpreted by Peter’s speeches, that set the stage for the preaching and healing activity of Jesus’ followers. These events are Pentecost and the Healing at the Temple. The narrative in Acts subsequently unfolds with descriptions of the activities of Jesus’ followers and events in the early Christian group. See Table 5 at the end of this chapter for a summary of healing and affliction accounts in Acts.

²⁶ So Tannehill 1986:281-82, Hamm 1986b:474. This is a parallel to what happens to Paul in Acts 9.

Pentecost and its interpretation (Acts 2)

The account of Pentecost relates how the apostles received their first infusion of the Spirit of God. It recalls the baptism of Jesus in Luke 3:21-22, demonstrating that the followers of Jesus have now become the ones commissioned by God to continue the accomplishing of God's plan, a task started by Jesus. As Luke describes the event, the followers are gathered together in Jerusalem when they are suddenly filled with the Holy Spirit and begin to speak in other tongues (2:1-4). Peter then gives a speech which interprets the event. Speeches are a literary device which we have seen used in Luke's gospel, and they serve the author's purpose equally well in Acts: they highlight the essence of the matter. Peter compares the event that has happened to the scriptural prophecy of Joel. In 2:17 Peter states that the prophet Joel predicted that in the last days (ἐσχάταις ἡμέραις) God will pour out his Spirit, and people will prophesy (προφητεύουσιν), see visions (ὀράσεις ὄψονται), and dream dreams (ἐνυπνίοις ἐνυπνιασθήσονται).²⁷ Acts 2:18 reiterates that God's spirit will be poured out and that those who receive it (God's servants/slaves, δούλους) will prophesy. God will show wonders (τέρατα) in the heavens and signs (σημεῖα) on the earth (2:19). Peter's quotation concludes (2:21) with the statement that "whoever calls on the name of the Lord will be saved." It is instructive to compare these statements in Acts with the LXX text of Joel 2:28-32 which is being quoted. Luke changes the LXX account to stress that these things will happen in the last days.²⁸ Acts 2:18 emphasizes the prophetic abilities of those who receive God's spirit.²⁹ Thus Luke stresses the apocalyptic dimension, and makes a claim as to the status of these agents of God. Luke adds "signs" (σημεῖα) to the list of things God will do.³⁰

Peter segues from this quotation to a discourse on Jesus, and the two sections of his speech are interrelated. He implicitly equates Jesus of Nazareth (introduced into the discourse in

²⁷ We will see that this is a foreshadowing of many events in the narrative of Acts.

²⁸ Acts 2:17 has ἐσχάταις ἡμέραις, LXX Joel 2:28 has "afterward, later" (μετὰ ταῦτα).

²⁹ Joel 2:29 only states that God will pour out his spirit.

³⁰ Joel 2:30 only has "wonders" (τέρατα).

2:22) with “the Lord” upon whom all must call to be saved (2:21).³¹ Peter also immediately states that God had accomplished “mighty works and signs and wonders” (δυνάμει καὶ τέρασιν καὶ σημείοις) through his agent Jesus. Peter states that the exalted Christ has now poured out God’s Spirit on his followers, resulting in the events of Pentecost (2:33). The implication is that the prophecy of Joel was fulfilled in Jesus, and is now being fulfilled by his followers. Again we see the narrative features identified by Tannehill (1986:22), by which the author of Luke-Acts reveals the text’s central narrative theme (God’s plan): foreshadowing, interpretive speech by a reliable figure, scriptural allusion, commission statement.

The phrase “signs and wonders” which is introduced at this programmatic point of the narrative in Acts is a recurring theme in the text. One time it refers to the acts of Jesus in the past.³² It usually refers to acts of the apostles and followers of Christ that are occurring in the present of the narrative. Thus we hear of signs and wonders done through the apostles (2:43, 5:12), by Stephen (6:8),³³ Philip (signs only, 8:6), Paul and his companions (14:3, 15:12) as well as prayers that signs and wonders will be accomplished through the hands of the apostles (4:30). When we look at the writings of Paul we see that he also uses this phrase for his own deeds and that of other followers of Christ.³⁴ The term appears to have been used by some early Christians to interpret certain activities.³⁵ We have seen that this phrase draws from Joel. However, its use in Joel is itself an allusion to earlier use in the Jewish scriptures. “Signs and wonders”(σημεῖα

³¹ In Joel “the Lord” refers to God. The equation “the Lord” = Jesus is made explicitly in Acts 2:36. See Acts 4:12.

³² Acts 2:22. See also Peter’s second summary about Jesus in 10:38—Jesus was anointed with the Holy Spirit and with power (δυνάμει), and went about doing good and curing (εὐεργετῶν καὶ ἰώμενος).

³³ The writer also notes that Stephen was full of grace and power (χάριτος καὶ δυνάμεως).

³⁴ Rom 15:19 (by the power of signs and wonders, by the power of the Holy Spirit). 2 Cor 12:12, “the signs of an apostle were performed among you... with signs and wonders and mighty works.”

³⁵ There appear to have been two streams of use (positive and negative) for this phrase, particularly in early Christian circles. The negative stream is associated with apocalyptic claims, see Mark 13:22/Matt 24:24 concerning false prophets who will show signs and wonders, and 2 Thess 2:9. Against this is a positive estimation; in addition to what I have discussed in Acts and Paul see Heb 2:4.

καὶ τέρατα) is a stock phrase in the LXX that refers to the miraculous acts God performed through Moses at the time of the Exodus, to deliver the Israelites out of bondage in Egypt.³⁶ Luke recognizes the origin of the phrase, and in Acts 7:36 Stephen's speech rehearses the signs and wonders associated with Moses.³⁷ At the same time, the phrase "signs and wonders" would have been readily comprehensible to a Hellenistic non-Christian audience. Portents and divine activities, a commonly-accepted concept in the Greco-Roman world, were often described as σημεῖα καὶ τέρατα in Greek literature.³⁸ The implication for Luke is that, just as God has acted in miraculous ways through designated agents to accomplish his will to save and deliver his people, so too does he act in the present. According to Luke, God acted through Jesus and continues to act through Jesus' followers (Squires 1993:97). Note that in Acts, healings and exorcisms—small-scale acts done to individuals—are given the grandiose and/or scripturally-loaded designation "signs and wonders."³⁹ This is an interpretive move by Luke and/or his community to explain the cosmological significance of these actions. The healings and exorcisms of Jesus and his followers are given a similar interpretation in Luke 10:9 and 11:20.

The Healing at the Temple and its interpretation (Acts 3–4)

Luke describes the second speech or sermon of Peter as being occasioned by a healing that Peter performs. According to Luke, Peter and John were going to the temple (presumably to

³⁶ Deut 4:34, 6:22, 7:19, 26:8, 29:3, 34:11; Neh 9:10; Ps 135:9; Jer 32:20.

³⁷ In Acts 3:22 Peter makes the equation Jesus = new Moses. See Daube (1976) on the Moses theme in Luke-Acts.

³⁸ In fact, the LXX reflects this Hellenistic understanding. On Greco-Roman signs and wonders, see Kee 1983. On signs and wonders, see McCasland 1957, Lampe 1965:165ff.

³⁹ The generally-accepted interpretation is that "signs and wonders" refers to healings and exorcisms. As I discuss below, Acts 4:30 links healing with signs and wonders. See also 4:16, 5:12-16 and 8:6-8. The majority of miracles in Acts are healings and exorcisms, so this interpretation of "signs and wonders" is the simplest explanation. See Hamm 1975:210-214, McCasland 1957:151. On acts of salvation for individuals, see Perrin (1967:64, 67), discussed in the previous chapter concerning Luke 11.

worship) “at the hour of prayer.”⁴⁰ They encounter a lame beggar at the gate of the Jerusalem temple. His request for alms elicits this formal, liturgical-sounding response from Peter, “I give you what I have; in the name of Jesus Christ of Nazareth, walk” (3:6).⁴¹ This statement legitimates both the healer and Jesus, in whose name the healing is done. The lame man is healed and energetically joins Peter and John as they enter the temple (3:8). Luke notes that all the people saw the man walking and praising God, and they were filled with wonder and amazement (3:9-10). Luke emphasizes that the man stays close to Peter and John, clinging to them (3:11). In Peter’s speech, the man is pointed out several times by Peter (3:12, 16 twice, 4:9). Peter uses the healing as the starting-point of his sermon to the people gathered nearby, in which he discusses Jesus Christ and points to the man as a contemporary example of the power of Jesus at work in their midst.⁴² What we see here in general terms is a healing occurring in a place and at a time of worship. A healed person stands up in the assembly and is used as an object lesson and the point of departure for a sermon.⁴³ The beggar has been brought into community through healing, and serves a role within that community. The client response of discipleship follows healing, as it did in Luke’s gospel.⁴⁴ I argue that this typically Lukan combination of healing and teaching reveals Luke’s audience and their practices.

In chapter 4 Luke relates the arrest and trial of Peter and John. The scene here reiterates the image of a healed person standing up in an assembly and being used as the object lesson of a

⁴⁰ This is a designation of time (probably evening sacrifice), more importantly it connotes Luke’s worship theme.

⁴¹ The implication here is that the gift of healing is more precious than money. See Cassidy 1987:25. Such a sentiment likely would be endorsed by those who had experienced healing.

⁴² Acts 3:16 “And his [Jesus’] name, by faith in his name, has made this man strong whom you see and know, and the faith which is through Jesus has given the man this perfect health in the presence of you all.” Dupont (1979:73-74) here finds evidence that some early Christians understood their healing to be a testimony to Jesus’ resurrection.

⁴³ Hamm (1975:208) calls the man a “visual aid” for the sermon. We have seen a similar use of a healed person as the starting-point for a discourse in Luke 14.

⁴⁴ Luke 4:38-39, 8:26-39, 18:35-43.

discourse. Luke states at 4:14 that the man was standing beside Peter and John at the trial.⁴⁵ Again, Peter uses the healing as the starting-point for a sermon (4:8-12). Peter's characterization of the healing as a "good deed" (εὐεργεσίᾳ) foreshadows 10:38, Peter's summary of the deeds of Jesus.⁴⁶ The implication here is that the apostles are continuing Jesus' work. Peter twice points out the man during his speech.⁴⁷ As the authorities review the case, Luke notes in 4:16 that even they admit that a "notable sign" (γνωστόν σημεῖον) has been performed by the apostles. Luke concludes the trial scene by noting that many people praised God for what had happened.⁴⁸ Luke also makes the practical observation that the fact that the man was an adult made him particularly useful as evidence.⁴⁹ Peter and John are released from custody.

Luke continues to spin out the effects of the healing at the temple. This incident is the most detailed healing account in the New Testament. Peter and John report the incident to the other believers. According to Luke the group decides to use this healing as the template for an action plan. The prayer in 4:29-30 interprets the significance of their actions, "grant to thy servants to speak thy word with all boldness, while thou stretchest out thy hand to heal, and signs and wonders are performed through the name of thy holy servant Jesus" (RSV).⁵⁰ This prayer associates the healing power of God with the "signs and wonders" phrase introduced earlier. Luke concludes the incident by evoking a Pentecost image as the Spirit descends upon the group

⁴⁵ This sentence confirms that Luke's ambiguous statements concerning the group prior to that point should be understood as including the man: e.g., Luke notes that the authorities arrested "them" (αὐτοῖς) 4:3, cf. 4:1, 7, 21.

⁴⁶ Note that in 10:38 (Peter's summary of Jesus' deeds) the line between healing and exorcism is blurred in typical Lukan fashion. Jesus is described as *curing* all those who were *oppressed by the devil* (ἰώμενος πάντας τοὺς καταδυναστευομένους ὑπὸ τοῦ διαβόλου).

⁴⁷ In 4:9 and 4:10 in the trial scene "this man" (οὗτος) is pointed out.

⁴⁸ Acts 4:21. Luke also noted that many people came to believe who had heard "the word" (τὸν λόγον), presumably a report of the incident. Cf. Luke 5:15.

⁴⁹ Acts 4:22. This feature, and the general scenario of a healed person used as evidence in a trial investigation, has interesting similarities to the Johannine account of the healing of the man born blind (John 9).

⁵⁰ RSV translation. This passage is an allusion to Deut 4:34 (signs, wonders, outstretched arm).

(4:31). Thus the inaugural, programmatic events of the early church (a healing and a teaching) are framed by pneumatic experiences. The healing described here is paradigmatic for subsequent healings in Acts (Squires 1993:98).

Healing accounts in Acts

Luke has an interest in portraying all of Christ's followers healing and exorcising, performing signs and wonders. As I have noted, he mentions signs and wonders in editorial summaries concerning the activities of the apostles. The jailer who is converted by Paul performs the mundane but still useful task of tending of Paul's wounds (16:33).⁵¹ This account contains the distinctive Lukan combination of teaching (16:32), healing activity, baptism (16:33), and a meal (16:34), the latter in a house setting.

Luke certainly does not miss ascribing healings to named figures: their healing actions legitimate their roles as commissioned agents of God.⁵² He notes that Stephen performed signs and wonders (6:8). Much of Acts 8 describes how Philip performs signs (8:6), signs and great miracles (σημεῖα καὶ δυνάμεις μεγάλας, 8:13), exorcisms and healings (8:7) which he combines with his preaching of the kingdom of God (8:12). Philip's competition with Simon Magus has an interesting healing aspect that is often overlooked by commentators. Luke somewhat cryptically records in 8:10 that Simon had the popular appellation "the great power of God" (δύναμις τοῦ θεοῦ... μεγάλη). In addition to this title being a parallel to the description of Philip in 8:13, the term δύναμις (in addition to its broad meaning of "power") had a specific meaning relating to healing. It was often used as a shorthand reference to a medicine or healing substance.⁵³ Is this phrase an oblique reference to competition between two faith healers?

⁵¹ I find similarities between this character and the paradigmatic figure of the Good Samaritan in Luke 10:29-37.

⁵² Luke's presentation of hero-figures engaged in healing activities may have been cited in claims to authority made by healers in his audience.

⁵³ Noted in Seybold and Mueller 1993:155. BAG: "of the peculiar power inherent in a thing, esp. of the healing power of medicines" cites several examples, s.v. δύναμις in BAG and LS.

The majority of healings in Acts are attributed to Peter and to Paul. In Chapter One I discussed Paul's own healing. Peter heals the paralyzed Aeneas (9:32-35). Paul exorcises a prophetic slave girl (16:16-18). There is a certain symmetry to some of these healings. Peter's shadow is said to be effective in healing and/or exorcism (5:15-16), as are the "handkerchiefs and aprons" of Paul (19:11-12). Peter heals a lame man (3:1-10), so does Paul (14:8-18).⁵⁴ Peter raises from the dead (9:36-43), so does Paul (20:7-12). Of course, the various healings, exorcisms and resurrections of the apostles and Paul are ultimately meant to recall those of Jesus, whose work they are continuing. Worth considering as self-healings are the unusually rapid recovery of Paul from his stoning attack (14:19-20)⁵⁵ and his equally remarkable resistance to a viper's bite (28:3-6). Apparently in Luke's view the agents of God have been granted exceptional stamina as they go about their appointed tasks.⁵⁶

Three of Paul's healings bear closer scrutiny for the purposes of my research. The first is the healing of the father of Publius and others on Malta (28:7-10). This story is in the "we-section" of Acts, the portion of Acts in which the narration shifts from third-person to first-person, implying some sort of personal involvement in the events.⁵⁷ Paul healed (ἰάσσοτο) the father of Publius by prayer and the laying on of hands (28:8). This healing occurs in the context of the hospitality extended by Publius in his home (28:7).⁵⁸ We may assume that this hospitality

⁵⁴ In Paul's healing account, we see the linkage of faith and cure that was made three times in Luke (8:48; 17:19; 18:42). Acts 14:8, "seeing that he had faith to be made well..." (ἰδὼν ὅτι ἔχει πίστιν τοῦ σωθῆναι). As in Peter's healing account, Paul uses the healing as the occasion of a sermon.

⁵⁵ Hardon (1954:304) classifies this as a miracle.

⁵⁶ Here we recall the longevity of the prophets Simeon and Anna (Luke 2), discussed in the previous chapter.

⁵⁷ The "we-sections" of Acts have been the subject of intense scholarly debate, with divided opinions. See Dupont 1964:75-93. Some see them as the direct statements of someone such as Luke the physician who was present at the events, others suggest that the author of Acts drew from the diaries of such a person, still others estimate that these accounts are used rhetorically to give the atmosphere of involvement and have little historical source value.

⁵⁸ Acts 28:7 states that Publius welcomed the travellers and received them as guests in a friendly manner (φιλοφρόνως ἐξένισεν), my translation.

included meals, and thus see in the incident an example of how itinerant Christians fulfilled their commission to share a meal, preach and heal those in the household.⁵⁹ According to 28:9 the rest of the people on the island who had diseases came and were cured (ἐθεραπεύοντο). The narrator then notes, “they honored us with many honors” (οἱ καὶ πολλαῖς τιμαῖς ἐτίμησαν ἡμᾶς). The implication is that these honors or gifts were paid as a client response for the healings that had occurred, and the word “us” allows for the possibility that the narrator shared in the healing activity. Those who would find Luke the physician to be the author of Acts find here support for their claim.⁶⁰ Even if that person is not the author, the text gives the impression that the narrator may have had more than an abstract or literary interest in the topic of healing.

The second account of Paul’s healing activity I examine is the somewhat comical incident of the resurrection of Eutychus (20:7-12).⁶¹ At a basic level, this story would seem merely to be an account of how Paul resurrected a young man who had fallen asleep during his sermon. The man, named Eutychus, fell out of a window and “was taken up dead” (20:9). Paul bent over him and told the crowd not to fear because life was in the lad (20:10). The breaking of bread commenced, Paul spoke further, the lad was restored, and the story concludes with the comment that the people were “not a little comforted” (20:11-12). Some of the events here bear a slight allusion to Jesus’ raising of the son of the widow of Nain (Luke 7:11-17) and the daughter of Jairus (Luke 8:49-56): there is a young person as the object of the healing, the exhortation not to fear, a meal (in the case of Jairus’ daughter).⁶² More significant from my perspective is the setting of the event. Luke states that it is on the first day of the week, when the group was

⁵⁹ Such was the commission given to the Seventy in Luke 10:8-9. See discussion in the previous chapter, Q section.

⁶⁰ See Harnack 1909:15-16, Ramsay 1908:16-17, Naylor 1909:33, Marx 1979:168. Against this view see Conzelmann 1987:223.

⁶¹ See Pervo 1987:65-66, MacDonald 1994.

⁶² Also Peter’s raising of Tabitha in Acts 9:36-43, and the resurrections attributed to Elijah and Elisha. See discussion in MacDonald 1994, Miller 1971:36-38, Praeder 1971:113.

gathered together to break bread (20:7).⁶³ There is no doubt that Luke is portraying a Christian worship service, complete with teaching and a common meal, most likely a eucharist.⁶⁴ What is notable is that here we have an explicit statement that a healing occurred during Christian worship. The combination of healing followed by teaching and meal (eucharist) explains the seemingly obtuse feature of this narrative, namely that the crowd was not comforted immediately upon Paul's announcement of the lad's resurrection, but later. It was the total package of events during the worship service—healing, edifying discourse, meal—that comforted them.⁶⁵ I argue that we can suppose that such a combination would not have seemed strange to Luke's audience because it was one familiar to them. The healing-teaching-meal combination occurs in Luke 10:8-9 and several of the healing accounts I discussed in the previous chapter.

Another comical account is the case of mistaken identity related in Acts 14:8-18. Paul and Barnabas are at Lystra, and Paul heals a cripple. This story parallels Peter's healing of the cripple in Acts 3:1-10. As in Acts 3, this healing takes place near a temple, a worship site (14:13). The Gentile crowd is portrayed as well-meaning but misinformed, as they suppose Paul and Barnabas to be the gods Hermes and Zeus who have visited their city to engage in a miracle.⁶⁶ What is interesting from the point of view of my thesis is the caricature of a worship service that follows.⁶⁷ The people are eager to offer processions and sacrifices to celebrate the

⁶³ Ἐν δὲ τῇ μιᾷ τῶν σαββάτων συνιγμένων ἡμῶν κλάσαι ἄρτον.

⁶⁴ On the first day of the week, see Luke 24:1, 1 Cor 16:2. On the breaking of bread, see Acts 2:42, 46. Cabaniss (1957), Cotter (1927) have identified the event described as a eucharist. Conzelmann (1987:169) finds the statement about the eucharist has been inserted in the story in an "awkward manner." What Conzelmann fails to recognize is that Luke is keen to combine healing and meal motifs whenever possible.

⁶⁵ So Bulley 1994:178 and Tannehill 1990:245-56.

⁶⁶ Peter and John get a similar reaction from the crowd in 3:12, who assume that the miracle is a result of the apostle's own power. Paul also gets acclaim as a god as the result of his self-healing (Acts 28:6).

