

ANNETTE WEISSENRIEDER

Images of Illness in the Gospel of Luke

*Wissenschaftliche Untersuchungen
zum Neuen Testament 2. Reihe*

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Mohr Siebeck

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Images of Illness in the Gospel of Luke

Insights of
Ancient Medical Texts

Mohr Siebeck

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Preface

In the summer term of 2001, the Department of Theology at Heidelberg University accepted this study as a doctoral dissertation. Since that time I have revised it intensively, and as a result I have changed the original title: „Krank in Gesellschaft. Krankheitskonstrukte im Lukas-Evangelium vor dem Hintergrund antiker medizinischer Texte.“

Several people have contributed to the development of my work, and I would like to thank them here:

The concept and the way it developed was supervised and encouraged by Prof. Dr. Gerd Theißen. My years as a candidate for a doctoral degree gave me the opportunity and freedom to develop my subject in the context of an open, specialist dialogue. Prof. Dr. Theißen's help and support were crucial. Within the scope of the graduation procedure, Prof. Dr. Peter Lampe provided a detailed second evaluation. I am very grateful for his far-reaching support and guidance. Prof. Dr. Wolfgang Eckart, of the Department of Medical History in Heidelberg, also shaped the study through his constructive questioning and encouragement.

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Someone who is devoted to a work for years is not always easy to bear. Special thanks go to the Weissenrieder family and to all my friends for their patience, support, and companionship.

The approach to interpreting the New Testament against the background of ancient medical texts that is developed in this work continues in a joint publication project with Prof. Dr. Troy Martin. This project entitled *Ancient Medical Texts and the New Testament* describes introductory issues such as date, authorship, and provenance of these texts as well as the significance of these texts to New Testament exegesis. Volumes of this project will be forthcoming in the near future.

Annette Weissenrieder

Heidelberg, January 2003

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Glossary

<i>Construction of illness</i>	The way a sick body is viewed is not continuous over time. We cannot interpret illness as unchanging facts. Rather, it is always influenced by the cultural codes associated with particular illnesses. In the same way, every society has a characteristic cultural knowledge of illnesses that can be called upon at any time. This knowledge is rehearsed and handed down through constant repetition in daily life. Changes in these cultural codes occur in parallel with changes in society. In the Gospel of Luke illness is defined as a loss of function of the social body.
<i>Paradoxical integration</i>	Indicating the sick protagonist's exclusion from the community, points to his or her loss of function in that community.
<i>Transphenomenal reality</i>	Reality that exists and operates independently of human live.
<i>Reality</i>	All forms of subjective appearance of reality whether they are interpreted as immediate representations or indirect derivations causally determined or independent of reality.
<i>Binnensystem</i>	The agreement of system-sustaining functions. The term explains both phylogenetic processes and cultural developments.
<i>Internal Binnensystem</i>	Illustrates the interaction of the elements of a system.
<i>External Binnensystem</i>	Refers to the reciprocal coordination between subjective structures of cognition and structures of the world.
<i>Coherence</i>	Conditions of internal consistency.
<i>Correspondence</i>	Refers to one-sided relationships to outer systems.

<i>Adaption</i>	Development of certain correspondences to the outer system that support the preservation or the internal reconstruction of the individual subject's exterior world.
<i>Performative acts</i>	They are maintained as cultural constructs by means of constant repetition and assumed to be known and can be drawn on a various novel situation.
<i>Corpus Hippocraticum</i>	It evidently consisted of approximately 62 sections that cover a variety of texts, subjects and theories (5 th century BCE-2 nd CE).
<i>Theory of bodily fluids</i>	A balanced mixture of excretion, secretion and hypothetical humors indicates good health and an imbalanced illness.
<i>Mechanics of excretions</i>	Harmful substances can appear and be discharged at the same or at different points in the body.
<i>Theory of metabolism</i>	People have varying degrees of warmth and cold according to gender, age and ethnicity.
<i>Influence of environmental factors</i>	The entire environment was divided into the system of four elements or bodily fluids: dry and wet, and cold and warm. The theory of bodily fluids was developed in correlation with this system.