⁶⁷ This story may be based on a Hellenistic legend (Ovid *Metam.* 8.611-725) or at least the well-known custom, particularly in the eastern part of the Empire, of the veneration of benefactors as gods. See Conzelmann 1987:109-111, Pervo 1987:64-65.

healing event. If we assume that the Lukan community enacted or celebrated healings during their worship services, then this account would provide an ironic contrast between the pagan world's celebrations of healing and that of the Christian community. As with Peter in Acts 3, Paul uses the healing as the occasion of a sermon to explain the significance of the event, and this may reflect practice in the Lukan community.

There are a few other features of the healing accounts in Acts which I mention in summary. First, the editorial comment (5:12) concerning the signs and wonders performed by the apostles situates these events at Solomon's Portico, the site of Peter's healing of the cripple (3:11) and one of the walls of the Jerusalem temple. Here, as in Acts 3, healings are associated with a worship site. Second, the exorcism of the pythonic slave girl (16:16-18) happens as Paul and his companion are going to the local "place of prayer" (προσευχήν i.e., a synagogue). Again we see a healing being associated with a worship site. Third, the accounts of Paul's healing of Aeneas (9:32-35) and Tabitha (9:36-42) emphasize the evidentiary role played by the healings and those healed. In 9:35 we read that all the residents of the cities saw Aeneas and turned to the Lord. 9:42 states that Tabitha's healing became known throughout the city, and many believed in the Lord.⁶⁸ This aspect likely related to the practice of using healings as the points of departure for teachings and sermons, a typical feature in Luke-Acts.

Affliction accounts in Acts

The obverse side of healing in Acts is affliction. We have seen it in the case of Paul, as well as Zechariah in Luke's gospel, who each go through both phases of the affliction-healing model I devised. Acts is notable for having affliction accounts. Aside from Zechariah and the unfortunate fig tree of Mark 11, there are no other affliction narratives in the New Testament

⁶⁸ These accounts recall the programmatic healing of Acts 3-4, in which the crippled man plays an important role as an object lesson for sermons and teaching, and Luke 14, where Jesus uses his healing of the man with dropsy as the starting-point for a teaching discourse.

apart from those in Acts.⁶⁹ In Acts, persons who oppose the will or plan of God are the recipients of divine punishment: they receive some kind of disease that usually leads to death. In these cases (as with the healings), the physical condition of the person corresponds to his/her religious-social condition. Those who oppose God are outside the community of the well and healed. It is likely that the concept of affliction served as a form of social control for the Lukan community, such is the case in many healing cults of the type I discussed in Chapter Five. Healings can be part of a group's process of institutionalization by legitimating claims to authority and election. Afflictions may fulfill a similar function. If the person recovers, then the affliction is seen as part of the divine plan that leads to a new state. If the person does not recover, then the affliction is seen as a sign of punishment for behavior against group norms. The person so afflicted becomes a model of behavior to avoid for others in the community. The presence of these affliction accounts, as well as Luke's interest and particular view of healings, argues that there is a community behind the text of Luke–Acts that uses the evangelist's stories in a practical way.

We see afflictions in the case of the traitorous disciple Judas (1:15-20), where the version in Acts suggests an affliction rather than suicide.⁷⁰ The story of Ananias and Sapphira (5:1-11) is a deliberate contrast to that of Barnabas (4:36-37): Barnabas follows the principle advocated by Luke of sharing his wealth, whereas Ananias and Sapphira are greedy and thus receive divine punishment.⁷¹ Paul's case has been discussed in Chapter One. In Acts 12:20-23 Herod seeks

⁶⁹ Interestingly, Luke turns the fig tree account (Mark 11:12-14 = Matt 21:18-19) into a parable (Luke 13:6-9). Luke probably does not want to portray Jesus afflicting anything. On lack of affliction accounts apart from Acts, see Hardon 1954:306, Kee 1983:211 ff. See however 1 Cor 11:30, where Paul expresses the view that those who profane the Lord's Supper fall ill and in some cases die.

⁷⁰ Compare the account in Acts with Matt 27:3-10. The account in Matt clearly describes a suicide, whereas the one in Acts is very obscure and may describe an affliction. The term for Judas' condition (πρηγῆς γενόμενος) is a *hapax legomenon* and may refer to a swelling condition similar to that of Herod in 12:20-23. See Lake 1920:22-30.

⁷¹ Miller (1971:33) finds an allusion to Judg 7:16-26, the non-miraculous fate of Ahar.

acclaim as a god and is stricken down for his impiety.⁷² Elymas/Bar-Jesus is afflicted with blindness for opposing Paul's missionary efforts (13:6-12). The sons of Sceva are abused by a demon because they improperly claimed access to the power of Jesus' name (19:13-20). Perhaps Luke would even have us understand that Eutychus should not have fallen asleep during Paul's sermon and was punished (20:7-12).

The story of the affliction of Bar-Jesus/Elymas (13:6-12) is worth examining in more detail, because it echoes the affliction of Paul. The character of Elymas is the perfect foil for Paul.⁷³ Luke clearly identifies Elymas as being in the demonic camp: he is a magician and false prophet (13:6), he seeks to turn the proconsul Sergius Paulus away from faith in Christ (13:8), Paul calls him "son of the devil" and enemy of all righteousness (13:10). Like the persecutor Saul, Elymas is blinded and left helpless because of his opposition to the will of God. Note that this is the first miracle reported in Acts concerning Paul: it precedes his premiere performance of signs and wonders (14:3) and his healing of the cripple at Lystra (14:8-18). It is also precisely the point in the narrative where Paul receives his Roman name, replacing the Jewish name Saul (13:9). The fact that Luke chooses such a dramatic moment—the affliction by Paul of his nemesis—to note the name change must be significant. Such a name change suggests a transition or change, most likely the completion of that process started in Acts 9. Formerly afflicted and under God's judgment, Paul now is God's agent capable of administering divine punishment and relief. Full of the Holy Spirit, Paul inflicts God's judgment on Elymas (13:9). In the narrative of Acts, the affliction of Elymas is not relieved, although a later tradition did assume that Elymas had been healed once he had repented.⁷⁴ But the affliction does serve a purpose in Acts: the proconsul Sergius Paulus believes when he saw what had occurred (13:12).

⁷² There are allusions here to 2 Macc 9. See Borgen 1981:98, Miller 1971:18-19. Josephus *Ant.* XIX.345 (LCL) has a similar story. The story of Herod is contrasted by the divine acclaim which is rejected by Paul and Barnabas in Acts 14:8-18.

⁷³ Garret 1989, Praeder 1971.

⁷⁴ John Chrysostom, *Commentary on Acts* (Homily 28) NPNFC. See Hardon 1954:312.

The model

At the end of Chapter Four I presented a model of healing and affliction, and in Chapters Five through Eight I made use of this model. I showed that many of the healing cults of Chapter Five, and some Greco-Roman groups in Chapters Six and Seven, fit this model. Below is a recapitulation of the model:

The affliction–healing model

Characteristics	Phase 1	Transformation	Phase 2
Attitude	opposed to god (e.g., scepticism, disbelief, impiety)	conversion	in accord with god (e.g., belief, devotion)
Activity	scoffing, impious acts		praise, special activity
Community	outsider, non-believer	initiation	group member with role
Physical condition	sick, afflicted	healing	well/healed

Many of the healing accounts in Luke–Acts fit this model in whole or in part. The story of Paul’s affliction and healing contains all elements of the model. There is opposition displayed in the person’s activity and social affiliation, the three aspects of transformation, and accord evidenced in individual activity and a new role within the group of believers. The story of Zechariah also fits the model. Like Paul, Zechariah shows opposition to God which results in his affliction, and then shows accord with God’s plan which results in his healing and a new role, that of prophet.⁷⁵ Both of these figures go through what we would call a rite of passage that initiates them into their new role. In the Gospel, the evangelist has several stories which describe phase two of the model and hint at phase one. The accounts of the ministering women (8:1-3), the Gerasene demoniac (8:26-39) and Peter’s mother-in-law (4:31-36) each describe how a person was transferred from a status as someone in a demonic realm into a member of the community of the healed followers of Jesus, and these stories suggest that the persons involved

⁷⁵ As noted in the previous chapter, the account of the meeting at Emmaus (Luke 24:13-32) has interesting affinities to an affliction/release account.

played new roles associated with discipleship within that group.⁷⁶ In these accounts, Luke sketches in dualistic terms the dramatic, boundary-crossing effect of Jesus' healings: they transform people from demon-oppressed persons into servants of God. Several accounts in Luke–Acts fit phase two of the model, in particular concerning how the healed adopt new roles within the community such as giving testimony, praise and thanksgiving (Luke 8:39; 8:47; 13:10; 17:15–16; 18:43) or providing evidence to others of the healing power in the community of Jesus' followers (5:25; 6:8; Acts 3–4 especially 3:9–10, 12, 16; 4:9–10, 14, 22; 9:35 and 9:42).⁷⁷ We should not overlook the affliction accounts in Acts. The stories of Judas (1:15–20), Ananias and Sapphira (5:1–11), Herod (12:20–24), Elymas (13:4–12), and the sons of Sceva (19:11–20) fit phase one of the model. These characters serve a role for Luke's audience: they are examples of behavior and attitudes to avoid.

Lukan themes relating to healing

There are several themes in Luke–Acts that are relevant to the evangelist's presentation of healing. These themes give us clues into how Luke's audience may have understood healing as well as practised it.

The plan and kingdom of God

The first theme is the plan of God. Scholars agree that Luke has a concept of the overarching plan of God, a force which drives events throughout the Gospel and Acts.⁷⁸ For Luke, God is in control and will ultimately establish the kingdom of God. As each step of the plan is enacted, the kingdom is manifested. For healings and afflictions this plan is an important

⁷⁶ On discipleship following healing see also Luke 18:35–43.

⁷⁷ The prophetic roles of Mary, Simeon and Anna are not due to healing but they involve physical transformation.

⁷⁸ This plan can be seen in a number of features: the plan of God, the divine imperative, etc. See Tannehill 1986a:2, Dahl 1976:89, Cosgrove 1984, Squires 1993.

factor, since specific events are thought to happen because of the will of God and are seen as part of a larger purpose.

The agents of God

The next theme is how this kingdom is manifested on earth. Although Luke at times suggests that God acts directly or through supernatural beings, in general the evangelist prefers to show how God acts through human agents. Here we see concepts such as discipleship, call or commission, and transformation.

Discipleship is an important concept in Luke–Acts. Charles Talbert (1985:62) cogently summarizes the components of this idea in Luke–Acts: discipleship means allegiance to Jesus, and it involves “being molded by a tradition, being empowered by an experience, and being a participant in a community.” Talbert (1985:63–65) finds that the tradition which molds disciples is the paradigmatic example of the actions and teachings of Jesus. The apostles in Acts do what Jesus has done in the Gospel (e.g., preach, heal). Subsequent generations of followers are to emulate the actions of Jesus as well as those of the apostles. According to Talbert (1985:67–71), the experience which empowers the characters in Luke–Acts is the call by Jesus to discipleship, or the divine commission to a task. I argue that the evangelist considers that healing is like a call or commission: it brings a character to a new task and role in the group. The role of community is significant in Luke–Acts. I have shown that Luke emphasizes the corporate aspect of healing.

In Luke’s world, people have a role to play in bringing about God’s kingdom, and the evangelist shows how these people have received a divine call or commission that validates their actions. Scholars have identified a conventional form which epiphanic commission accounts often take in ancient Near Eastern literature.⁷⁹ It appears that Luke has drawn upon this form, especially as it appears in the LXX, to structure many of his commission stories.⁸⁰ The basic

⁷⁹ See Hubbard 1987, Hubbard 1988, Mullins 1976. See also Lohfink’s discussion (1976:61–64) of a related form, the apparition dialogue.

⁸⁰ In the Hebrew Bible, the commission is extended to patriarchs and prophets: e.g., Abraham, Isaac, Jacob, Moses, Joshua, Samuel, Isaiah, Jeremiah, Ezekiel.

elements of the divine commission form are an epiphany of the deity or a supernatural messenger to a person and the announcement of a commission, which usually involves a special task which that person must perform on the god's behalf. Mullins (1976:608) states, "The function of the commission is to make the commissioned person formally the agent of the commissioner for the accomplishing of the commissioner's will." Hubbard (1977:114, 121) notes that assumption of this task often means that the person takes on a new role such as prophet. In many commission accounts the person protests or expresses reservations about assuming the task and role. The supernatural being then provides reassurance concerning the commission. Hubbard (1977:104) states that there may be a divine sign or miracle as part of the encounter: "the function of the sign is to supplement the verbal reassurance with a concrete manifestation." Healing, either on its own or following an affliction, is considered as a sub-element of the reassurance element.⁸¹

Hubbard correctly notes that an angel or the Spirit of God often appears to characters in Luke–Acts, announcing the divine plan and the character's role in that plan.⁸² Examples of this appearance would be the visions of Paul and Ananias (Acts 9), the visions of Zechariah and Mary (Luke 1), the visions of Peter and Cornelius (Acts 10). Mullins (1976:610) observes that the commission form is characteristic of Luke–Acts, being at the beginning and end of each book, being well distributed throughout the text, and occurring more there than in any other New Testament book. I find that there is merit in considering the role that commission forms play in shaping the Lukan narrative. In my estimation, however, the healing motif in Luke–Acts does more than just provide a reassurance component in commission forms, and to see healing only in

⁸¹ So Hubbard 1977:104. Note: there are no healing elements *per se* in the LXX commission accounts listed by Hubbard or Mullins. The cleansing of Isaiah results in his gaining prophetic ability (Isa 6), and there are similar rituals for Jeremiah (Jer 1:1-10) and Ezekiel (Ezek 3:1-3). See Hubbard 1977:107. Hubbard does not consider the affliction elements in the calling of Jacob (Gen 32:22-32) or Moses (Exod 4:24-36), and he curiously does not discuss the commission of Jonah, which involves both affliction and release.

⁸² Hubbard 1977:115-121. On the commission of Ananias to heal, see Lampe (1965:176) and Hedrick (1981:419-20), who calls Ananias the "handyman of the Lord."

this light is to underestimate its overall importance in the text or even in commission accounts. I agree that the evangelist often associates healing with commission, but I would say that the author views healing as important in its own right and an essential element—not just a sign—in the process of transformation that brings some persons to new tasks and roles in the Christian community. For Luke, divine power can be displayed in healing as well as in commission.

For our understanding of healing in Luke–Acts, I suggest that a useful supplement to the commission form is the patron–client exchange system. At times these two systems even mesh. In Chapters Six and Seven I discussed the patron–client system of social exchange in relation to healing in the ancient world, particularly in the votive religions and aretalogies of Greco-Roman religion and in the case of Aristides. The patron–client relationship was prevalent in the Mediterranean world and it would have been part of Luke’s social world (Moxnes 1991). It was an emic concept available to the evangelist, who may have himself been a client. In the Lukan presentation of healing we often see aspects of this form of relationship. Luke emphasizes that in gratitude for the benefaction of healing the client offers praise and testimony to the patron (God) and the brokers of healing (Jesus, the apostles). The granting of a benefaction creates an ongoing relationship, in which the client may continue to act on the patron’s behalf as an agent (in Luke–Acts a disciple, sometimes even a healer), and may continue to receive benefits (here, membership in the community of the patron). We also saw this pattern in many of the groups in Chapter Five. Paul and the ministering women in Luke 8 are examples of those who receive healing, join the community of the people of God (Jesus’ followers), and continue in that community with specific roles.

The theme of transformation is important in Luke–Acts. At times characters in the text are transformed under divine power as part of the process of being fitted for their task. Kee finds that the concept of personal, life-altering transformation due to the activity of a divinity was

popular in the Antonine period in which Luke wrote.⁸³ We see this concept in the initiations into the mysteries of the Greco-Roman period, and in initiation generally, as I discussed in Chapters Six and Three. Although the rite of passage model is an etic concept that modern scholars use to compare data, the evangelist likely was aware of the general process of initiation into the mysteries. The outlines (if not the details) of such transformations were public knowledge in the first and second century. In the evangelist's opinion, God can use healing as part of a transformation process similar to what we would call initiation or a rite of passage. In Luke–Acts, healing may at times even be a sign of commission (e.g., Acts 9:1-22; Luke 8:26-39). Here we are reminded of the affliction–healing element in the healing cults I discussed in Chapter Five, and with Aristides in Chapter Seven. Another aspect of transformation in Luke–Acts is the evangelist's recurring emphasis on the presence of the Holy Spirit in Jesus and his followers, particularly when they receive the Spirit as they perform a task or fill a role.⁸⁴ This Spirit may be associated with healing (Acts 9:17) and with empowering the healer (Luke 4:18, Acts 10:38).

The activities of the agents of God

The third theme is the activities that these agents or clients perform. Broadly speaking, they manifest the kingdom of God. Since it is God's plan to establish the divine kingdom, and since God is working through human agents, it is the commissioned task of these agents to make the kingdom of God happen through their actions and words. We see this view in Luke–Acts in

⁸³ Kee (1983:219-220), citing the Isis cult (e.g., Apuleius' *Metamorphoses*) and the Asclepius cult (e.g., Aristides). Kee finds an affinity between these accounts and Luke's stories of conversion.

⁸⁴ In Acts, tasks and roles empowered and facilitated by the Holy Spirit include: prophet (2:17-18; 11:28, 21:14), speaker/preacher (4:8; 4:31; 6:10; 7:55ff.; cf. 5:20), missionary/evangelist (8:29; 10:19; 11:12; 13:2, 4, 9; 16:6-7; 19:21; 20:22-23; 21:4); proto-deacon (6:3, 5), proto-bishop (20:28). The Spirit is not mentioned in the appointment of elders (14:23). In Luke's Gospel, we see the spirit associated mainly with the role of prophet (1:15, 17; 1:41; 1:67; 2:25-27). The spirit comes to Mary in her role as mother of Jesus (1:35). Jesus is filled with the spirit (3:22; 4:1; 4:14) and it anoints him for his mission (4:18). See Haenchen 1971:9. On church offices in Luke, see Conzelmann 1961:217-18.

the way in which the evangelist interprets the activity of Jesus and his followers according to scriptural models. By fitting the actions of Jesus and his followers to scriptural paradigms, the evangelist makes the claim that these persons are agents of God just as were the hero-figures of Jewish tradition. Time and again in his Gospel, Luke states that Jesus acts in “power and authority.” In Acts, Luke says that Jesus’ followers perform “signs and wonders.” In both cases these phrases likely refer primarily to *healing acts*. As I have noted, both these phrases recall the Exodus events, wherein Moses, acting on God’s behalf, liberates the Jews from captivity and helps establish them as the people of God (Squires 1993:78, 90). According to the evangelist, Jesus and his followers engage in activities (healings, exorcisms) that realize God’s kingdom by liberating people from Satan’s dominion, and activities (teaching, meals, healing and charity) that manifest or enact God’s kingdom. These agents of God are engaging in new acts of liberation and creating community. I argue that we can assume that these interpretive labels, and the underlying attitude, relate not only to the deeds of Jesus and his immediate followers but to those happening in the community of Jesus’ followers to which Luke addresses his two-volume text. Again I recall the observations of Geertz (discussed in Chapter Three) that religious communities often enact their central beliefs in ritual, and that religious texts and rituals not only articulate but shape and affirm the beliefs and actions of the communities that use them.

As I discussed in Chapter Eight, Luke—particularly in his Gospel—associates healing with the kingdom of God. Jesus commissions the Twelve and the Seventy to preach the kingdom of God and to heal (Luke 8:2; 10:9). It seems that in Luke’s view healing acts manifest God’s kingdom. The presence of the kingdom in the community of believers is a central belief of the group, so it is credible that they would use ritual acts to enact that belief. In Acts a second and related feature of healing emerges. Here, healing is seen as a sign of Jesus’ resurrection. This was another central belief of the community. In the programmatic sermon of Acts 3:12-26, which was occasioned by a healing, Peter states:

... God raised [Jesus] from the dead. To this we are witnesses. And his name, by faith in his name, has made this man strong whom you see and know; and the faith which is through Jesus has given the man this perfect health in the presence of you all (Acts 3:15-16, RSV).

Jacques Dupont makes the following perceptive comment concerning the view underlying Peter's statement:

Since the healing was performed in the name of Jesus, it testifies to the miracle-working power of Jesus' name and thus to his supernatural omnipotence. The healing, therefore, is to be considered a proof of the glorious condition to which God raised Jesus at the resurrection and in which he continues to exist. It is inconceivable that a person whose name exercises such astonishingly active power could himself be dead; and not only must he be alive, but he must have been granted a share in the divine prerogatives by God himself.... The apostles preach that Jesus, raised up by God, received the power to save those who believe in him, and God confirms this message of the apostles by the miracles that accompany their preaching, for those miracles both point back to the initial miracle God wrought on Easter day and at the same time reveal God's power still salvifically active in the Church.⁸⁵

The view seen in Acts 3—that healing acts attest to Jesus' resurrection—occurs in other places in Acts as well (Acts 4:8-12; 4:33; 14:3).

If we consider the development among early Christians of the common meal we see a similar pattern to that described above. In his Gospel, Luke presents the common meal as a ritual that manifests the kingdom of God. Among early Christians this meal becomes the Eucharist, a sacramental act that memorializes and reactualizes the death and resurrection of Jesus. In his Gospel Luke depicts healing as act through which Jesus and his followers bring about the kingdom of God. In Acts, Jesus' followers are shown interpreting healing as a testimony to

⁸⁵ Dupont 1971:73-74. Marshall (1992:44-45) makes a similar assessment, although not specifically about healing. He notes that Acts describes Jesus' followers acting with the same Spirit Jesus had and continuing Jesus' mission. The activities of the disciples therefore attest to the validity of Jesus as agent of God and faith in him.

Jesus' death and resurrection and to his power in their midst. If we assume that Luke's community so viewed healing, it is plausible that they would practice healing as they did the common meal. Like the meal, healing was a way of manifesting the kingdom of God, keeping the presence of Jesus alive in their midst, and validating their existence as a group which meets in Jesus' name. In other words, what we see here is the possibility that healing was practiced liturgically and even sacramentally. This may seem like a radical proposition, but we have seen precisely this type of practice in the cross-cultural evidence of healing cults in Chapter Five, and in the theoretical material on healing and initiation in Chapters Three and Four. Aristides is convinced that he encounters his god every time he experiences a healing, and he prizes healing as a way to commune with his god. We have seen signs in Luke–Acts that healing was practiced in a worship context: it occurs in a place of worship, at the time of worship, in conjunction with a meal and teaching.

Thus, healing acts would have multiple meanings and benefits for the Lukan community. Healings manifest the kingdom of God, testify to Jesus' resurrection, memorialize and keep alive Jesus' presence in the group, validate the power of the community that meets and acts in Jesus' name, bring persons into new relationship with God and new status and roles within the community, and help sick persons find meaning for their condition within a supportive corporate setting. The promise of healing within the group likely also was an effective evangelism tool to attract new members. Such multiplicity of meanings is typical for ritual acts. With all these potential benefits, it seems likely that a group that took healing seriously, as Luke's community appears to have done, would practice it whenever possible and place it within a sacred, ritualized context. Luke's text reflects such a view.

The community of God's agents

In Luke–Acts, healing is presented as an act that reduces Satan's dominion and increases God's kingdom. Healing creates community, and it entails new roles within that community. According to Luke, healing rescues or "releases" persons from Satan's community of affliction

and brings them to God's therapeutic community where there is health. Luke places healing within a worship context, as we have seen in the conjunction of healing, teaching, and meal; as well as in the association of worship motifs (worship site, Sabbath, crowds) with healing. In Luke's injunctions to practice charity and fellowship with the sick and poor, the author shows that healing takes place in a social context.

As I mentioned above, Talbert correctly notes that discipleship in Luke–Acts involves being a participant in a community.⁸⁶ Luke is constantly emphasizing the corporate dimension of being a follower of Jesus. The evangelist works hard to portray the early post-resurrection gatherings of Jesus' followers in an idealized light, one in which persons gather together in a group which has common goals, shared activities (including meals, teaching and worship), and a united attitude.⁸⁷ A similar picture is given in Luke's Gospel, which depicts how Jesus' mission is shared by his associates (8:1-3), the Twelve (9:1-6) and the Seventy (10:1-24). This corporate dimension is seen in the healings described in Luke–Acts. As I have noted, Luke emphasizes that groups participate in the event (bringing the sick to the healer or sending for the healer, witnessing the event, giving acclamations and reports). Healers work in groups. The Twelve and the Seventy are sent out in groups to heal.⁸⁸ The disciples are usually with Jesus when he heals.⁸⁹ In Acts, the shared or corporate ministry of healing is an important motif: why else would Luke depict John present at Peter's healing of the cripple (Acts 3:1-10) or Barnabas present at Paul's healing of the cripple (Acts 14:8-18), since neither John nor Barnabas have a

⁸⁶ Talbert 1985:72, see also Marshall 1992:77.

⁸⁷ See Acts 2:44; 4:32; 11:27-30; 12:25. Despite this ideal, Luke does record divisions within the community, such as the case of Ananias and Sapphira (5:1-11), the Hellenist and Hebrews controversy (6:1-6), and the on-going debate about Gentile membership among the followers of Christ.

⁸⁸ The instructions to the Twelve (Markan source) are given to a group, not to individual persons: all the verb endings (preach, heal) are in the plural imperative. The instructions to the Seventy (Q source) specifically state that Jesus sent them out "two by two" (10:1). Here too the verb endings (eat, heal, say) are in the plural.

⁸⁹ After the call of the disciples (Luke 5:1-12) the disciples are mentioned explicitly as being with Jesus during healings (6:17-19; 7:11-17; 8:26-39; 8:40-56; 9:10b-17; 9:37-43; 19:37; 22:47-53).

single line of dialogue or any independent action as characters in the narratives?⁹⁰ Luke reiterates the shared ministry in his recurring statement that the apostles as a group performed many signs and wonders (Acts 2:43; 5:12; 14:3; 15:12).

Healing in Luke–Acts: a review

I have shown that certain themes recur throughout the healing and exorcism accounts of Luke–Acts. Their frequency suggests that they are not accidental or incidental features; rather they relate to the author’s intent and may reflect interests or be of significance to his audience.

One set of features has to do with the location of the healings. Luke has an urban orientation generally, and this is particularly true in his healing accounts. This context likely reflects that of his audience. The great majority of the Gospel healing accounts take place in an *urban setting*, usually in some city or village.⁹¹ Luke even nudges otherwise rural settings into an urban context.⁹² The commissions to the Twelve and to the Seventy send them primarily to what Luke terms πόλεις or cities (9:5-6; 10:1, 8, 10, 12). The same pattern is true for the apostles in Acts: most of their healings take place in an urban setting.⁹³ The specific setting of healings is an important feature as well. As I have shown, a significant number of healings occur in *places of worship*: a synagogue (Luke 4:33; 5:17; 6:6; 13:10) or nearby (Luke 16:16), the Jerusalem temple (Acts 3:1) or its environs (Acts 5:12), near a pagan temple (Acts 14:13), in a

⁹⁰ See also the unnamed narrator in the we-section of Paul’s exorcism of the slave girl (Acts 16:16-18) and the healing of the Maltese islanders (Acts 28:7-10).

⁹¹ Locations include: Capernaum (4:31-37; 4:38-39; 4:40-41; 7:1-10), Nain (7:11-17; 7:18-23?), Galilee (8:40-56), an unidentified πόλις or “city” (5:12-16; 5:17-26), and a κώμη or “village” (9:1-6; 17:11). An urban location may also be assumed in some accounts, such as those that refer to healings in synagogues (6:6-11; 13:10-17) or in the house of a rich Pharisee (14:1-10).

⁹² According to Luke, only a few of Jesus’ healings are in explicitly non-urban settings: 6:17-19 (a plain near the mountain); 9:37-43a (near the mountain); 11:14-23 (unspecified location).

⁹³ Locations of these healings are: Jerusalem (3:1-10; 5:15-16), a city in Samaria (8:5-8, 13), Damascus (9:1-22), Lydda (9:32-35), Joppa (9:36-43), Lystra (14:8-18), Philippi (16:16-18), Ephesus (19:11-12), and Troas (20:7-12). Only the healings on the island of Malta (28:7-10) do not take place in a city or village.

Christian worship assembly (Acts 20:7). A synagogue is also the site of Jesus' programmatic saying concerning his ministry of healing and teaching (Luke 4:16).⁹⁴ If we assume that Luke is writing to an urban audience, and one that practiced or enacted healing ministry in its worship, these emphases become understandable. The audience would relate to such descriptions and perhaps see them as models and paradigms.

Also noteworthy are the number of times in Luke–Acts that healing occurs at *times of worship*. Luke shows us healings on the Jewish Sabbath.⁹⁵ Jesus' programmatic statement concerning his ministry occurs on a Sabbath (4:16). We also see healings on the Christian Sabbath, Sunday (Acts 20:7, and symbolically implied in Acts 9:9).⁹⁶ The following comment by Willi Braun (1995:26-27) concerning the healing controversy of Luke 14 can be applied to the entire text of Luke–Acts:

What the "lawful" (= morally proper) thing to do on a Sabbath is, Luke happily had learnt from Mark's Jesus in terms that the third evangelist could hardly have improved: Sabbath time is the time to "do good" (ἀγαθοποιῆσαι) and "to save life" (ψυχὴν σῶσαι), that is, to act benevolently and compassionately towards the marginal and disprivileged in accordance with the hard core of Luke's practical, virtue-oriented piety. This is how the "Sabbath" is regularly presented in Luke: it is a time of divine benefaction (4:16-22) that bestows privilege on those

⁹⁴ A number of healings or exorcisms occur in homes: Luke 4:38; 8:51; 10:5-7; 14:1; Acts 9:11; 9:33; 9:37; 28:7. Since early Christians often met in homes for worship, a case can be made that this setting connotes a place of worship. The remainder of healings are depicted as occurring in undesignated public spaces: Luke 4:40; 5:12, 15; 6:17; 7:1-10; 7:11-12; 7:21; 8:26; 8:43; 9:10b; 9:37; 11:34; 17:12; 18:35, Acts 5:15; 8:5-8; 19:11.

⁹⁵ Luke 4:31 and by association 4:38 and 4:40; 6:6, 7, 9; 13:10; 14:1. Remember that Luke has adjusted the time of 4:40 so that it falls within the Sabbath (different in Mark), and that 13:10-17 and 14:1-6 are material unique to Luke. Luke changes Mark's Sabbath healing controversy (Mark 6:1-6a) into Jesus' programmatic statement on a Sabbath concerning his ministry which includes healing (Luke 4:16-30).

⁹⁶ In Acts 9:9, the three-day period of Paul's sequestering is an allusion to Jesus' death and resurrection. Since Jesus' resurrection was thought to be Sunday, the implication is that Paul was healed on a Sunday.

who cannot expect to benefit by relying on the existing mechanisms of religious and social patronage.

Luke makes other references to healings at times of worship: those occurring at the time of prayer (Acts 3:1; 16:16) or those that are associated with an impending pagan worship (Acts 14:8-18). What we see in Luke is an understanding that the Sabbath or time of worship is a particularly appropriate time to engage in healing and acts of charity.⁹⁷ We have seen that in Luke's view, healing and teaching manifest the kingdom of God. It is likely that the Lukan community would have not only assented to this view in the abstract but performed acts of charity and/or ritual which enacted the kingdom of God during their worship.

Particularly distinctive in Luke-Acts are *combinations of healing, teaching, and meal*. We see all three elements combined in narratives of healings (Luke 9:11, 17; 14:1-6ff.; Acts 20:7-12; 28:7-9) and in a saying about healing (Luke 10:8-9). The account of Paul's healing combines teaching, healing, baptism and meal (Acts 9:10-19), as does the story of the jailer at Philippi (Acts 16:25-34). Healing and meal are combined in narratives (Luke 4:39; 8:55) and a saying (Luke 6:18-19, 21). Healing and teaching are combined in narratives (Luke 4:31, 33; 5:15; 5:17; 6:6; 6:17; 8:35; 9:38; 11:14-23; 13:10; Acts 3-4) and sayings (Luke 4:16-30; 9:2, 6). Luke depicts healings being witnessed by large crowds rather than small groups.⁹⁸ Combinations of healing, meal and teaching suggest that the Lukan community viewed healing primarily not as a spontaneous or *ad hoc* activity but one that properly was part of a controlled and perhaps ritualized corporate worship context, perhaps of a type similar to those we have seen in Chapter Five.

⁹⁷ Here as at other points in Luke we see a similar view in the Gospel of John. Sabbath healing controversies there are: #141 *Healing at Pool* (5:2-47), #248 *Man Born Blind* (9:1-41) and #240 *Teaching in Temple* (7:14-39) which contains a reference to healing.

⁹⁸ Crowds (Luke 4:31, 33, 36; 4:40; 5:15; 5:17, 26; 6:10; 6:17, 19; 7:9; 7:11; 7:21?; 8:35, 37; 8:40, 45; 9:11; 9:37; 11:14; 13:10, 17; 14:3; 18:36, 43; 19:37; Acts 3-4; 5:15-16; 8:6; 9:35 16:16; 19:11-12; 20:7-12). Small groups (Luke 4:38-39; 8:51; 13:12; 17:12; 9:17; 9:39).

We can detect liturgical elements in the healing accounts, features such as invocations (Luke 4: 34; 8:28; 17:13; 18:35-43; Acts 16:17), acclamations and thanksgivings (Luke 4:36; 4:41; 5:25; 5: 26; 7:16; 8:36; 9:43; 11:14; 13:13; 13:17; 17:15, 18; 17:16; 19:38), and injunctions or interpretations (5:20; 5:23; 5:24; 8:39; 8:48; 8:50; 17:19; 18:35-43). These statements could reflect actual worship practice. In particular, if we generalize the statements made by Jesus (Luke 8:48; 17:19; 18:42), Peter (Acts 3:6) and Ananias (Acts 9:17) we can see how a community that practiced healing might have used these as liturgical models: "Your faith has saved you," "I give you what I have, in the name of Jesus Christ of Nazareth, be healed," and "Brother/Sister XX, the Lord Jesus has sent me that you may be healed and be filled with the Holy Spirit."⁹⁹ We have seen that one account in Luke-Acts (Luke 5:15) suggests a scenario where people gather to hear reports of Jesus' healings and themselves experience healings as a result. The motif of "reports" concerning Jesus' healings recurs throughout Luke-Acts (Luke 4:37; 7:17; 7:18-23; 8:34; 8:39; Acts 3:4; 4:16-17; 4:21; 9:42) and these reports are associated with people coming to faith. Such a scenario may have happened in the Lukan community.

We have seen that Luke has a lively interest in portraying various types of demonic affliction, both in possession and in illness. For example, he often blurs the line between healing and exorcism (4:38-39; 6:18; 9:42; 13:16). The overall impression is that Luke considers those who are ill and possessed to be under the control of Satan. Here the Beelzebul Controversy and the Strong Man parable (Luke 11:14-26) and Peter's sermon to the new convert Cornelius (Acts 10:38) give us clues to understand the Lukan community's view of healing. By healing, Jesus and his followers liberate or "release" people from a community associated with the demonic realm and bring them into a new community, the people in the kingdom of God. We can see that for Luke, healing is like an initiation rite, in that it is a corporate act that establishes a new social

⁹⁹ Or these statements may reflect already existing phrases in the community. See also Gabriel's announcement to Mary in Luke 1:25 "the Holy Spirit will come upon you, and the power of the Most High will overshadow you..." (discussed in Chapter Nine).

status. Luke demonstrates this view by noting how people fill new social roles within the community when they have been healed. Paul provides a key example in this regard, since his healing demonstrates that God has called him to be a “chosen instrument” to fulfill God’s will (Acts 9:15). Much of the rest of Acts describes how Paul goes on to fill this role. Others may become prophets or filled with the Holy Spirit as a result of their healing (1:5-25, 39-45, 57-79, cf. 9:17).¹⁰⁰ Some of the healed are described in terms that suggest they have become disciples (8:3; 8:35; 18:43), patrons or sponsors (8:3), or that they fill a community office (4:39). Other healed persons give testimony, praise and thanksgiving before the assembly (Luke 8:39; 8:47; 13:10; 17:15-16; 18:43). Still others, perhaps less articulate, fill the useful role of being public examples or “object lessons” in a preacher’s show-and-tell display of the healing power available within the community (5:25; 6:8; Acts 3–4 especially 3:9-10, 12, 16; 4:9-10, 14, 22; 9:35 and 9:42). Such examples, according to Luke, affect the crowd and may lead people to faith (Luke 4:36-37; 5:15; 5:26; 9:43; 11:14; 13:17; 18:43; Acts 4:4). In other words, in all these cases Luke makes a point of ascribing roles within the community for the newly-healed. We may wonder if the availability of such roles was a factor in people in Luke’s community realizing healing, such was the case in the groups we saw in Chapter Five.

Conclusion

Many of the features we have seen in the previous chapter on the redactional activity of the evangelist are repeated in the original material of Luke–Acts. There is client response to healing, involving acclamations and sometimes discipleship. Healing is associated with teaching: in the gospel Jesus uses healing to exemplify the kingdom of God, and in Acts the disciples use healings to attest to Jesus’ resurrection. Healings occur in a corporate context, are often associated with worship and sometimes with a meal. Healing involves a change of

¹⁰⁰ See also the accounts of Mary (Luke 1:26-38, 46-56), Simeon (Luke 2:25-35), and Anna (Luke 2:36-38) who have a physical change associated with their prophetic status.

community, as people move from the demonic realm of affliction to “health” in the therapeutic community of the people of God. People adopt new roles within that community, and the religious-social change in role is accompanied or marked by the physical change of healing. Healing or physical transformation also can be seen as proof of divine commission to a particular role, and it can be used in evangelistic efforts for its evidentiary value of the spiritual power at work in the community. The book of Acts has a particular emphasis on the followers of Jesus, who continue Jesus’ mission and who are commissioned to heal and teach. Acts also deals with affliction, as those who contravene group norms are portrayed as being punished by disease. In the gospel and Acts, the non-miraculous side of healing is manifested in charitable acts to the sick and poor, who are made part of the community.

In the next chapter I discuss the author and community of Luke–Acts. There are items in this area that offer explanations as to the evangelist’s particular view of healing.

Table 5: Healing and/or affliction accounts in Acts

Pericope	Text	Affliction	Healing
The fate of Judas +	1:15-20	•	
Apostles perform many signs and wonders	2:43		?
Peter heals cripple at Temple gate	3:1-10		•
Punishment of Ananias and Sapphira	5:1-11	•	
Apostles perform many signs and wonders	5:12		?
Shadow of Peter and other healings	5:15-16		•
Stephen performs signs and wonders	6:8		?
Philip performs signs, exorcises and heals	8:5-8, 13		
Paul's transformation	9:1-22	•	•
Peter heals Aeneas	9:32-35		•
Peter raises Tabitha/Dorcas from dead	9:36-43		•
Punishment of Herod	12:20-23	•	
Paul blinds Bar-Jesus	13:6-12	•	
Paul and Barnabas perform signs and wonders	14:3		?
Paul heals cripple in Lystra	14:8-18		•
Paul recovers from stoning attack	14:19-20		?
Paul and Barnabas relate signs and wonders done	15:12		?
Paul exorcises prophetic slave girl	16:16-18		•
Conversion of Jailer +	16:25-34		•
Miracles by Paul	19:11-12		•
Punishment of sons of Sceva	19:13-20	•	
Paul revives Eutychus ++	20:7-12	•	•
Paul's transformation, reiterated	22:6-16	•	•
Paul's transformation, reiterated	(28:12-18)		
Viper attacks Paul	28:1-6		?
Paul heals father of Publius and others	28:7-10		•

Sigla

- () does not mention affliction/healing
 ? passage is ambiguous, may refer to healing
 + not usually counted as a healing account
 ++ not usually counted as an affliction account

CHAPTER TEN: AUTHOR AND COMMUNITY

The author and audience of Luke–Acts

The author of Luke–Acts has an interest in healing. His distinctive view of healing includes seeing it within a corporate, worship context as an act like initiation that brings a person into a new relationship with God and a new status within the community. We get the impression that healing is practiced by the community addressed by the text, in a worship setting. We now turn to scholarship on the author and audience of the text. What do we know about either that would help explain and contextualize this view of healing?

The author

Little is known about the author. The texts themselves have no internal attribution, although they are both addressed to “Theophilus,” someone who is portrayed as being at least minimally knowledgeable about matters concerning Jesus and his followers. Early tradition associates the Gospel of Luke and the book of Acts with Luke the physician, the companion of Paul. I discuss this tradition below. In general terms and based on the evidence of the text, the author is someone who has a good knowledge of the traditions concerning Jesus and his first followers and a deep familiarity with biblical (LXX) texts. The author’s writing style and the content of his works reveal the work of someone who is comfortable dealing with Greek literature and rhetoric and wants his work to be seen on par with other Hellenistic literature.¹

Although some scholarship has characterized the author as a member of the upper-classes, I find more credible assessments in recent research that identify him as a member of the artisan class, likely a client of one or more elite patrons. Loveday Alexander has found similarities between the prefaces of the third Gospel and Acts and those in technical or professional monographs, and her research demonstrates that authors writing in this vein could

¹ These assessments are generally accepted in scholarship, see for example Fitzmyer 1981:35, Marshall 1992:37.

display competency in education and literary achievements, as does the third evangelist.²

Vernon Robbins notes that in Acts the evangelist displays an interest in the work of artisans and aspects of trade: such an interest is not usual among the upper classes, who typically either profess disdain for commercial matters or else ignore them.³ The substantial knowledge displayed by the author concerning matters of travel, especially sea voyages (ports, harbors, cargo, routes, schedules) suggests an itinerant artisan or trader. G. Horsely reviews Hellenistic epigraphic evidence which shows that some physicians were itinerant.⁴ Unlike the modern Western view of physicians as élite professionals, in the Hellenistic world a physician was usually considered to be a τέχνη (craft person, handworker).⁵

The author's ethnic background is a debated topic in scholarship. Most scholars estimate he is Greek, others see his interests as reflecting a Jewish background.⁶ Some recent scholarship suggests the evangelist may have been a Hellenistic Syrian Christian.⁷ This is in accord with

² Alexander 1986:48-74. She finds that Luke's prologue is typical of that in the *Fachprosa* (technical prose) that was aimed at the "middlebrow" segment of society: groups neither in the lower nor the upper class (pp. 60-61). She suggests that there may be a similarity between the class of the author and that of the intended audience (p. 66).