Chapter I

Introduction

For many years, researchers were united in the assumption that, from a theological standpoint, an intensive investigation of the illnesses described in the healing narratives was of minimal importance. What was considered crucial were the actions of Jesus that brought about the healings. The images of illness in the New Testament were based on “folk” knowledge, or they were made plausible solely in the Jewish context of purity and impurity.

In recent times, we have seen a renewed interest in the medical classification of the texts – provoked perhaps by an overall interest in perceptions of the body. The majority of exegetes examine the illnesses in the New Testament in terms of modern-day diagnostic methods and refer to ancient medical texts only as supplementary sources. They portray the illnesses as naturally occurring, unchanging values, which vary in their severity only to the extent that scientific advances have made new methods of healing possible. A second approach is also particularly worth mentioning: a socio-anthropological one. This approach assumes that illness is a constant of nature to which people apply cultural attributes in the sense of epiphenomena. Thus, this idea makes a distinction between biological-medical and cultural views of the body. The exegetes examine the illnesses mentioned in the New Testament as phenomena interpreted from a cultural perspective. A third approach is devoted almost exclusively to medical data concerning the particular illness being observed, as it was depicted in antiquity. In this case, the cultural (and theological) consequences are often pushed into the background. All three of these approaches – the analysis of the texts based on contemporary diagnostic methods, the socio-anthropological approach that lacks attention to the medical phenomena of illness, as well as the exclusive focus on these phenomena – are made dubious by the narrowness of their perspective.

Over the course of the centuries, scholars have repeatedly taken up the question of the understanding of illnesses, especially in the case of the Gospel of Luke, admittedly with a very particular focus: The author of the Gospel of Luke was presented as a physician; consequently, his Gospel was said to be characterized by medical terminology. The best-known representative of this theory is W.K. Hobart, with his study of the *“Medical Language of St. Luke.”* No less valuable given the fact that they

have been nearly forgotten in academic discussion are, in my opinion, the remarks of J. Freind in his "*Historia medicinae a Galeni tempore usque ad initium saeculi decimi sexti*" – "*History of Physick (sic!) from the Time of Galen to the Beginning of the Sixteenth Century*," published in 1725.

This present work, "*Images of Illness in the Gospel of Luke*" follows on from the conclusions of Freind and Hobart to a certain extent, insofar as their studies refer to the vocabulary of illness in the Gospel of Luke. These references led me to focus my study on the Gospel of Luke as opposed to any of the other Gospels.

My aim, first of all, is to show that the author of the Gospel of Luke intensifies the indicators of illness in the text. He refers to an understanding of illness that was valid within the time and context of his work and his depictions of illness can be made plausible against a background of ancient medicine. The majority of this work will be devoted to this line of investigation.

This historical description of the problem forms the basis for the more wide-ranging question that follows: Why was it important to the Lucan author to change the depictions of illness in the healing narratives in comparison to the Gospel of Mark? This line of questioning stems from the assumption that the author of the Gospel of Luke meticulously employed the illness constructs of his time in order to make his central message plausible: that of the presence of divine reality in the human sphere. Expressed in terms of the theoretical language of constructivism, the well-informed presentations of illness serve to establish coherencies between the two realities, the human and the divine.

Within the term "images of illness" – the key element in the title of this investigation – three perspectives come together which accentuate the line of questioning presented above and which I will bring to light in the course of my discussion.

In medical discourse, the term "images of illness" points first of all to symptoms that are more or less evident and which allow us to infer the presence of a particular illness. In order to make the Lucan descriptions of illness plausible within their context, I will refer to ancient medical source material. In this study, I draw primarily on texts from the *Corpus Hippocraticum*, supplemented by the works of Soranus, Caelius Aurelianus, Theodorus Priscianus, Pliny, Dioscorides, Empedocles and Galen. Many of these authors' writings have not yet been completely critically edited. For example, there is no complete critical edition of the *Corpus Hippocraticum*. I will therefore present my own translation of some of the texts here.