³ Robbins 1993:319-20. In Acts, the evangelist describes itinerant missionaries receiving hospitality at the homes of tentmakers (18:1-3), sellers of purple goods (16:14-15), and tanners (9:43; 10:6; 10:17-19; 10:32). There is interest in the commercial aspects of shipping (27:9ff.), book production (19:19), and silversmithy (19:23-27). The text's tacit approval of Paul's admission that he worked with his own hands (20:33-35) and the note that Paul had to pay for his own dwelling (28:30) are also not typical of a work from an élite perspective. Cf. Alexander 1986:70.

⁴ Horsely 1982:19-21, see also Marx 1979:171.

⁵ E.g., the anti-Marcionite prologue to Luke states that Luke was a physician by trade (ἱατρὸς τῇ τέχνῃ). Cited in Conzelmann 1987:xxxii. For a discussion of Hellenistic physicians as a trade guild with Asclepius as their patron, see Edelstein 1945b:53-64.

⁶ For example, Fitzmyer (1981:41-42) finds that the author was Gentile, Ellis (1974:52-53) estimates he was Jewish. But even those who propose a Jewish background agree that the author could not have been a native Palestinian: his knowledge of that locale is inadequate. So Fitzmyer 1981:35, Munck 1967:xxix.

⁷ Marshall (1978:35) notes that although Luke's use of Mark may indicate a connection with Rome, his use of Q may indicate a Syrian environment. Fitzmyer (1981:42) argues the author was Luke the physician, a non-Jewish Semite from Antioch. Cf. Ellis 1974:53, 61.

early tradition which identifies the author (putatively Luke the physician) as a native of Syrian Antioch.⁸ Antioch was a prominent city in the Roman empire, with a mixed population of native Syrians, Jews, and various Greek groups: such a setting is consistent with what we can infer about the setting and intended audience of Luke–Acts.⁹ The internal evidence in Acts supports an Antiochene connection. The author shows a special interest in and knowledge of the Antioch church, at least in its early phase. He gives a more complete account of the founding of the church of Antioch than any other Gentile church (1:19–26), he is acquainted with interesting details concerning the group there (e.g., 11:26), and he pays particular attention to its early leaders (e.g., 13:1), especially Barnabas.¹⁰ Harnack (1909:20–24) offers considerable evidence that Acts displays a distinct affinity to Antioch. At the very least an Antiochene source for portions of Acts must be supposed.¹¹ A Lukan interest in and influence from Antioch is interesting, given the distinctive presence of “medical” imagery in the discourse of Syriac Christianity during the patristic period (see my discussion of Syriac Christianity in Chapter Eleven). Does this reflect a trend or distinctive regional emphasis, one that is suggested in Luke–Acts and becomes fully developed in later texts? This is an intriguing possibility.

There are two other areas relating to the author of Luke–Acts that deserve mention. The first is that there is a special interest in prophecy and the effects of the Holy Spirit in the text. E. Earle Ellis makes the credible suggestion that the evangelist may have had contacts with a network of charismatic Christians and perhaps even practiced such a ministry himself (Ellis 1974:28–29, 54). Stephen Wilson (1979:58–59) points out that in Acts, prophets play important roles in the early Christian community. The prophetic connection is supported by some early

⁸ Anti-Marcionite prologue to Luke: “Luke, a Syrian of Antioch by nation....” This identification is affirmed by Eusebius and Jerome, however these writers may be reiterating the prologue rather than providing independent evidence. Harnack (1909:4) argues that Eusebius and the prologue reflect a common ancient source.

⁹ Fitzmyer (1981:44), citing Josephus *Jewish War* 3.2, 4, 29 (LCL) on Antioch.

¹⁰ Bruce 1990:9, Fitzmyer 1981:46.

¹¹ Dupont (1964:62–72) has a full review of the case for an Antiochene source. See also Munck 1967:xlii.

traditions which discuss Luke the physician and evangelist as a prophet or a person who had the Holy Spirit.¹² The prophetic role is compatible with that of the religious healer, as the shamanistic studies of Chapter Five show. We have also seen prophecy or oracles and healing combined in the Asclepius cult, as I discussed in Chapter Six.

The second area is an assessment by some scholars that the author who wrote the third Gospel and Acts also was responsible for the Pastoral Epistles.¹³ There are some interesting affinities between Acts and the Pastorals: both have a concern with divisive teaching in the group (1 Tim 1:3-7; 4:1-3; 2 Tim 3:1-8; Titus 1:6-16; Acts 20:28-31), an interest in the prophetic office (Luke–Acts *passim*, 1 Tim 1:18; 4:13-14), and references to the ritual imposition of hands in connection with gaining the Holy Spirit and adopting roles in the community (Acts 6:6; 8:17-19; 9:12, 17; 13:3; 19:6; 1 Tim 4:13-14; 5:22; 2 Tim 1:6-7).¹⁴ The concept of a calling or commission to office, which we have seen throughout Luke–Acts, is found in the Pastorals (2 Tim 1:9). Fairly general references in Acts to what we might term proto-offices in early Christianity (e.g., deacons, elders, bishops) are matched in the Pastorals, although the latter texts move closer towards advocating the institutionalization of group roles.¹⁵ The concern in Luke–Acts to promote charitable care for the poor and afflicted is also in the Pastorals (1 Tim 5:10; 6:18). Even the interest in healing that pervades Luke–Acts has a counterpart in the Pastorals, as the latter contains the only “medical” prescription in the New Testament (1 Tim 5:23)!¹⁶ The

¹² Anti-Marcionite Prologue “Luke was full of the Holy Ghost,” and Origen *Hom. in Luc* (FC 94) alludes to prophets. Cited in Cadbury 1920:227-33, 243-45.

¹³ Although this is a minority assessment, it continues to receive attention. See Quinn 1978, Wilson 1979.

¹⁴ On the imposition of hands in Acts and the Pastorals, see Wilson 1979:59.

¹⁵ See references to bishops (1 Tim 3:1-7; 2 Tim 1:5-9), elders (1 Tim 5:17-22; 2 Tim 1:5-9), widows (1 Tim 5:3-16) and the role of women generally (1 Tim 2:8-15), deacons (1 Tim 3:8-13). Wilson 1979:61 finds only a low order of institutionalization in the Pastorals. On institutionalization in Acts, see Fitzmyer 1981:25-26.

¹⁶ Aside from this mundane statement, the author may also have in view charismatic healing. The “gift” of the Spirit or of God (χάρισμα) gained through the laying-on of hands (1 Tim 4:13-14; 2 Tim 1:6-7) is not spelled out. It

Pastorals, like Luke–Acts, likely come from a second- (or third-) generation Christian with some Pauline connection or interest, and are addressed to a similar group (Quinn 1978:63).

The Gospel and the book of Acts are identified with Luke the physician in early Christian tradition. Cadbury usefully has collected the relevant material (1920:209-246).¹⁷ The earliest clear statements are from the late second century. The Muratorian Canon is a list of what was considered scripture in the church at Rome, and it is thought to date ca. 170 CE (Cadbury 1920:255). It notes that the third Gospel and Acts were written by Luke the physician and companion of Paul. The inscription “Gospel of Luke” is found in P⁷⁵, the oldest extant manuscript of the Gospel, a papyrus codex dating from 175-225 CE (Fitzmyer 1981:35-36). Irenaeus (ca. 180 CE) and Clement of Alexandria (late second century), each mention that Luke, a fellow-worker of Paul, wrote the Gospel and Acts.¹⁸ The anti-Marcionite prologue to the Gospel describes the author as follows: “Luke, a Syrian of Antioch by nation, by profession a physician [ἰατρὸς τῇ τέχνῃ], a disciple of the apostles, later followed Paul....” It notes that he wrote the Gospel in Achaia for the instruction of the Greek faithful.¹⁹ Assessments of the date of this last document vary: Cadbury thought it was around 330 CE, but some recent scholarship has

likely includes prophecy in connection with a church office (so Wilson 1979:58). But in Pauline circles, healing was also considered as an example of such a gift (1 Cor 12:9) and it was the duty of a particular group (1 Cor 12:28).

¹⁷ See also Conzelmann 1987: xxxi-xxxiii.

¹⁸ Irenaeus, *adv. Haer.* iii.1, iii.14.1-4 (ANF 1); Clement of Alexandria *Strom.* v.12, *Adumbr. in I Petr.*, cited in Cadbury 1920. Irenaeus quotes and paraphrases portions of Acts and the Gospel of Luke at length, in order to refute the teachings of Marcion and Valentinus. Clem. Alex. also claims that Luke translated Paul’s letter to the Hebrews. Ellis (1974:41) correctly points out that Irenaeus is not arguing for Lukan authorship, he is stating it as an accepted fact. So the accepted tradition must be at least somewhat older than Irenaeus.

¹⁹ Conzelmann 1987:xxxii. It also notes that Luke was the third to write a Gospel, following those of Matthew and Mark, and that he wrote Acts. The intent behind the instruction was to prevent credence in Judaizing doctrines and other “heretical fables.”

pushed it back to pre-Irenaeus (mid to late second century).²⁰ Third to fifth century patristic writers who affirm Luke's authorship such as Tertullian, Origen, Eusebius and Jerome follow (and likely draw on) the late second-century traditions noted above rather than offer independent evidence.²¹ What is the value of this evidence? Cadbury takes a critical view. He finds that it is not external evidence, but merely inferences and conjectures from the text, drawn by patristic writers who were anxious to establish the text's canonicity by ascribing to it a name and some kind of apostolic connection.²² Others view the tradition as being as reliable a piece of evidence as any we possess from that time period, and accept it in lieu of any better data.²³ I cautiously favor the latter approach.

Luke the physician is referred to three times in New Testament Pauline material: Paul's epistles (Philemon 24), Deutero-Pauline (Col 4:14) and Pastoral works (2 Tim 4:11).²⁴ The impression we get from these brief references is of a companion and co-worker of Paul.²⁵ The description of him as "physician" (ιατρός) could mean he was a Hippocratically-trained doctor or some other kind of healer.²⁶ The above features are in accord with the early traditions on the

²⁰ The date is debated, see Munck 1967:264. Fourth century: Cadbury 1920:242-43; second century: Bruce 1990:1, Conzelmann 1987:xxxii, Ellis 1974:40, Fitzmyer 1981:38, Munck 1967:xvii. If this indeed is an anti-Marcionite document then a time frame as early as 145-155 CE is possible.

²¹ Tertullian *adv. Marc.* iv.2 (ANF 3), Origen quoted in Eus. *H.E.* vi.25 (NPNFC 1/FC 19, 29), Origen *Hom. in Luc.* (FC 94), Eusebius *H.E.* iii.4 (NPNFC 1/FC 19, 29), Jerome *Comment on Isaiah* iii.6, *Epistle* xx.4; liii.9, *de Viris Illustribus* vii, *Preface to the commentary on Matt.* Eusebius *H.E.* 3.4.6 is the next attestation of Luke's Antioch connection (mid fourth-century). Cited in Cadbury 1920:232-35.

²² Cadbury 1920:246-264. His case is strengthened by positing only one primary tradition, that recorded in the Muratorian Canon. As noted above, his late date for the anti-Marcionite prologue has been rejected.

²³ Ellis 1987:41-42, 50; Marshall 1978:33-34, Fitzmyer 1981:40-41, Morris 1974:22, Munck 1967:xxxiii.

²⁴ Philemon 24 names Luke as one of Paul's co-workers (συνεργοί). Col 4:14 speaks of Luke the "beloved physician" (ὁ ἰατρός ἀγαπητός). 2 Tim 4:11 states that at the time of writing the letter only Luke was with Paul.

²⁵ Harnack (1908:3) estimates that Luke was not only a physician but *Paul's* physician: such a relationship may be implied in the term "beloved" (ἀγαπητός).

²⁶ See J. Pilch's discussion (1990:192-200) of professional, popular, and folk healing in the world of Luke-Acts.

author of Luke–Acts and have undoubtedly influenced them to some extent. These traditions would probably be accepted by modern scholars, except for some problem areas. The presentation of Paul in Acts seems at variance with Paul's own writings. For example, in Acts Paul is presented as a miracle-worker and great orator, yet his letters give the opposite impression. However, these differences may be overdrawn.²⁷ Similarly, the theology of Paul in Acts seems to differ from that in his epistles: for example, in Acts he is shown as being much more accommodating to Jewish law than he is in his epistles.²⁸ Scholars ask how a companion of Paul could produce a document so at odds with Paul's epistles. This is a thorny and much-debated issue which I do not discuss in detail. However, I note the following. It is not an inviolate law that a person's companion must produce a portrait identical to that drawn by the person himself. Both authors have an agenda, both may be dealing with specific issues and both may select images to deal with those issues. Of course in assessing the history of Paul, priority must be given to Paul's writings: they are earlier than Acts and are a primary rather than secondary source. But this does not mean we should abandon the possibility that a companion of Paul wrote Acts, or at least that the evangelist draws substantially from such a source. Some scholars make the credible assumption that the author of Luke–Acts (here, Luke the physician) was a companion but not a disciple of Paul. In other words, Luke had been a Christian prior to meeting Paul, had not been instructed by him, and thus was not deeply influenced by Paul's

²⁷ Paul's letters also make reference to his miraculous powers (Rom 15:18f.; 1 Cor 5:14f; 2 Cor 4:7; 12:9; 12:13; 13:4; 1 Thess 1:5). Ellis trenchantly notes that in Acts, "Paul's oratory leaves the Athenians unmoved, gives Festus the impression that Paul is mad, puts Eutychus to sleep, and otherwise fails to hold his audience (Acts 17:32; 26:24; 20:9; 14:4; 22:22; 23:1f.). These texts are hardly consonant with the presentation of an 'outstanding orator,' and other texts are also suggestive of persistence than of eloquence." See Ellis 1974:46–47. On Luke's use of Pauline traditions, see Lüdemann 1988:113–114, Beck 1983:214; Eslin 1938:83–84, Brodie 1984:37. A good review of the issue is in Marshall 1990.

²⁸ See Emmet 1920:265–297.

theology.²⁹ As we will see, Luke–Acts may have been written prior to the collection of Paul’s epistles being widely available as a source. Indeed, the difference in theology between Luke and Paul can be used as an argument in favor of authorship by a companion of Paul: only a companion could write so extensively about Paul without needing to refer to Paul’s writings (Morris 1974:21).

The traditional identification of Luke the physician as author of the third Gospel and Acts was generally accepted until the mid 19th century. Then, the Tübingen school of historical-critical exegesis, led by F. C. Baur, argued that Acts was not historical at all but rather a conciliatory work of religious propaganda intended to smooth over divisions between Gentile-Hellenist (Pauline) and Jewish (Petrine) factions in early Christianity.³⁰ Part of this thesis entailed a refutation of the authorship of the text by Luke (or for that matter, any companion of Paul). Debate on this thesis occupied scholarship for decades, and continues to the present.

Some scholars who were intent on asserting the historicity of Acts—and the Lukan authorship of the text—developed what can be termed the “medical language” defense. In essence this theory holds that the text of Luke–Acts contains a preponderance of terms which are taken from Hellenistic medical discourse. The use of such technical terms in Luke–Acts, according to adherents to the theory, implies that someone with medical training must have written those texts. Luke the physician is the logical candidate for such authorship, since he is attested in Pauline tradition as a physician and companion of Paul and he is identified as the author of the texts in early tradition. The medical language defense originated in a detailed book by William Hobart, *The Medical Language of St. Luke* (1882). Hobart compared Luke–Acts with Greek and Hellenistic medical writers such as Hippocrates (460–357 BCE), Aretaeus (first cent. CE), Galen (130–220 CE), and Dioscorides (1–2 cent. CE). In Hobart’s opinion, the evangelist displays a preference unique in the New Testament for technical medical terms, not

²⁹ Ellis 1974:50, Morris 1974:19–21.

³⁰ Munck 1967:lv, Windisch 1920: 298–99.

only in his descriptions of healing accounts but throughout his text (Hobart 1882:xxx-xxxvi). William Ramsay (1908), a staunch defender of the historical value of Acts, found much to commend in Hobart's theory. Adolf Harnack (1909) sifted through Hobart's mass of evidence, picked out and added to the strongest elements. Harnack also noted that in many matters such as philosophy, rhetoric, and law, the evangelist displays the average interest of any educated Hellenistic writer, but in medical matters he displays a particular interest.³¹

In the minds of many scholars, the medical language defense was dealt a fatal blow by Henry Cadbury. In a series of essays, Cadbury exposed a methodological weakness in Hobart's (and Harnack's) thesis.³² Hobart had compared one group of writings (Hellenistic medical texts) with Luke-Acts, and found similarities between the texts in terms of specific words used. But although he assumed that Luke-Acts belonged to the same small group that produced the medical texts (i.e., physicians), an equally plausible explanation is that *both* medical texts and Luke-Acts belong to a larger category: texts produced by educated Hellenistic writers. Cadbury examined the words that Hobart and Harnack had asserted were distinctive to medical circles, and he demonstrated that they are equally present in non-medical texts such as the LXX and those by Plutarch, Lucian and Josephus. In fact, Cadbury refuted the entire notion that there was a distinctive vocabulary of first-century medical technical terms. Given the very detailed work done by Hobart and Harnack on Luke's vocabulary, it is unfortunate that the medical language argument has largely been abandoned. It continues to interest some scholars who find that it lends support, if not proof, to the early traditions concerning Luke the physician.

We owe Cadbury a great deal for clarifying the medical defense issue. However, all that Cadbury proved was that medical language in and of itself cannot be used as evidence of authorship. Cadbury did not, and could not, prove that a physician did *not* write Luke-Acts. The issue of the Lukan *interest* in healing (apart from his choice of words) remains largely

³¹ Harnack 1909:16, 175-76. See also Naylor 1909.

³² Cadbury 1919, 1926, 1920:349-59.

unanswered. Some recent scholarship continues to hold out the possibility that the author was a physician or healer.³³ For my own part I find it credible that someone not only interested in but associated with healing wrote Luke–Acts. Whether or not that person was Luke the physician is another matter; he may have been. But even if the evangelist was not that physician, he may have been a “healer” in a broader sense of the term. Perhaps he (or she) was an associate of Luke, even a healing assistant. If we assume that a “healer” was responsible for the collection, editing and composition of Luke–Acts, then that would go a long way toward explaining the presence of the abundance of healing material we see there (concerning not only Jesus but his followers) as well as explain why the text soon after its composition was attributed to the only known early Christian physician. If Luke–Act’s accounts about prophetic activities suggest that the author was part of a network of prophets, then it is credible to propose that the accounts of healings by Jesus’ followers suggest the author’s membership in a network of healers.

Date of the text

As is typical with New Testament texts, ascribing a precise date to Luke–Acts is a controverted matter.³⁴ There are two parameters to the text which are not in dispute. The earliest date relates to the last event mentioned in Acts, Paul’s imprisonment in the early 60s of the first century. The latest date is mid second century, when Luke–Acts appears in other works of that period, either in citation, allusion or quotation. The similarities of late first- and early second-century patristic texts to Luke–Acts are brief and difficult to assess conclusively: they may be quotations or they may merely reflect a common background of stock phrases in early Christianity.³⁵ We are on more secure footing as we move further into the second century.

³³ Munck 1967:xxxiii, Marshall 1978:34, Marx 1979-80:168, Horsely 1982:19-20, Hogan 1982:246.

³⁴ See Hermer 1990 for a detailed survey of scholarship on the date of Acts (and the third Gospel).

³⁵ These include *1-2 Clement*, Polycarp *Phil.*, *Barnabas*, *Didache*, *Herm. Sim.*, *Justin Apol. 1-2*. These references are helpfully compiled and discussed in Conzelmann 1987:xxvii-xxxi. Bruce (1990:10) finds the similarities in Ignatius, Polycarp, and Hermas more secure than those in *Clement*, *Barnabas*, the *Didache*.

Marcion abridged Luke's Gospel in his proposal for a canon of Christian scripture sometime between 135-144 CE, so Luke's Gospel must have existed some time prior to that period. As noted above, by around 180 Irenaeus quotes extensively from the third Gospel and Acts, and the Muratorian Canon discusses these texts as canonical. In both cases, it should be assumed that Luke-Acts had been in existence for at least twenty years in order for it to be so quoted or assessed. By 180 Acts is clearly cited in the account of the martyrs of Lyons, and late second-century apocryphal Acts (e.g., *Acts of Peter*, *Acts of Paul*) presume the existence of canonical Acts.³⁶ The text was known and circulating by the second half of the second century.

Narrowing the date of the text down beyond the above parameters becomes difficult. There are two sets of criteria often used in assessing the date of Luke-Acts. The first has to do with the text's stance towards certain critical issues in the first century such as the Neronian persecution of Christians in Rome (64-65 CE) and the outbreak of the Jewish war against Rome with the accompanying destruction of the Jerusalem temple and siege of the city (66-70 CE). The second factor is Paul and Pauline traditions in the text. Does the evangelist know of the fate of Paul after his imprisonment in Rome around 62 CE? Does he know Paul's epistles and theology?³⁷ In fact, could he have known Paul?³⁸ Based on opinions on these issues, scholarly estimates as to the date fall into three time frames.

The first suggested date is in the early 60s of the first century. Those scholars who identify the author as a companion of Paul and who estimate that there is great historical value in Acts favor this period.³⁹ Arguments in favor of this date are: it is possible for a companion of Paul to have written the text. It predates the destruction of the Jerusalem temple and the siege of Jerusalem, as well as the outcome of Paul's imprisonment. It predates the publication of Paul's

³⁶ Conzelmann 1987:xxxi, Bruce 1990:11.

³⁷ Collections of Paul's epistles in a *Corpus Paulinum* format appeared around 90-100 CE. See Bruce 1990:12 and discussion below.

³⁸ Estimates as to the life span of a companion of Paul vary, usually ending around 80-90 CE.

³⁹ Hermer 1990:373. Hermer (1990: 408) favors Acts ca. 62, the third Gospel later; see also Munck 1967:liv.

letters. Since it predates the Neronian persecutions, the text's generally positive view of Rome is easily explained. A major argument against this date is the dependence of Luke on Mark's gospel. Since Mark is usually dated in the late 60s, it is unlikely that Luke's gospel could be earlier than one of its sources.

The second suggested date is around 75-80 of the first century. The historical value and Lukan authorship of Luke-Acts is still a factor but not central for scholars who propose this date. Arguments in favor of this date include: there appear to be references to the siege of Jerusalem in the third Gospel. It is still possible for a companion of Paul to have written at this time. This period predates publication of Paul's letters; in fact publication of Acts may have renewed early Christian interest in Pauline traditions and spurred the collection and publication of his epistles. This date fits in with the synoptic dependency issue and the two-source hypothesis (Luke's use of Mark and Q). Luke alludes in 1:1 to other accounts of Jesus (presumably including Mark and Q). Since Mark usually is dated no earlier than 65 (the inception of the Jerusalem war), a date ten to fifteen years later for Luke's gospel is likely. There are arguments against this date. The lack of mention of Paul's fate is more difficult to explain if the event had happened (see my discussion below). The positive view of Rome in the text seems at odds with the Neronian persecution. On this point, Ellis correctly notes (1974:58) that Luke's gospel gives indications of some sort of contemporary persecution which caused apostasy and expectations of Jesus' parousia (12:1-10; 13:34; 18:1-8; 21:19; 22:28). The only candidates for this type of persecution are those experienced under Nero (late 60s) and Domitian (90s). The latter date is too late: by the second century such Jewish-Christian topics such as Jerusalem, food laws and circumcision would not have been a focal-point of Christian interest the way they are in Luke-Acts.⁴⁰ A date for the third Gospel post-70 CE, and Acts subsequently, fits many criteria.⁴¹

⁴⁰ Esler 1987:44-45, Ellis 1974:59.

⁴¹ So Conzelmann 1987:xxxiii, Bruce 1990:17-18. Fitzmyer (1981:57) estimates 80-85 CE, Esler (1993:44) suggests 85-95 CE.

The third suggested date is early to mid-second century. This is a minority view. Those who see the evangelist as a third-generation theologian with little contact to historical facts favor this date (Hermer 1990:373). An argument for this date is that there is no conclusive external attestation of the text prior to the mid second century. Townsend (1984) cites similarities to the Pseudo-Clementine traditions in support of this proposal. However, the third gospel can be no later than ca. 120 because Marcion takes an already-existing and known Lukan gospel and edits it sometime between 135-144.⁴² Another argument against this date is that it is after the publication of Paul's letters, yet Acts displays little sign of having used them as a direct source.

I now explore in more detail two major issues concerning the dating of Luke-Acts: Jerusalem and Paul. Luke makes three references to the destruction of Jerusalem, and these are framed as prophetic pronouncements by Jesus. The first likely comes from the Q source: in Luke 13:34-35 Jesus denounces Jerusalem and declares that its "house is forsaken."⁴³ The second is material unique to Luke's Gospel: in Luke 19:43-44 the author has Jesus describe siege embankments and the destruction of the city. This situation is consistent with what happened under Titus in 70 CE. The third passage is Luke 21:20-24. When we compare this passage to its Markan counterpart, we see that it is more explicit and gives the impression of being written more after the event than the one in Mark: Jesus speaks of "Jerusalem surrounded by armies" and the city being "trodden down by the Gentiles."⁴⁴ Some scholars attempt to explain these passages in Luke as merely reflecting general phraseology about the destruction of Jerusalem (a recurring theme in the prophetic writers of the LXX) and the realities of siege warfare in the ancient world, rather than descriptions of the actual event (Munck 1967:xlvi). These arguments amount to special pleading to allow for an early date (prior to the event) and ultimately fail to convince. While Luke's description likely has been shaped by the LXX, the simplest

⁴² Cadbury 1920:358, Koester 1982b:329.

⁴³ Compare with Matt 23:37-39. Fitzmyer (1981:54) finds this to be a statement on the fall of Jerusalem.

⁴⁴ Compare Luke's version with Mark 13:14-20 (#290 *Desolating Sacrilege*).

explanation is that he has the event in view and redacts the Markan material in light of it (Fitzmyer 1981:54). If Mark is writing during the event or in its immediate aftermath (ca. 65-70 CE) then Luke must be writing at least five to ten years later. The date for Mark fits into a widely accepted assessment for that text, and puts Luke–Acts around 70-75 CE at the earliest.

The second factor is the role of Paul and Pauline traditions in the text. I have mentioned explanations that deal with differences in Paul's portrait and theology. Other specific issues must be dealt with. There is the issue of Paul's imprisonment. Acts does not describe the ultimate fate of Paul, leaving him imprisoned but preaching freely in Rome. Some scholars therefore estimate that the evangelist wrote Acts prior to Paul's execution (ca. 63 CE), and the earliest date for the text thus also becomes the latest date. If this is the case, then we run into problems with the Jerusalem issue discussed above. A more likely explanation is that the author knows of the event but chose not to mention it, since that would have ended his work on a negative note. The departing programmatic instructions of Jesus to his disciples (Acts 1:8) are that they should preach to Judea, Samaria and the ends of the earth.⁴⁵ Instead of mentioning Paul's death, Acts concludes positively with the above mission well under way. The issue of the evangelist's use of Pauline materials is a more difficult one to assess. There does not appear to be a direct literary dependency between Acts and the Pauline epistles.⁴⁶ Sometime between 90–100 CE, a collection of Paul's epistles (*corpus Paulinum*) circulated through the churches. It seems unlikely that a researcher with historical aspirations would fail to consult such a source.⁴⁷

My estimation is that the middle date is to be preferred. There are some attractive arguments for an early date, since it would explain some omissions in the text. But the issue of Synoptic dependence is central, so the third gospel must follow sometime after Mark. Also, the reference to the siege of Jerusalem is likely a description of the event rather than a stylized

⁴⁵ See the similar injunction to Paul in Acts 13:47.

⁴⁶ Munck 1967:xlix. Some scholars find that the author of Acts did use the epistles. There is a certain agreement on events between the texts, and other differences are explained as creative reworking. See Beck 1983:213-218.

⁴⁷ Bruce 1990:12, Quinn 1978:74.

prediction. On the other side, a late date in the middle of the second century is too cautious. The middle date is generally accepted by majority of scholars. The only major objection against the middle period is the lack of mention of Paul's fate, and this can be explained by the author's intent. What is significant about the middle date is that it is a time when Jewish-Christians might still be members (although no longer the majority) of many Christian groups. The composition of the group has social implications, as I discuss below.

Location of the text

Under this heading I consider both the provenance and the intended audience of Luke–Acts. These two issues are not necessarily related, but they may be. The impression we get from the text is that it reflects an urban setting in the Hellenistic world. According to the same early traditions that ascribe the authorship to Luke the physician, the provenance of the text is variously given as Antioch, Rome, Achaia, or Boetia. Modern assessments tend to be general, looking at a Hellenistic city in the Roman empire, perhaps Caesarea or Ephesus. Many commentators do not address the issue of the text's specific provenance or location of the intended audience, or else they assume a general audience.⁴⁸

As far as the community behind the text goes, any consideration of this issue should start with the prologues and dedications (Luke 1:1-5; Acts 1:1). Whatever additional information we may glean from between the lines of the rest of the text, these initial passages give us clues to how the author wants his audience to understand the text. The Gospel is dedicated to the “most excellent” (κράτιστε) Theophilus. The term “most excellent” is an honorific title for a socially prominent person, usually someone in the upper or élite class.⁴⁹ Use of such a title, especially in a literary dedication, implies a patron–client relation between the author and the addressee.⁵⁰ Is

⁴⁸ Munck 1967, Fitzmyer 1981:57.

⁴⁹ See Acts 26:25.

⁵⁰ Ellis 1987:66-67, Marshall 1978:43, cf. Fitzmyer 1981:299-30. Literary patrons defrayed the cost of composing and publishing a work, and received a copy for their private library.

Theophilus a real person or a type? We cannot say with certainty, but even if we assume he was an actual person, that does not preclude him being a representative of others. Is there any significance in his name, which means “beloved of God?” It is an appropriate name for someone to whom a religious monograph is dedicated.⁵¹ The name is common in Hellenistic times, being used by both Gentiles and Jews. We cannot determine ethnic background on the basis of it.⁵²

In the gospel, the evangelist mentions the precedent of many others (πολλοὶ) prior to himself who had compiled written narrative accounts (διήγησιν) of the events that took place among them (1:1).⁵³ Use of the phrase “among us” (ἐν ἡμῖν) implies that the author (and presumably Theophilus) is a member of the Christian community.⁵⁴ In 1:2 the author mentions traditions that have been handed down by eyewitnesses (αὐτόπται) and “servants of the word” (ὑπηρεταὶ γινόμενοι τοῦ λόγου).⁵⁵ The evangelist assures Theophilus that he has “accurately investigated” (παρηκολουθηκότι... ἀκριβῶς) the data in order to write an “orderly account” (καθεξῆς... γράψαι), so that Theophilus may know the certainty (ἀσφάλειαν) of the things he had been taught (κατηχήθης). The more brief dedication in Acts (1:1) mentions the “first account” (πρῶτον λόγον) the author had made for Theophilus, implying that Acts is a sequel to that account. In summary, in the prologue to the Gospel the author presents himself as a historian who has carefully collected and systematically arranged traditions from reliable sources in order that his audience may be instructed further and at the same time be reassured as to the

⁵¹ Origen thought the name had metaphorical importance, see *Hom. in Luc.* (FC 94). Cited in Cadbury 1920:233.

⁵² Ellis 1987:66, Marshall 1978:39, Fitzmyer 1981:299. Cadbury 1920:507-508.

⁵³ Among these would be Mark and the author(s) of Q. So Ellis 1987:65, Marshall 1978:41, Fitzmyer 1981:291.

⁵⁴ See also 1:2, “delivered to us,” and 1:3 “to me also” (ἐμοί). Marshall 1978:41, Fitzmyer 1981:293-94, 300. Ellis (1987:65) argues for second-generation Christians, Fitzmyer (1981:289, 293) sees third-generation.

⁵⁵ The generally held assumption here is that the “many” mentioned previously are to be distinguished from the eyewitnesses, and that Luke is not making a claim that he himself was an eyewitness for (most of) the gospel events. Thus he is a second- (or perhaps third-) generation Christian. Ellis 1987:64-65, Marshall 1978:42. As to whether the evangelist is making a distinction between the eyewitnesses (first-generation?) and the servants of the word (second-generation?), see Fitzmyer 1981:294-95, Cadbury 1920:498-99.

accuracy and meaning of what they had already been taught.⁵⁶ It is reasonable to assume therefore that the text would have had primarily a didactic and theological purpose, and it is most likely directed towards those who had received some (perhaps preliminary) instruction in Christian traditions.⁵⁷ It is also likely that the author would seek to legitimate contemporary community practices by portraying the founders of the faith engaged in the same activities as those of his audience. As I have noted, myths and texts exist in relationship to their community, affirming and shaping group beliefs and actions. For healing, what this means is that there may be a relationship between the acts of Jesus and his followers and the acts of Luke's community. By examining the narratives of Luke-Acts, we may be getting glimpses of the Lukan group.

What we infer about the audience of the text matches the glimpses of Theophilus we see in the dedication. Given the author's interests and the topics in the text, the following are reasonable assumptions to make.⁵⁸ The audience appears to be located in urban rather than rural settings.⁵⁹ It is a Christian rather than pagan group. The purpose of the text is primarily (though

⁵⁶ See Ellis 1987:64, Marshall 1978:39-40, Fitzmyer 1981:288-89. On the historical aspect, a comparison with the similar prologues to the two-volume work of Josephus (*c. Apion* 1,1; 2,1 LCL) is useful. Luke-Acts has been analyzed by modern scholars as belonging to a variety of genres: historical monograph, technical tract, biography, romantic novel. I find that Luke-Acts combines elements from all the above genres. It is primarily in the form of a historical monograph, but its historical elements have been shaped by an overarching theological concern. On the genre of Luke-Acts, see Pervo 1987:1-11, Palmer 1993, Alexander 1993, Conzelmann 1987:xl-xli.

⁵⁷ This is the generally accepted interpretation. See Ellis 1974:60, Marshall 1978:43-44. Some (e.g., Cadbury, 1920:490, 510) have suggested that Luke is referring to rumors that non-Christians have heard concerning the Christians, and that the two-volume work is an apologetic refutation of these rumors. While there is an apologetic aspect to Luke-Acts, the bulk of the material is too theological to be of interest to a non-Christian audience. See Fitzmyer 1981:289-90, 300-301.

⁵⁸ Here I am largely in agreement with the careful assessments made by Philip Esler (1987). See also Robbins 1993:305-332.

⁵⁹ Robbins (1993:318) states, "a look at the mixture of population in Luke-Acts suggests a social location of thought among the mixed population found in cosmopolitan cities in the eastern Mediterranean." See also Marshall 1978:33.

perhaps not exclusively) didactic rather than apologetic; it is first directed to Christian circles rather than towards non-Christians (Marshall 1978:35). The audience likely is comprised of a mixed population: it is primarily made up of Gentiles, but some Jewish-Christians may have been involved in the community (perhaps even holding important positions or at least setting the agenda for some issues).⁶⁰ Most significantly, the audience appears to have been a mixed socio-economic group. That the text is addressed to élite and educated readers is evident from the formal style of the Gospel's prologue and the evangelist's literary flourishes and forays into good quality Greek language and rhetorical style throughout the text.⁶¹ At the same time, as I discuss below, there is enough material directed at, or sympathetic towards, the non-élite or even poor of society to make us suspect that they have some part in the community of the text, even if they may not have been its readers.

Scholars have identified the contrast between the rich and the poor, and injunctions concerning the proper use of possessions, as important themes in Luke-Acts.⁶² When the evangelist refers to riches and poverty he is not speaking in a spiritualized or metaphorical way.⁶³ He is using these terms in their literal sense to refer to social and economic realities: the "rich" are the haves, and the "poor" are the have-nots of society. When Luke refers to a "poor" person he uses a word that refers to the most extreme example of poverty: he talks of one in utter

⁶⁰ See Moscato 1976:359-61, Robbins 1987:318, Ellis 1974:61, Pervo 1990:13-14. Marshall (1992:38) notes that we do not know of any first-century churches that were exclusively Gentile, so there must have been at least some Jewish Christians in the group. Fitzmyer (1981:59) characterizes the group as Gentile Christians in a predominantly Gentile setting, with some Jewish Christians and Jews on the scene.

⁶¹ Ellis 1974:64, Fitzmyer 1981:287-88

⁶² Esler 1987:169-195; Braun 1995, Karris 1978, Pilgrim 1981, Schottroff and Stegemann 1986.

⁶³ As Matthew does. As an example, compare Matthew's version of the Beatitudes with Luke's (*#51 Beatitudes*, Matt 5:3-12; Luke 6:20b-23). Matt speaks of being poor "in spirit" and hungering "for righteousness." Luke either retains the literal emphasis of this tradition from the Q source or else adds it: in either case it is the Lukan perspective. See Esler 1987:181, Pilgrim 1981:58, 75-76.

destitution (πτωχός) rather than the working poor (πένης).⁶⁴ Luke also associates the ill with the poor, and in doing so the evangelist was following a conventional understanding in Hellenistic thought.⁶⁵ In the ancient world, the ill and handicapped would tend to be poor, because their ability to earn a living and sustain themselves would be diminished.⁶⁶ Luke provides examples of poverty linked with sickness: the blind beggar (Luke 18:35-43), Lazarus the beggar who is covered in sores (Luke 16:20-21), and the crippled beggar (Acts 3:1-10), as well as rhetorical juxtapositions of the poor and sick (Luke 4:18f; 7:22; 14:13, 21).

So far I have been following a standard assertion in scholarship. Where I part company with a few commentators is on the position of the poor in Luke's community. I argue that some poor were members of that community, not just recipients of charity who were beyond the pale.⁶⁷ There is no doubt that much of Luke-Acts is primarily addressed to the rich: warnings and injunctions concerning the proper use of possessions imply that one has possessions to use.⁶⁸

⁶⁴ Luke 4:18; 6:20; 7:22; 14:13, 21; 16:20, 22; 18:22; 19:8; 21:3. A πτωχός is a beggar, mendicant, an indigent, someone dependent on others; a πένης is a labourer (often at subsistence level). The "poor" in a broader sense could include both groups. Schottroff and Stegemann 1986:16.

⁶⁵ Braun (1992:30-31, 58-59, 82-88) provides an extensive survey of Greco-Roman literary images of the sick person as a symbol for the socio-economically deprived class.

⁶⁶ The rich also could afford better food, living conditions and health care than the poor. On the connection between poverty and sickness in the ancient world, especially in the cities, see Esler 1987:178-179, 182; Braun 1992:82-88; Hamel 1990:52-55.

⁶⁷ So Schottroff and Stegemann. Their thesis is that the charity advocated by Luke is primarily towards non-Christians. In these scholars' view, the "objectivizing" attitude towards the poor (portraying them as objects of charity) suggests that within Luke's community there were no destitute individuals. See Schottroff and Stegemann 1986:110-111, 116. Yet these scholars admit there is caritative action within the community (to the working poor, not the destitute), 1986:111-114. Schottroff and Stegemann see a fairly narrow range of economic groups in Luke's community: neither élite nor destitute, essentially ranges of middle and lower classes (from prosperous to subsistence level). These distinctions are helpful but perhaps too fine for Luke's community.

⁶⁸ As noted previously, scholars find that the literary quality of the text suggests an educated audience. Esler (1987:184) notes that Luke focuses on accounts of converts of elevated status, economic position and political power

But we have reason to believe that the “poor” were members of Luke’s community as well. There is a *prima facie* case for the general supposition that some of the lower classes (at least laborers) would have been members of many first-century Christian communities. For example, in Paul’s Corinthian group “not many” (οὐ πολλοί) were educated, powerful, or well-born (1 Cor 1:26). The famous letter (early second century) of Pliny to the emperor Trajan indicates that Christians are of every class.⁶⁹ Within the text of Luke–Acts there are suggestions that the poor and lower classes were in the community.⁷⁰ I find baffling the assessment of Schottroff and Stegemann, who on the one hand admit that the evangelist urges the rich members of the audience to give monetary support to the poor, invite the sick and marginal into their homes for meals, and personally tend the affliction of the ill; and on the other hand deny that such social contact would create community between the rich and poor.⁷¹ I am not supposing that such a community was easily achieved or always successful. Such interaction between social unequals was unusual if not radical in Greco-Roman society.⁷² That may be why Luke needs to hammer his message home time and again in his text. Perhaps we need to develop a nuanced view of the relation of the text to the community. The *audience* primarily addressed by Luke’s written text

(e.g., centurions, ruling elite, Greeks of nobility). Some members of Luke’s community likely would identify with these characters. See also Powell 1990:92-100, Karris 1978:114.

⁶⁹ Letter 10.96, in Pliny 1963. See the discussion on social classes in early Christianity in Holmberg 1990:21-76.

⁷⁰ Here I am in agreement with Esler 1987:179-82, 85-88, Karris 1978:124, and Pervo 1990:13. Luke urges that the poor be at the same feast as the wealthy (Luke 14). Luke shows an awareness of the plight of the poor: they do not have daily bread (11:3), they must beg for favors (11:5-8). Such an awareness suggests contact with the poor.

⁷¹ Rohrbaugh (1993:144) correctly points out that when an élite person invites a non-élite into his home for a meal, it is a social act. The normal venues for interaction between the classes were in the commercial and domestic (service) spheres. Social acts normally took place between equals, hence such an act would be a breach of etiquette. On the symbolic value of a shared meal, see Smith 1987:633-35.

⁷² Hamel 1990:219, Karris 1978:120. The principle of reciprocity in honor exchange and patron-client relations generally applied: people extended favors in the expectation of some kind of payback. To invite the ill and poor means no payback, since these persons lack any means. On how physical barriers in urban life reflected social barriers between classes, see Rohrbaugh 1993:125-136.

would largely be the educated, therefore the upper class. However the *community* behind the text most likely included the poor. Interaction between social unequals is precisely what Luke is urging. If the social interaction which Luke advocates is carried out, community would result.

Luke urges that the rich in his community take concrete action towards the poor. The poor are to have the kingdom of God preached to them and be invited to meals.⁷³ Luke has a particular emphasis on charity and the giving of alms.⁷⁴ The giving of alms can involve sharing one's monetary possessions, and according to Luke such is the mark of a true disciple.⁷⁵ But Luke expands the idea of alms to cover other beneficial acts. We see such a view in Acts 3:1-10, where Peter responds to a crippled beggar's request for alms by healing him.⁷⁶ Luke also describes charitable acts in the community: distribution of food (Acts 6:1-6), the work of Tabitha (Acts 9:36, 39) and of Paul (Acts 20:33-35). In the case of the ill, we see a two-fold action plan. The text suggests that the ill in the Lukan community achieve healing in a corporate worship setting, through formal ritual acts. The ill also achieve healing in a social setting, by being made members of the community, enjoying fellowship, and filling roles within that group. For Luke, healing involves being a member of the community of the people of God. In this respect healing functions as initiation, since it is an act that brings the person into a new community.

Philip Esler persuasively advances the thesis that the Lukan group sought to create community through the corporate meal. The meal and the resulting table fellowship was used to break down ethnic (Jewish-Gentile) and socio-economic (wealth, class) boundaries and create community.⁷⁷ We see this issue in Jesus' comments about inviting the poor (and sick) to the

⁷³ Luke 4:18; 7:22; 14:13, 21. As we have seen, Luke links meals, preaching and healing under the overarching concept of kingdom of God.

⁷⁴ Pilgrim (1981:134-35) notes that aside from Matt 6:2-4 only Luke-Acts discusses alms. However, in 2 Cor 1:4 Paul talks of helping those in affliction, and the collection for the saints is a recurring theme in Pauline material (Rom 15:22-29, 1 Cor 16:1-4, 2 Cor 8:1-24, 9:6-15). On charity in Jamesian Christianity, see Jas 2:14-26; 5:13-20.

⁷⁵ Luke 11:41; 12:33; 18:22; 19:8; 21:2-4; Acts 2:41-47, 4:32-35, 36-37; 10:2, 4, 31; 24:17.

⁷⁶ See also the healing acts performed by the Samaritan (Luke 10:29-37) and the jailer (Acts 16:25-34).

⁷⁷ Esler 1987 chapter 4. See also Smith 1987:630, 633; Powell 1987:112-114. See also 1 Cor 10:16-17.

banquet, and in the controversies in Acts concerning Jews and Gentiles dining together which are resolved through table fellowship. The meal is a ritual act which symbolizes and enacts fellowship and community. Charitable acts also symbolize and enact community, and I have noted that Luke urges charity upon his audience. Other shared activities such as worship and teaching also create community, and the evangelist displays a particular interest in these areas. As I noted above, Luke urges that the poor and sick be taught the good news and be invited to meals. The evangelist's interest in worship is displayed in the many liturgical elements in the text.⁷⁸ The acclamations in the healing accounts may be examples of such liturgical elements. The evangelist's interest in teaching is demonstrated by his compositional choices. In order to put together his version of the Gospel, the evangelist combines the Markan source of Jesus' deeds with the Q source of Jesus' teachings.

What I have demonstrated in my analysis of Luke's writings is that *healing* is another element in the shared activities of his community. Luke repeatedly links healing with meals and teaching, and he places this triad of acts in a context of worship and community. If, as Esler suggests, the Lukan community enacted meals in order to achieve community, then it is credible to assert that they did a similar thing with respect to healings. Meals, charity, participation in worship: for Luke these are acts that create community. Healing is another such act. Through healing a person is brought out of the demonic realm and into the community of the people of God. Healing, like initiation, changes a person's status. The theories of Chapter Four, the cross-cultural case studies in Chapter Five, and the study of Aristides in Chapter Seven demonstrate that healing can be achieved by ascribing meaning to illness, and we see evidence of this issue in

⁷⁸ Powell (1987:116) notes the following: Only in Luke's gospel do Jesus' disciples ask him to teach them to pray (11:1). Jesus is often portrayed at prayer and encouraging his disciples to pray. Worship, praise and thanksgiving are constant motifs in the text. The Gospel begins and ends with references to people worshipping (1:8-9; 24:52-53) and it contains more liturgical material than any other New Testament book. Powell concludes (p. 116) "It may be surmised that one reason Luke emphasizes prayer and praise throughout his writings is that, as a pastor, he is interested in worship as an essential aspect of Christian community."

Luke–Acts. If illness is interpreted as the first step in an election or call, by which the person is incorporated into the group and adopts new roles and tasks within the group, then the person's health state becomes meaningful and "healing" may result, despite continuing health problems.

Social issues in Luke addressed by the rite of passage model

As I discussed in Chapter Three, the social functions of rites of passage include mediating change, stabilizing group institutions, and establishing community. These concepts are interrelated. By ritualizing change it is controlled and made understandable because the process is put within a larger, sacred pattern of existence. Change, an inevitable and often stressful event in a group's life, can take place yet not disrupt stable institutions. The boundaries between member and non-member created by rites of passage establish community. When someone goes through the rite, s/he and the group affirm those boundaries: the world is kept at bay, and members increase and enjoy their community.

In the text of Luke–Acts we see examples of the structure and motifs of rites of passage, specifically initiation. As I discussed in Chapter One, the story of Paul's healing and conversion has many features of the rite of passage and the model of affliction–healing. In Chapter Seven we saw how the story of Zechariah's healing is similar to that of Paul. The accounts of Peter's mother-in-law, the woman with the hemorrhage, and the blind man also show how healing, like initiation, brings a person from the demonic realm into the community of the people of God. Luke shows that healing takes place in a corporate worship context. People who are healed go on to fill new roles within the community.

Are the above social issues, which are related to rites of passage, detectable in Luke–Acts? Change and transformation are recurring themes in Luke–Acts, the concept of *metanoia* (repentance) being one example. For Luke, repentance is part of the process of entering the Christian community, and it involves a comprehensive change in life, turning towards God and

the ways of God, and turning away from the sinful world.⁷⁹ Another example of change in Luke–Acts is the motif of divine reversal of fortune. Throughout Luke–Acts, God is shown overcoming human obstacles and resistance so that enemies become friends, the mighty are humbled, the poor are elevated, and everything works according to divine will.⁸⁰ The actions of God are shown in Luke–Acts to be manifestations of the divine plan.⁸¹ This concept interprets changes experienced by early Christians (such as the transformation of the group from one that is Palestinian, Jewish, and Torah-observing to one that is diasporan, Gentile, and not observant of certain Mosaic laws) by placing them within an interpretive framework of divine intent.⁸²

Community is another theme of Luke–Acts. Luke holds up as an ideal the early Jerusalem community which he portrays as egalitarian and unified (Acts 1:14, 2:41–47 and 4:31–35). At the same time, if the various social groups described in the text (rich-élite and poor, Gentile and Jewish Christians, sick and well, men and women, sinners and pious) reflect Luke’s audience, we may imagine that community was at times difficult to maintain.⁸³ We have evidence that factions and social divisions were a problem for some early Christian groups.⁸⁴

⁷⁹ Acts 2:38, 40; 3:19; 26:20. See also Luke 5:31–32, where Jesus the “physician” calls sinners to repentance.

⁸⁰ Tannehill 1986a:xiii, 2–3, 283. He cites examples on pp. 30–31. Cf. Cosgrove 1984:83; Pervo 1987:59; Beck 1983:216.

⁸¹ Tannehill 1986a:xiii, 2, 21; Cosgrove 1984:183, 189.

⁸² See Schwartz 1990:4–5.

⁸³ In Acts, Luke describes divisions in the early community, perhaps commenting on issues relevant to his own audience: true community members versus those who practice magic (5:33–39; 8:9–24; 13:1–12; 16:16–18), those who have been baptized only with water, not the Holy Spirit (1:5; 8:16–17; 18:25; 19:1–7), those who argue and advocate differing social customs (6:1–6; 11:2; 15:1–35), those who are insincere concerning sharing their wealth (4:32–5:11) or who lack conviction (15:38).

⁸⁴ The community addressed by Paul in his Corinthian correspondence appears to have suffered from factionalism, see Theissen 1982:69ff. In the Epistle of James, critiques of the preferential treatment given to rich members (2:1–7; cf. 5:1–6), injunctions for charity towards poorer members (2:14–26; 5:13–20) and complaints of factionalism (4:1ff) point to a situation of social dichotomization. It is interesting that we have evidence that healing was practiced by the Christians in these particular communities (1 Cor 12: 9, 28; Jas 5:13–16), as may have occurred in Luke’s group.

One way that Luke promotes community is by advocating the concept that people are joined through their divine calls to service. In Chapters Eight and Nine I demonstrated that the idea of task or commission is important in Luke–Acts. The evangelist shows God’s purpose being achieved through human instruments, as God transforms people through what we call a rite of passage to fit them for their tasks. Different accounts in Luke–Acts fit different phases of the affliction–healing model I devised. Some characters in the text are compliant, such as Mary, who receives the Holy Spirit and is transformed to fill her role of prophet and mother of Jesus. Other characters are in opposition to God’s plan, and more drastic measures are necessary. God first destroys their opposition by afflicting them. If the matter stays at that point then they fill the role of examples to the community: they are people of the world shown indulging in sinful, unacceptable behavior and receiving divine punishment. However, sometimes Luke recounts how God has additional plans for these persons and transforms them into group members and paradigms of service. Luke associates healing with this transformation, because it was believed to be the result of divine intervention, and it was an activity familiar to his audience. For Luke, healing serves as a concrete physical sign of religious-social change.

Conclusion

Early traditions identify the author of Luke–Acts as Luke the physician. We do not possess sufficient evidence to identify the author of these texts conclusively. However, the explanation that the evangelist was some kind of healer, perhaps part of a group that healed, does account for many things. The author’s interest in healing, the particular emphases on healing, his concern to portray not only Jesus but his followers engaged in healing, and the attribution of the text to a well-known first-century Christian physician are all explicable if such a healer was the author. Nothing in the text or the tradition precludes such a possibility, and it is one I favor. The date of the text likely is in the latter half of the first century. The audience most likely was urban and Christian. It appears to have been a diverse community, comprised of several ethnic groups and socio-economic levels. The text primarily is didactic, theological, and aimed at the group.

The author seeks (among other things) to instruct the group and promote unity within his diverse community. The evangelist urges a variety of charitable acts on his group: they are to teach the sick and poor, share meals with them, and heal them. By so doing they enact and bring about the the kingdom of God and strengthen their community.

CHAPTER ELEVEN: TRAJECTORIES OF LUKE–ACTS

In this chapter, I move the discussion beyond the time frame of Luke–Acts, into the second to fifth centuries. The distinctive features about healing in Luke–Acts (a ritual or worship setting for healing, and the association of healing with initiation or incorporation into the group) occurs in subsequent Christian contexts. Luke–Acts appears to be an early point for later trajectories of Christian practice. I do not provide a detailed discussion of healing concepts and practices in early and patristic Christianity.¹ I sketch some relevant areas and focus on a few significant cases, and I suggest areas where my findings provide direction for future research.

Healing and charity in Early Christianity

Healing and charitable activities for the sick and poor are important topics in Luke–Acts. It is reasonable to assume that the community or communities behind Luke–Acts not only were interested in these areas in an abstract way but engaged in them, since we have evidence that many Christian groups practiced healing and charity throughout the first five centuries. In Chapters Eight and Nine, I discussed some first-century Synoptic gospel evidence for healing. In addition to this material, in the first century we see that visiting the sick and other charitable activities are enjoined on Matthew's community (Matt 25:36, 45) and there is charity practiced in Pauline and Jamesian groups (2 Cor 1:5-6; 1 Thess 5:14; Jas 1:27). 1 Tim 1:10 speaks of an order of widows who are to do good deeds and relieve the afflicted. We must keep in mind the close connection between poverty and illness, which I outlined in Chapter Ten. Many of the afflicted would have been both poor and ill, and ministry to the poor would thus involve ministry to the ill. Community concern and interaction likely would provide meaning to the afflicted in Christian communities and would achieve "healing" in the broad sense. We see evidence that healers played an important role in some first century Christian groups, either as charismatic

¹ On this subject generally, see Harnack 1908:120-124, Barrett-Lenard 1994, Harris 1954.

healers (Mark 6:13; 16:15-17; 1 Cor 12:9, 28, *Gos. Thom.* 14) or institutionalized ones (the presbyters or elders of Jas 5:13-16). Clement of Rome alludes to charitable activities and he quotes a prayer for the sick and afflicted (*1 Clem* 65.2, 69.4)

The situation is much the same in the second and third centuries. An interesting feature here is that healing becomes a polemical topic. The healings of outsiders are denounced while those of the group are praised (Irenaeus *Adv. haer.* II.31.2, Tertullian *de Praescr.* XIV.41, Origen *passim*), or outsiders are derided for not providing charity or free healing (Ignatius *Smyr.* 6.2; Irenaeus *Adv. haer.* II.31.3). The corporate aspect of healing which we have seen in Luke becomes even more focused in this period. The issue of healing defines groups: who heals, how do they heal, is it the right sort of healing? Healings also are seen as instrumental in bringing people into the group.² Furthermore, in this period we see the concept that the healing of the physical body is related to a healing of the soul.³ This understanding becomes part of the typological interpretation of healing that becomes prevalent in patristic discourse, and I look at this feature below. Writers of this period attest to charity for the afflicted (Justin Martyr *1 Apol.* 67, Polycarp *Phil.* 6.1, *Apostolic Tradition* 20, 25-27, 30) and religious healing (Justin Martyr *2 Apol.* 6, *Apostolic Tradition* 20, Tertullian *To Scapula* IV).⁴ In Justin we see how ministry to the

² Irenaeus *Adv. haer.* II.32.4 (ANF): "some do certainly and truly drive out devils, so that those who have been thus cleansed from evil spirits both believe and join themselves to the Church... others still, heal the sick by laying their hands upon them, and they are made whole." See also Origen *Contra Celsus* I.46 (ANF): "They [Christians] expel evil spirits, and perform many cures, and foresee certain events... many have been converted to Christianity as if against their will, some sort of spirit having suddenly transformed their minds from a hatred of the doctrine to a readiness to die in its defense." See also Origen *Contra Celsus* I.67 (ANF). A similar discussion regarding the efficacy of baptism to exorcise and heal is in Cyprian *Ep.* LXXV.15-16 (ANF).

³ Irenaeus *Adv. Haer.* V.12.6 (ANF). This view is fully expressed in Tertullian, who takes the general theological view that the flesh partakes of sacraments for the benefit of the soul. See *Res. Flesh* 8, *On Baptism* 4-5 (where he talks of the "medicinal" virtues of baptismal water), *On Baptism* 7-8 (ANF).

⁴ The date of the *Apostolic Tradition* is debated, but the majority view is that it is early third century (ca. 215) and reflects Roman liturgical practice. See Bradshaw 1992:89-90, 92 and Altaner 1960:55.

poor becomes ritualized, when it is enacted in the worship liturgy.⁵ We still see evidence of charismatic healing in the second and third centuries (Justin Martyr *Dial. Trypho* 39, *Apostolic Tradition* 15). Apocryphal Acts show the apostles continuing the healing work of Jesus (e.g., *Acts of John* 30-36, *Acts of Peter* NTA II.285, *Acts of Peter and the Twelve Apostles*). It is in this period that archaeological evidence begins to appear for early Christianity, and healing scenes are depicted in catacomb frescoes and on sarcophagi.⁶

Many post-Constantinian groups in the fourth and fifth centuries continued to heal and do charitable activities.⁷ Athanasius recognizes the broader aspect of healing that results from social interaction. When persecutions threaten his group, he laments that “many who are in sickness and sorrow have no one to visit them, a calamity which they bitterly lament, accounting it worse than their sickness.”⁸ Jerome similarly demonstrates how “healing” can occur when meaning is attributed, even when physical symptoms are unchanged. In relating the life of the desert father Anthony, Jerome states that many sick came to the holy man for relief.

with those who suffered he [Anthony] sympathised and prayed.... But always he gave the Lord thanks and besought the sufferer to know that healing belonged neither to him nor to man at all, but only to the Lord, who doeth good when and to whom he will. The sufferers therefore used to receive the words of the old man as though they were a cure, learning not to be downhearted

⁵ Justin Martyr *I Apol.* 67 (FC). After the Eucharist, a collection is taken which is later distributed to the poor and the sick. MacDonald (1935:15-17) discusses the integration of charitable acts and worship in the second century.

⁶ See Grabar 1968, illustrations #65, 67, 236, 246, 254, 268, 334, 335, 336 and Dinkler 1980, illustrations #2, 3, 8-9. A list of healing scenes in catacomb art is in Stevenson 1978:91, see also pp. 67, 88-90, 92.

⁷ Lactantius, *Divine Institutes* XII (ANF): “to undertake the care and support of the sick, who need someone to assist them, is the part of the greatest kindness, and of great beneficence; and he who shall do this work will both gain a living sacrifice to God, and that which he has given to another for a time he will himself receive from God for eternity.” *Apostolic Constitutions* III.4 notes that the bishop is to oversee all charitable activities. Eusebius *H.E.* VI.43.11 (NPNFC) mentions exorcists among the church orders at Rome.

⁸ Athanasius, *Ep. Encyl.* § 5 (NPNFC).

but rather long-suffering. And those who were healed were taught not to give thanks to Anthony but to God alone.⁹

There are still issues of group definition involved in healing.¹⁰ Even a figure as late as Augustine recounts miraculous healings that have happened in his community (*City of God* XXII.8), and the biographer of Augustine credits him with both miraculous healings and charitable activities (Possidius, *Vita S. Augustini* 25, 27).

There are intriguing aspects of healing in early Christianity which I only have time to mention in passing. One is evidence that some bishops and presbyters were physicians.¹¹ If the author of Luke–Acts was some kind of healer then his example was followed by subsequent generations. Another area, vast in scope, is the use of medical metaphors in early Christian discourse (Harnack 1908:108–120). Two well-known examples of this use are when Christ is called ‘Physician,’ and the sacraments are called “medicine.”¹² For example, we may ponder the practical implications on ritual and worship when Clement of Alexandria borrows from Hellenistic discourse to call baptism the “divine medicine” (παιώνιω φαρμάκω).¹³ A third area, equally vast, is that of typological exegesis in Patristic literature. Baptism is often seen

⁹ Jerome *Vita S. Antoni* 56 (NPNFC). Barrett-Lenard (1994:186) states, “the total experience of encounter with the healer involving discussion, and prayer, and perhaps laying on of hands, was seen to be therapeutic in itself.” Jerome credits Anthony with healings (57–58, 62) and exorcisms (63–65).

¹⁰ Eusebius *H.E.* VI.43.11 (NPNFC), Arnobius *Contra Gent.* I.49–51 (ANF), Cyril of Jerusalem *Pro Cat.* I.8 (FC).

¹¹ This is often suggested concerning the author of the *Didascalia Apostolorum*, because of the extensive use of medical imagery in the text. See Barrett-Lenard 1994:290, Bradshaw 1992:88, Vööbus 1978:115 note 32, Altaner 1960:56. Harnack (1909:121–22) and Connolly (1969:xc) cite several examples of bishop–physician combinations. We see one case in Epiphanius, which I discuss below. The bishop is often called a “physician” in Christian discourse of this period: while such use may largely be metaphorical, it points to a general attitude congenial to medical interpretations. On the bishop as “physician” see Warren 1912:74–76.

¹² See the review of these terms in Barrett-Lenard 1994:290–94, Wilkinson 1980:17. The first extant application of the title “Physician” to Christ, apart from Luke 4:23/*Gos. Thom.* 31, is in Ignatius *Eph.* 7.2 (LCL). See discussion of Ignatius’ use of these terms in Schoedel 1985:60, 97–98.

¹³ Clem. Alex. *Paed.* I.6.29 (SC).

prefigured in biblical healings such as the leper Naaman (2 Kgs 5:1-19), the blind man (John 9:1-12/Mark 7:32-36) and the paralytic by the pool (John 5:2-15).¹⁴ The third evangelist set a precedent in this regard by making a link between Christ's work and Elisha's healing of Naaman (Luke 4:27). Regarding metaphor and typology, I only have space to suggest that a metaphorical or typological use need not be the same as an abstract use: anthropologists point out that a symbol expressed in discourse may be enacted in ritual (Finn 1992:22-25). In a few cases below I examine possibilities in this area. A fourth and final area worth noting is the particular emphasis in Syriac Christianity on medical metaphors and imagery.¹⁵ Given the possible connection of Luke–Acts to Syria this is an interesting area to consider.

In summary, healings and charitable works are widely attested as activities within many early Christian groups. Some early Christian and Patristic texts do not mention such matters, or pay only minimal attention to them, and we are probably correct to assume that the groups behind these texts did not do much in these areas. However, when a text discusses such matters at length, as does Luke–Acts, and when that author displays not only the usual interest of the gospel writers in Jesus' healings but extends the story to include healings by Jesus' followers, then it is reasonable to assume that the group behind the text had more than an abstract interest in the issue. That group likely performed healings and did charitable acts.

¹⁴ The Elisha–Naaman healing is a very popular subject in Patristic discourse as a type for baptism and Gentile conversion, e.g., Irenaeus *Fragment* 34 (ANF), Origen *com John* 6 (FC), Tertullian *Adv. Marc.* IV.9 (ANF), Ambrose S 1. 9, 13-14; S 2.8-9; M 3.16-18; M 4.21. On Jesus' healing of the blind man, see Ambrose S 3.11-15; on the healing of the paralytic see Tertullian *On Bapt.* 5 (ANF), Ambrose S 2.3-9; M 4.22-24. The obvious link to baptism in these healings is the element of water. Naaman bathes in the Jordan, the blind man is anointed and then bathes in the pool of Siloam, the paralytic cannot reach the pool of Bethesda. However, we must not overlook the element of transformation implicit in healing, which is also important in baptism as an initiatory act.

¹⁵ On medical imagery in Syriac Christian literature, see Murray 1975:199ff. The *Didascalia* and *Acts of Thomas* are Syriac in origin, and the Dura Europos church (discussed below) is in Syria.

Baptism and Healing

Baptism is the initiation rite that brings a person into the community of Christ's followers. We have seen that in Acts 9 the evangelist associates Paul's conversion and baptism with his healing from blindness. In other places in Luke–Acts the evangelist suggests that healing brings persons into the community of Jesus' followers and is the start of new roles for them within that community. The connection between healing and incorporation into the community of Christians is seen in many places in the second to fifth centuries. At times, healing is enacted within the baptismal liturgy as part of the worship service.

Literary evidence

In Patristic literature, baptism is sometimes associated with healing. Writers discuss baptism as a healing act, or speak of the medicinal powers of baptism.¹⁶ While these writers stress the spiritual side of healing (i.e., healing of the soul), this does not preclude a physical dimension, in fact the two may be related. Irenaeus analyzes Jesus' healings as follows:

For what was his object in healing portions of the flesh, and restoring them to their original condition, if those parts which had been healed by him were not in a position to obtain salvation?... how can [heretics] maintain that the flesh is incapable of receiving the life which flows from Him, when it received healing from Him? For life is brought about through healing, and incorruption through life. He therefore who confers healing, the same also confers life.¹⁷

Tertullian similarly asserts the close connection between flesh and spirit in baptism:

after the waters have been in a manner endued with medicinal virtue... the spirit is corporeally washed in the waters, and the flesh is in the same spiritually cleansed.¹⁸

¹⁶ E.g., Ambrose S 1.15, Clem. Alex. *Paed.* I.6.25–30 (SC), *Protrep.* X.94,2, Cyprian *Ep.* 75.13, 15–16 (ANF). Irenaeus *Adv. Haer.* II.21. 5 (ANF), J. Chrystostom *In ep. ad Philipp.*, Ephraem *Sermo de domino nostro*.

¹⁷ Irenaeus *Adv. Haer.* V.12.6 (ANF). See Barrett-Lenard 1994:99–103. Cf. Tertullian *Res. Flesh* 8 (ANF).

¹⁸ Tertullian *On Baptism* IV (ANF). As I discussed above, Tertullian has the view that the flesh partakes of the sacraments to the benefit of the soul, see *On Flesh of Christ* 4, *On Baptism* 4–5, 7–8, *Res. Flesh* 8 (all ANF).

Legends which attribute baptism with physically curative powers provide unambiguous evidence of a popular belief in the capacity of baptism to heal the body. Augustine records three cases in Carthage when baptism cured a person from illness.¹⁹ Eusebius records a similar incident.²⁰ A legend from the fifth century credits pope Sylvester I with curing the emperor Constantine from leprosy through baptism.²¹ Epiphanius relates the interesting incident of the Jewish patriarch Ellel, who was dying of an illness.²² Ellel desired baptism and requested the local bishop, who was a physician, to attend to him. Under the guise of providing medication, the bishop had water brought in and baptized Ellel. Those who had been waiting outside asked Ellel how he felt after the alleged treatment and he replied "great!" He died a few days later "with good hope in store" for his afterlife. This last account presents a "healing" in the broad sense: the person finds meaning for their condition by being made a member of a community.

Acts of Thomas

The *Acts of Thomas* (*ATh*) is a late second or early third-century text from the Syriac branch of early Christianity and is part of the Thomasine corpus of literature.²³ *ATh* was originally written in Syriac and it came from a northern region of Mesopotamia, probably Edessa.²⁴ Like other Apocryphal Acts of the apostles, it describes the miracles and preaching

¹⁹ Augustine, *City of God* XXII.8 (NPNFC): a woman with cancer is cured by a newly-baptised woman, a gouty doctor is permanently cured "in the very act of baptism," a comedian is cured of paralysis and a hernia at baptism.

²⁰ Eusebius *H.E.* VI.43.14-15 (NPNFC).

²¹ This story circulated in Latin form as the *Actus Silvestri*, and was incorporated in abridged form into the *Vita Sylvestri* of the *Liber pontificalis*, a 6-7th cent. biography of the early popes. The Latin version of this story dates from around mid 5th century and is of Roman provenance; a Syrian version may have existed late in the 4th century. See Loomis 1965:42, Lieu and Monserrat 1966:27-28, Mitchell 1966:35-36, NCE s.v. "Constantine," "Sylvester I."

²² Epiphanius *Panarion* I.30.4,2-6,5 (1987:122-24.) The act took place around the time of Constantine (4th cent.).

²³ The Thomasine literature includes the *Gospel of Thomas*, *The Book of Thomas the Contender*, *The Hymn of the Pearl*, *The Acts of Thomas*.

²⁴ Finn 1992:127, Drijvers 1992:322-338, here 323, Klijn 1962:26.

exploits of one of Jesus' followers. Didymus Judas Thomas, the twin brother of Jesus, journeys to India as a craftsperson to teach and heal the natives. The text has a strong encratic (ascetic) emphasis. *ATH* describes a conversion and initiation process with the same liturgical elements as those in the account of Paul's conversion in Acts 9: healing ritual, baptism, eucharist.

In one account in *ATH*, a woman (Mygdonia) hears the preaching of Thomas and is attracted to his message. Restrained from following him and becoming a Christian, she pines and becomes ill.²⁵ Eventually, Thomas comes to her and initiates her as a Christian:

Mygdonia uncovered her head, and was standing before the holy Apostle. And he took the oil, and cast it on her head, and said, "Holy oil, which was given to us for unction, and hidden mystery of the Cross, which is seen through it; Thou the straightener of crooked limbs, Thou our Lord Jesus, life and health and remission of sins, let Thy power come and abide upon this oil, and let Thy holiness dwell in it." And he cast it upon the head of Mygdonia and said, "Heal her of her old wounds, and wash away from her her sores, and strengthen her weakness." And when he had cast the oil on her head, he told her nurse to anoint her, and to put a cloth round her loins; and he fetched the basin of their conduit. And Judas went up and stood over it, and baptized Mygdonia in the name of the Father and the Son and the Spirit of holiness. And when she had come out and put on her clothes, he fetched and brake the Eucharist and filled the cup, and let Mygdonia partake of the table of the Messiah and of the cup of the Son of God. And he said to her, "Now then thou hast received the sign, and gained thyself thy life for ever and ever." And a voice was heard from heaven which said, "Yea, Amen and Amen." (*ATH* 121)

The pattern of conversion finalized by a sacramental sequence (an anointing or sealing with oil, baptism, eucharist) occurs several times in *ATH*.²⁶ This combination of miracle (ritual), teaching, and incorporation into the group suggests the initiation process of Christian

²⁵ This is a typical motif in Hellenistic conversion stories: e.g., Thecla in the *Acts of Paul and Thecla* (NTA), and Aseneth in *Joseph and Aseneth* (OTP).

²⁶ See c. 27, 132, 157. Drivers 1992:333, Klijn 1962:55.

catechumenates (Finn 1992:128). A prebaptismal anointing is typical in Syriac Christian baptism, and likely has its origins in a therapeutic–exorcistic component of the liturgy.²⁷

The healing motif is important in *ATh*. It occurs in another baptism and eucharist account (c. 156–57), in an exorcism that is followed by baptism and eucharist (c. 47–50), in a spectacular performance by Thomas in which a man afflicted for his sins is cured (by washing in baptismal water), his murdered girlfriend is rescued from hell and resurrected, and both are converted (c. 51–58), and in a group healing followed by a mass conversion (c. 59–61).²⁸ Klijn (1962:285, 300) notes the particular emphasis in *ATh* on the healing power of the baptism process. Thomas also preaches about Jesus as a physician or healer (e.g., c. 10, 19, 37, 42, 65, 78, 95, 143). In this text, while there is no doubt that a “spiritual” healing is part of the concept of what healing entails (e.g., c. 15), some passages speak of bodily healing (c. 10, 37, 42, 59, 78, 95, 121, 156).

Liturgical evidence

The baptismal accounts in the *Acts of Thomas* may preserve liturgical elements.²⁹ We see a similar emphasis on the healing aspects of baptism in the *Sacramentary of Serapion*, a collection of prayers attributed to the fourth-century Egyptian bishop Serapion. This text is likely a manual of prayers for use by a liturgical celebrant.³⁰ As in *ATh*, the *Sacramentary*

²⁷ We see a prebaptismal anointing in the *Apostolic Tradition* of Hippolytus, where it has the same function. See *AT* 21 and note by Easton in Hippolytus 1934:91.

²⁸ The exorcism (c. 47–50) rescues the woman from demonic possession, and the baptism ensures that she will not be possessed again. This viewpoint is similar to what we have seen in Luke–Acts, where people are taken from the demonic realm and put in God’s realm as the people of God. See also *Acts of Thomas* c. 143, where Jesus is presented as the healer of all pains, the healer of the sick, the one who sets free his possessions from slavery, corruption, subjection and loss. See also c. 30.

²⁹ These traditions would be from Syria. A prebaptismal anointing was common in Syriac Christianity: there is evidence of it in the *Didascalia* and Ephraem of Syria. See Cabie 1987:39–40.

³⁰ Barrett-Lenard 1994:277, Cabie 1987:39, Mitchell 1966:54–57.

contains a prayer (XV) in regard to the anointing oil of those being baptised. Barrett-Lenard (1994:313) cites the text, which beseeches that Jesus work in the candidates, giving:

healing and strength-making power, and by this anointing oil may reveal (himself) and heal away from their soul, body, spirit every mark of sin and lawlessness and satanic fault...

The author of the *Sacramentary* displays a particular interest in combining salvific and therapeutic concepts in his prayers, and shows a concept of healing that includes the body as well as the soul (Barrett-Lenard 1994:293, 315). The early third century *Apostolic Tradition* attributed to Hippolytus of Rome also attests to an anointing as a final exorcism immediately prior to baptism (AT 21). What is interesting in this case is that the oil for liturgical use has previously been consecrated with the following prayer:

That sanctifying this oil, O God, wherewith thou didst anoint kings, priests and prophets, thou wouldest grant health to them who use it and partake of it, so that it may bestow comfort on all who taste it and health on all who use it.³¹

Easton finds that the exorcistic anointing prior to baptism in the *AT* is derived from the widespread ancient belief in the curative powers of oil.³²

A complex and fascinating series of rituals associated with baptism is alluded to in the sermons of Ambrose of Milan.³³ These sermons date from around 390 CE and belong to a homiletic genre known as Mystagogical Catecheses. These sermons are explanations to newly-baptized members of the meaning of the initiation rituals they have experienced.³⁴ In these

³¹ AT 5, Hippolytus 1934:37. Immediately before use in baptism, the liturgical oil is separated into two parts. One part is itself exorcised and then used in the exorcism, the other part is given thanks over and used after the baptism for a second anointing. See AT 21.

³² See note by Easton in Hippolytus 1934:91. The anointing referred to in Mark 6:13 and Jas 5:14 may partake of this concept.

³³ Given the allusive style of Ambrose and his method of allegorical and typological analysis, it is not easy to determine the events behind his discourse. Yarnold (1970:453) argues that Ambrose hints at many ceremonies.

³⁴ Finn 1992:58, Yarnold 1994:98-99. *De Sacramentis* (S) is a stenographic account of the sermons, *De Mysteriis* (M) is an abridged version edited for publication.

mystagogical sermons Ambrose frequently touches upon the typological significance for baptism of biblical healings: in addition to the blind man of John 9, he mentions Naaman and the paralytic by the pool of Bethsaida.³⁵ At the time of Ambrose the baptismal process took place during Lent and Easter. Three of the rituals Ambrose alludes to relate to health and healing. The first is an act that took place at the Lenten enrollment, a time when the candidates put their names in for baptism. An officiant ritually enacted Jesus' opening of the blind man's eyes (John 9:1-7).³⁶ The second is a pre-baptismal ordeal known as the "scrutiny." During a vigil on the Saturday before Holy Week, the candidate was questioned and closely examined (including a physical examination) to detect any signs of demonic influence (these signs may have included some forms of disease).³⁷ The third ritual with a healing motif took place just prior to baptism, outside the baptistery. It was called the *apertio* (opening). In it the bishop enacted Jesus' healing of the deaf and dumb man (Mark 7:32-36) by touching the candidate's ears and nostrils

³⁵ Naaman: S 1. 9, 13-14; S 2.8-9; M 3.16-18; M 4.21. Paralytic: S 2.3-9; M 4.22-24. Blind man: S 3.11-15, cf. *Ep.* 80 (Ambrose to Bellicius).

³⁶ Ambrose S 3.11, cf. *Ep.* 80. It is difficult to say what happened during this ritual. Von Simson (1987:66) thinks that the Gospel lesson from John was read. We know that this account was one of the lessons read during Lent in 4th cent. Rome, see Cabie 1987:28. Clarke (1954:419) thinks that the sign of the cross was made on the candidate's forehead. Finn (1992:59 and 1997:222) finds that the officiant smeared the candidate's eyes with a paste of mud, to symbolize the opening of eyes to the impending sacramental mysteries. On the other hand Yarnold (1994:126) thinks that Ambrose is speaking metaphorically and that no rite took place.

³⁷ Ambrose speaks laconically of this rite in *Explanatio symboli ad initiandos* 1 (Ambrose 1952:19): "Thus far the mysteries of the Scrutinies have been celebrated. Therein search was made lest some uncleanness should still cling to the body of any of you. By the exorcism was sought and applied a sanctifying not only of the body, but of the soul as well." Augustine also alludes to this rite in Sermon 216 (FC 38:161): "Because I am convinced that you are now free from these evil spirits, in joy I admonish you to preserve in your hearts the health which is evident in your bodies." On the scrutinies in Augustinian Carthage, see a full analysis in Finn (1990:589-616) and briefer discussions in Finn 1997:223-24, 1992:59, 155; Yarnold 1994:11, Cabie 1987:29. AT 20 also speaks of an exorcistic scrutiny by the bishop, see Hippolytus 1934:44, Finn 1989:74, Cabie 1987:29.

and repeating the words of Jesus: *ephphatha* (ἐφφαθά), be opened.³⁸ A similar rite is attested in the third-century Roman *Apostolic Tradition* (20.8), where it formed part of the prebaptismal exorcism ceremony.³⁹ Ambrose interprets the rite to mean that the candidate becomes capable of understanding what he or she will hear during the ceremony: all ignorance is “healed.”

These rites likely were not isolated to Ambrose’s Milan or Northern Italy. Ambrose notes the overall similarity between the Milanese and Roman liturgies (S III.5), and we have seen points of contact between Ambrose and the Roman *Apostolic Traditions* attributed to Hippolytus. There are affinities between Milan and Carthage as well, particularly in the scrutiny rite, and we know that Ambrose was the teacher of the catechumen Augustine. Cabie (1987:34) also notes that the *apertio* rite later spread to Spain.

Archaeological evidence

The last category I consider is that of archaeological evidence. The patristic period is an interesting time for scholars of early Christianity, for it supplements literary evidence with that of artifacts and visual art. In this area, as with the textual and liturgical evidence I noted above, there are combinations of healing and baptism. In the catacombs we find frescoes that would have been meaningful to those who assembled there. Two catacomb sites near Rome that were used by Christians are relevant to my discussion. In the catacomb of Peter and Marcellinus, a series of frescoes outlines a portal. These consist of scenes with baptismal themes (Moses striking the rock and water emerging, Noah in *orans* pose and the ark riding the waves) and healing scenes (the paralytic who takes up his bed and walks, the woman with the issue of

³⁸ Ambrose S 1.2-3; M 1.3-4. It is unclear whether in Ambrose’s time spittle or oil was used: later use involved one or the other substance. See Finn 1997:226-227, Finn 1992:60, Yarnold 1970:454-55, Yarnold 1994:17-18, Clarke 1954:419, Mitchell 1966:18, Von Simson 1987:66. We know that the account of the healing of the blind man in John was one of the Lenten baptismal sermons in Rome, see Cabie 1987:28.

³⁹ Yarnold 1994:18, Cabie 1987:34.

blood).⁴⁰ All are scenes of deliverance. We see the Moses, Noah and paralytic figures in typological discourse concerning baptism, but the image of the woman is a new feature. The third-century catacombs of Callistus consist of a series of chambers known to researchers as the “sacrament chapels” because they depict baptism or eucharist scenes. Two contain such scenes along with a depiction of the resurrection of Lazarus, not a surprising addition given that these are burial chambers.⁴¹ One room has a fresco that depicts the baptism of a young man (sometimes identified by scholars as Jesus) and the healing of the paralytic.⁴²

The depiction of healing scenes among these sacramental and liturgical elements of baptism and eucharist meal is consistent with what we have seen in Luke–Acts. Two sarcophagus fragments at the Museo Nazionale in Rome depict Christ healing during a meal (probably the scene from Luke 14) and Christ healing while teaching (probably from Luke 6:17ff.).⁴³ Somewhat beyond my time frame in this section but worth noting is the sixth century *cathedra* or throne of Maximius, bishop of Ravenna. The bishop sat here during the scrutiny of the candidates and the baptismal rite. Among the scenes depicted on the chair’s carved surface are the healing of the blind man, and the healing of the deaf and dumb man. We have seen these incidents in the rites of Ambrose, and their presence on this chair probably relates to the enrollment and *apertio* rites performed by the bishop.⁴⁴

⁴⁰ Stevenson 1978:67, and illustration #42.

⁴¹ Chamber A2: baptism (Moses striking the rock, various scenes of Jonah, the baptism of Jesus), eucharist (a meal with fish and baskets), the resurrection of Lazarus. Chamber A6: baptism (Moses and the rock, Jonah scenes) and the resurrection of Lazarus.

⁴² Chapel A3. Other scenes are: sacrifice of Isaac (eucharist?), Moses striking the rock (baptism), Jonah cast into sea and Jonah cast out of fish (resurrection, baptism), woman at well (baptism), meal (eucharist). See Pillinger 1995:34, Snyder 1985:32.

⁴³ See Dinkler 1980: illustrations #2, 3.

⁴⁴ Von Simson 1987:64–66. All the scenes on the chair relate to liturgical events performed by the bishop: baptism of Christ (baptism), miracle of Cana (eucharist), Jesus’ conversation with Samaritan woman (baptism, water of life), multiplication of loaves (eucharist), Christ’s entry to Jerusalem (bishop’s procession, esp. Palm Sunday).

The Dura Europos church is in a Syriac-Christian region (now modern Iraq). It is the oldest Christian building researchers have identified, dating to the middle of the third century. It was a private home that was subsequently adapted for public use (Kraeling 1967:34-39). The baptistery is the only room with decorations, and it contains several scenes relating to baptism, along with two scenes of the healing of the paralytic.⁴⁵ Kraeling notes that the decorations indicate the importance of this room, this importance likely arises from the initiatory rite performed there, and the scenes all relate to the rite (Kraeling 1967:40, 177). He suggests that the Christians at Dura Europos copied the temple decoration techniques of their Jewish and pagan neighbours, and chose for their place of worship scenes showing the god at work in mighty acts of deliverance for his worshippers.⁴⁶

Conclusion

We have literary, liturgical, and archaeological evidence from the Christian world of the second to fifth centuries that healing and initiation were brought together in a corporate, worship context. We saw this feature in Luke–Acts. Throughout this period, healing is practiced as a charitable activity, as is urged in Luke–Acts. We also see that baptism (the Christian ritual of initiation) is believed to have therapeutic effects, and the baptismal rite at times recalls or symbolically enacts healing acts. It appears that Luke–Acts provides evidence of early views and practices which took root and grew within early Christian thought.

⁴⁵ Either from John 5 or Mark 2:1-12. Kraeling 1967:163-164, 183-186, 208-209; Snyder 1985: 32, 68-71; Pillinger 1995:39-42, Dinkler-1980: illustration #8. Kraeling notes that the man is depicted carrying his bed rather than a pallet, suggesting that this is the scene from Matt 9:1-8/Luke 5:17-26 rather than John 5:1-16.

⁴⁶ Kraeling 1967:157-58, 185-86. There were temples of Bel and Zeus Theos at Dura Europos, along with a Mithraeum and a Jewish synagogue. All have elaborate wall decorations.

CHAPTER TWELVE: CONCLUSION

Was healing in early Christian groups an *ad hoc* activity that was done for purely altruistic reasons? Was it some type of spontaneous interaction between two parties, a charismatic healer and a patient? Such is the largely undeveloped assumption of many scholars. My reading of Luke–Acts suggests a different interpretation. The evangelist, and the community behind the text, have a particular view of healing. They see healing as an act properly done in a worship setting. Such settings in the ancient world, and in modern healing cults, tend to be deliberate and ritualized. In Luke–Acts, healing is performed in front of a witnessing community and it manifests the deepest beliefs of the group (i.e., the presence of the kingdom of God, the resurrection and power of Jesus). Furthermore, healing serves many group needs. It delineates the boundaries between the group and the outside world. Healing increases the group by attracting potential converts, transporting them across that boundary, and transforming them into instruments of the divine plan and members of the group. People find meaning for their health conditions (and thus healing) through incorporation into the group. New healings affirm past healings. These acts legitimate the group's founder, in whose name healings are done, and those in the present community who are engaged in healing.

The story of Paul in Acts 9 gives information not only about the evangelist's views on the specific case of Paul and the events of his becoming a follower of Christ, but also on an overall theme in Luke–Acts. Paul changes from enemy of the Christians to a leader, and the phases of this process resemble the stages in the rite of passage model identified by the anthropologist Arnold Van Gennep. The evangelist describes Paul going through separation, a liminal period, and integration. At the centre of Paul's rite of passage is his healing from blindness. These features alert the researcher to a distinctive and important view in Luke–Acts. Healing is a positive transformation. Like initiation, healing is a corporate act of socio-religious change that brings a person into a new status, role and relationships within a community. This view, evident in Acts 9, pervades the text of Luke–Acts yet it is usually overlooked by scholars.

In my dissertation I make use of theories, data and models from the social sciences, in particular anthropology and sociology. I examine rites of passage and initiation, ethnomedicine, and patron–client relations. The application of the social sciences to New Testament and Early Christian studies is a fairly recent development. It is a useful approach, but it requires an understanding of the issues at stake and a nuanced application in order to be effective. In the second chapter of the dissertation there is a discussion of the appropriate use of these social-science resources. It is legitimate to use this information to broaden our investigative horizons and give us new questions to ask. In particular, social-scientific data puts actual groups under the microscope, showing us the issues and beliefs of these groups, how they function, and the things they do. An awareness of non-Western groups helps researchers avoid ethnocentrism and anachronism in their research by making them aware of their own implicit models of interpretation. Much of the scholarship in early Christianity, drawing on modern Western concepts and values, has under-estimated the importance of the physical, social, and ritual aspects of religion. These aspects play a major role in the religious practices of many non-Western groups, including healing cults. Armed with this knowledge, we can examine the primary data and see if there is evidence of such factors there as well.

Theoretical matters are the concern of the next two chapters. The third chapter contains a discussion of anthropological scholarship on initiation and rites of passage. Rites of passage are cohesive patterns of activity which have the purpose of changing the social status of a person. In a dramatized setting the group enacts the change that is desired to happen. Initiation rites are concerned with a positive transformation, that is, a change to not only a new status but a better one. Status arises out of group interaction, and rites of passage therefore have a corporate as well as an individual dimension. All the persons involved in the process participate in one way or another. In some initiation rites, especially those to a religious vocation, there is thought to be a combination of choice and compulsion.

Many of the above features reappear in the fourth chapter, where healing is examined from the perspective of ethnomedicine and the anthropology of medicine. Health issues do not

exist in a timeless, value-free zone. They arise from and relate to the person within his or her socio-religious context. Health issues have both a social and a biological reality, and they draw upon, give form to and perpetuate the concepts and behavior of a group. Assessments of health states, like status, arise out of social interaction. Social networks, not just the healer and patient, play an extremely important role both in diagnosis and therapy. From an ethnomedical perspective, healing happens when health problems and their related social aspects have been put into a meaningful framework. I synthesize the theoretical material on initiation and religious healing into a model of affliction–healing, which I use in the second half of this dissertation. This model compares religious healing with initiation, and portrays a particular view in which both healing and initiation are thought to work together to achieve a positive transformation in one’s physical, social, and religious state.

The second section of the dissertation is concerned with case studies of healing and initiation. Chapter Five looks at healing and initiation in a variety of groups, including the indigenous people of Siberia and Central Asia, North America, Africa and South America. Data from these groups provides new questions to put to Early Christian material. There is a connection between healing and initiation in many societies. This connection goes beyond abstract concepts or beliefs and it is enacted in worship and ritual. The healing of specific physical and mental afflictions—not just a theological or spiritual healing—is part of the initiation process in many groups. In some cases, this initiatory healing involves an objective change or improvement in the physical condition, but in all cases there is a change in the subjective interpretation or meaning of the condition. Groups use rituals and myths, as well as social interaction, to achieve healing. Many times this transformation is seen as positive: it is a gain in status, and like initiation it involves a new role for the person and new patterns of interaction. We have seen that the affliction–healing model applies to many cases of religious vocation. Shamans and members of healing cults are thought to go through a process of call or election which is manifested in illness and healing. Illness is seen as a sign of a dysfunctional relationship with a supernatural being, and healing is achieved once a person takes steps to

improve that relationship. These steps include worship of that being and becoming a member of a religious community associated with that being. By becoming a functionary in the cult of the spirit, the person achieves healing. The person is seen as a mediator between realms, because the supernatural is at work in his or her body. Often the patient feels an obligation to the healer or the therapeutic community, and maintains his or her health through continued participation in the group. The therapeutic milieu is not just restricted to the patient and the healer, it includes the patient's social network.

Greco-Roman religious healing in the first and second century CE comprises the subject of the next two chapters. In Chapter Six I review an assortment of data from the Greco-Roman world, and in Chapter Seven I examine the case of the second-century orator Aelius Aristides. Two features emerge from these chapters. The first is the importance of patron–client relations in healing during this period. Healing is seen as a gift from a patron deity. The obligation created by that gift must be repaid, usually through votive offerings. Some persons in this period achieve healing by reinterpreting their illness according to the affliction–healing model. Like the shamans and people in the healing cults described in Chapter Six, these persons see their illness as the first stage of a process of initiation into a special relationship with a deity, or election to a religious task in service to that deity. These persons repay the debt by giving a votive offering of their lives. The second feature is the connection between healing cults and mystery religions. The mysteries of the Greco-Roman world were noted for their initiation rites and their emphasis on a personal relation to the god. The mysteries' integration with healing cults means that researchers should not rule out *a priori* elements of initiation and personal devotion in healing cults. Healing could be prized as a religious experience in its own right, and not just a means to an end. Many of the concepts we see in Luke–Acts, such as patron–client relations in healing and the relation between healing and initiation, are found in Greco-Roman groups. The author of Luke–Acts and his community participate in the world view of this time.

The next two chapters examine in detail the issue of healing in the text of Luke–Acts. In Chapter Eight I analyze material that Luke receives and adapts for his gospel from Mark and the

Q source. In Chapter Nine I consider unique Lukan material in the third Gospel and Acts. There are recurring themes and features in the Lukan healing and exorcism accounts which are part of an authorial view. The first feature is that healing likely is an important part of the worship activity of Luke's audience. This feature is demonstrated in several ways in the text. Luke portrays healings taking place in a place of worship (synagogue, Temple) and during a time of worship (Sabbath). Whenever possible, Luke places a healing account within a context of teaching and/or a meal (typical activities of Christian worship). Those healed and the witnesses give liturgical-sounding acclamations, and these expressions would be appropriate in a worship setting. In Luke-Acts, there is a corporate or social aspect in the healing accounts. Luke stresses that crowds witness the healing or hear reports about it later: these crowds may be an analogue for the congregation at worship. Healed persons adopt new roles of witness and service within the community. In Luke-Acts, healing is an act with social and religious implications.

The second feature is that Luke blurs the line between healing and exorcism. For Luke, both sickness and possession relate to demonic affliction. In Luke-Acts, sickness indicates that the person has fallen under demonic control and is thus in a negative form of community. Here, one's physical condition corresponds to his or her religious-social condition. Sometimes the person is afflicted due to an act of opposition to the will of God (they are an outcast from God's favor), other times they are just victims of demonic control. In any event, the person needs to be rescued or "released" from that state by an agent of God, and restored or put into God's community. Healing carries a person across the boundary separating the two realms. Healing is comparable to initiation, which is also a boundary-crossing ritual of transformation performed by a group on an individual. In Luke's view, there is healing within the community of Jesus and his followers. Those who have been healed have experienced the kingdom of God and are now the people of God. They have undergone a positive transformation.

The third feature is that God has commissioned agents to act on his behalf. These agents realize God's plan to heal and "release" those who are afflicted, and they serve in the community of God. In addition to describing Jesus' healings, Luke tells of healings performed by Jesus'

followers. The book of Acts is made up of many such accounts. In Luke–Acts, persons who have been healed then take on special roles in service to God within the community: they serve as examples of God’s power at work, give testimony, prophecy, at times (as does Paul) even act as healers. Here we see the client response to the gift of healing. The characters in the narrative may be examples for, or reflective of, Luke’s audience. For Luke, healing marks a turning-point in one’s socio-religious status as well as one’s physical condition. Healing is like a rite of initiation, in that it is a corporate ritualized act which brings a person into the kingdom of God, a state which Luke believes is realized within his community.

Chapter Ten discusses the author and the community of the text, in order to explain and contextualize the above features. Was the evangelist a physician or some kind of healer? We cannot say with certainty, but it is a credible assumption. That would explain the author’s evident interest in healing, as well as the early attribution of the text to Luke the physician. The text likely dates from the last quarter of first century. This was a time of diversity in early Christianity. Many groups were made up of Gentiles and Jewish-Christians from a variety of social classes. Institutionalization of leadership positions and roles within groups was only at a rudimentary level. Luke–Acts appears to have been written primarily to instruct Christians and confirm what they had already been taught. We can assume that the evangelist also sought to justify current practices and roles, and to encourage certain behavior by portraying Jesus and his followers as paradigms. Among the audience of Luke–Acts, community likely is promoted through the practice of table fellowship and ritual meal. I argue that community also is promoted through the enactment of healings within a worship setting. For the Lukan group, healing represents the kingdom of God and the resurrection of Jesus. These are core beliefs that the group would celebrate within a ritualized worship context. The ill in the Lukan community achieve healing in a corporate worship setting, through formal ritual acts. The ill also achieve healing in a social setting, by being made members of the community, enjoying fellowship, and filling roles within that group.

Chapter Eleven moves the discussion beyond the time frame of Luke–Acts, into the second to fifth centuries. The distinctive features about healing in Luke–Acts (a ritual or worship setting for healing, and the association of healing with initiation or incorporation into the group) occurred in subsequent Christian contexts. Luke–Acts appears to be an early point for later trajectories of Christian practice. I sketch some relevant areas and focus on a few significant cases, and I suggest areas where my findings provide direction for future research.

It is a daunting task to try to find new insights in New Testament texts. These documents have been studied and used for two thousand years. By applying insights and data from the social sciences, especially anthropology and sociology, I have acquired tools with which to probe the ancient texts and expose features previously ignored in scholarship.

My thesis is that the author of Luke–Acts portrays healing as an act comparable to initiation. In Luke–Acts, healing is depicted as a corporate act performed on an individual, and healing is associated with worship. Both initiation and healing are concerned with change. In Luke–Acts, the physical change of healing is linked with an initiatory socio-religious change. The evangelist shows that healing is a positive transformation and a rite of passage. The healed person has been brought into new relationship with God and new status and roles within God's community. In some cases affliction and healing are seen as part of a call or commission process. The author's view likely was shared by his audience. The concepts in Luke–Acts likely were shared and enacted by the text's audience, and the text reflects that group's worship and healing practices. This thesis takes seriously the importance of the topic of healing in Luke–Acts and the importance of ritual in the life of a religious group such as Luke's audience.

The topic of healing in early Christianity has been largely unexplored in recent scholarship. All agree that healing was practiced by many early Christian groups, but how and why it was practiced has received little attention. The largely unstated and undeveloped assumption is that healing was a spontaneous act done for vaguely altruistic reasons. My research indicates that religious healing addresses a number of group needs, and it is deliberately

done in controlled, ritualized settings. Healing serves pragmatic as well as charitable functions. We have strong reasons to assume that this was the case for Luke's group.

A central part of my research has been a comparison of healing with anthropological studies in rite of passage and initiation. I also draw on ethnomedical studies, which recognize the role of social networks in healing, and how healing is achieved through the attribution of meaning to health conditions. These insights have seldom been applied to early Christianity. My assertion that healing could be viewed as a legitimate religious experience in its own right challenges many conventional assessments in Early Christian and Classics scholarship, yet it is in accord with what we know from modern anthropological studies. My emphasis on the physical dimension of healing (besides its metaphorical, theological or "spiritual" side) in early Christianity recognizes that the physical realm can have a religious aspect. My exploration of the ritual side of healing in early Christianity redresses the *a priori* prejudices against ritual in some scholarship, which I discussed in Chapter Two.

The third evangelist is interested in the topic of healing, and it obviously is a topic of importance for him and his audience. I have made some suggestions as to his view of healing, and how his audience shared and enacted the concepts described in the text of Luke-Acts. If we are to do justice to the text, we must take these issues seriously as well.

Abbreviations

- ANF *Ante-Nicene Fathers*. Edited by Alexander Roberts and James Donaldson. Edinburgh: T&T Clark, 1867-. American edition revised by A. Cleveland Coxe. Grand Rapids: Wm. B. Eerdmans, 1951.
- AT *Apostolic Tradition* of Hippolytus
- BAGD *A Greek-English Lexicon of the New Testament and other Early Christian Literature*. By Walter Bauer, translated and revised by William F. Arndt and F. Wilber Gingrich and Fredrick Danker, second edition. Chicago: University of Chicago Press, 1979.
- FC *Fathers of the Church*. New York/Washington: Fathers of the Church/Catholic University of America Press, various dates.
- IG *Inscriptiones Graecae*
- LCL *Loeb Classical Library*. London/New York: W. Heinemann/G. P. Putnam's Sons, various dates.
- LXX The Septuagint
- LS *A Greek-English Lexicon*. Edited by H. Liddell and R. Scott. Oxford: Clarendon Press, 1940.
- NTA *The New Testament Apocrypha*, 2 volumes. Edited by Wilhelm Schneemelcher, trans. R. McL. Wilson. Louisville: Westminster/John Knox, 1991-92.
- OTP *The Old Testament Pseudepigrapha*, 2 volumes. Edited by James H. Charlesworth. Garden City: Doubleday, 1983.
- NPNFC *Nicene and Post-Nicene Fathers of the Church*. Edited by Philip Schaf and Henry Wace. Edinburgh: T&T Clark. American reprint, Grand Rapids: Wm. B. Eerdmans, 1989.
- SIG *Sylloge Inscriptionum Graecarum*. See Dittenberger.
- SBL Society of Biblical Literature
- UBS United Bible Society

Ancient Authors

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- Acts of Paul*. Translated by Wilhelm Schneemelcher and Rodolphe Kasser. NTA vol. 2.
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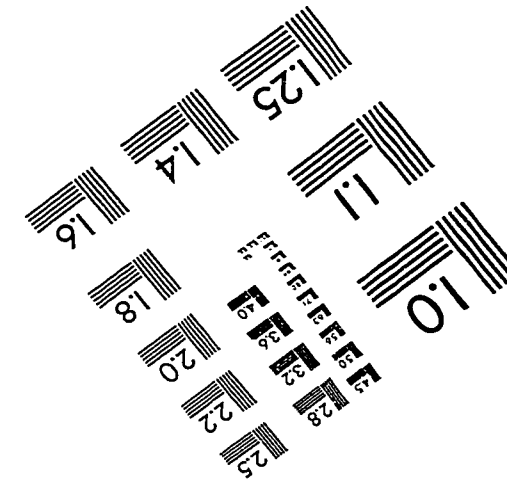
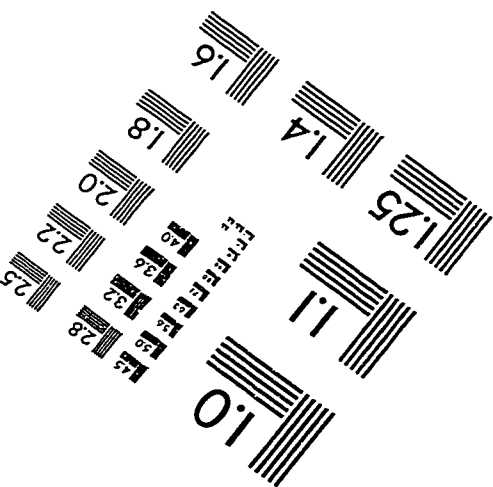
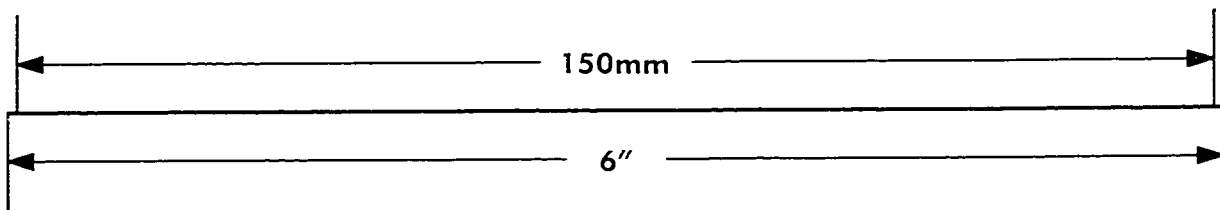
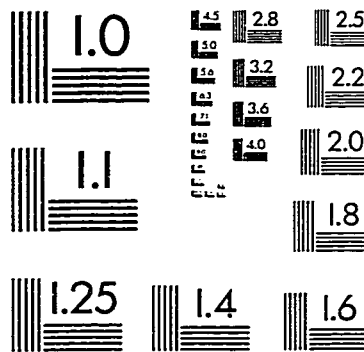
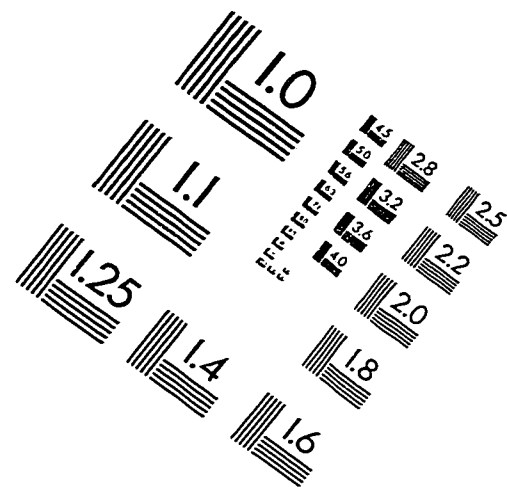
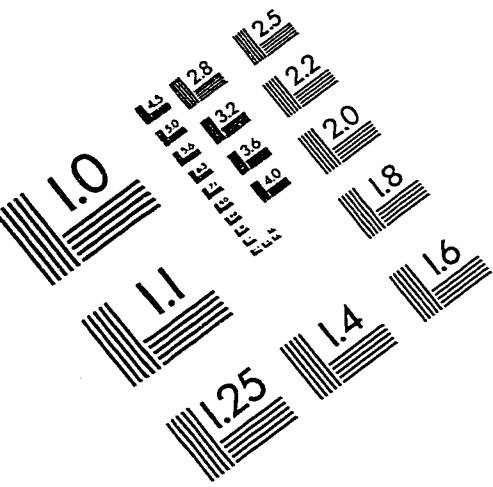
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