We can observe an interesting parallel to the line of questioning presented in this work when we examine the changes in the medical-historical research of antiquity. Whereas until a few years ago research focused primarily on the essential work of editing and compiling comprehensive presentations of medical history, more recent work in this discipline has placed the question of constructs of the body at the forefront.

Unfortunately, many of the illnesses that are relevant to the analysis of the New Testament are given only passing mention in medical-historical discourse. Therefore, an examination of the individual illness phenomena seems to be in order for this present work.

Secondly, the term “*images of illnesses*” (also used as a synonym for the expression “*concepts of illness*”) points, in social-scientific discourse, to lay theoretical assumptions about the course, severity, and “reason for” the illnesses in question and to their effects on the society – and thereby to the public-ostensive character of the healings of illness in the Gospel of Luke. Jesus rarely healed *coram privata*, as is familiar to us from some of the magicians of antiquity; rather, he performed most of his healings in public. In the Gospel of Luke, the society in which the healings take place is characterized as a „berufene Versammlung”¹ (“chosen gathering”): It is the multitude of people that follows Jesus in order to listen and be healed. Included in this group are the Scribes and the Pharisees as well as the faithful in the synagogue. This society assures the personal existence of the individual in both an economic and a social sense. Illness places this existence in doubt.

Illnesses – even at an individual level – are not conditions “in and of themselves.” Illnesses only ever exist for us in the form of socially imposed images of illness that reflect both the knowledge and the judgments and expectations of particular eras and cultures. Objective manifestations such as medical and social evidence are nearly always the cornerstones on which images of illness are built. However, the meaning that people attribute to these manifestations is a constructivist issue rather than a natural one.

In the end, therefore, the term “*images of illness*” points, in constructive discourse, to the question of the constructs of illness that characterize this special group of people and are characterized by them. At the root of this question is a methodological approach that links the two levels already mentioned here. The premise of this work is that there is no objective way of viewing a sick body. Every description of the body is colored by the cultural understanding of the people concerned. The

¹ BOVON: *Lukas I*, 447 note 32.

behavior of the society has a determining influence on the way in which an illness is viewed.

This present study is divided as follows: After a short presentation of the status of the research on the understanding of illnesses in the New Testament exegesis, a further chapter will elucidate the theoretical background for this work. Different perspectives will be combined in the analysis. The methodological approach is based on the epistemological premises of constructivism. An investigation of ancient medical concepts will serve to reconstruct specific cultural parameters of perception. In addition to medical-historical source material, the evaluation will, above all, take social considerations into account. Chapter III will introduce the constructivist concepts that form the basis of this study and classify them into the different approaches that dominate interdisciplinary discussion. This present work employs a combination of “radical,” “weak,” and “social” constructivism. The introduction of the constructivist positions will be followed by my application of the theory as it applies to illnesses. Finally, I shall outline the application of this theory for the New Testament exegesis. Following the theoretical section, I shall give a short presentation of the constructs of illness in the scientific medicine of antiquity (Chap. IV), which will be explained using the example of the so-called “hystera phenomena.” This will be followed by various individual exegeses. The first chapter, which deals with Elisabeth and Zacharias (Luke 1), will center on the function of constructs of illness (Chap. V). This fundamental explanation will lead into an analysis of the story of the ten lepers (Luke 17:11–19; Chap. VI). Exegetes have frequently identified this story as a purification narrative and have not classified it among the accounts of healing. Using the background of ancient texts, I shall examine whether this assessment is justified. Finally, I shall present a chapter dealing with coherencies between the healing narratives – these can be inferred when we analyze the stories in the context of ancient medicine (Chap. VII). Specifically, I will examine the stories of the so-called hemorrhaging woman (Luke 8:43–48), the daughter of Jairus (Luke 8:40–42, 49–56) and the boy with the “epileptic phenomena” (Luke 9:37–43). I shall also investigate in greater detail the question of gender-specific and demonic constructs of illness and illnesses associated with impurity. The basic thanatological dimension functions as a unifying thread that links these narratives at the level of content. This fundamental thanatological dimension can be extracted from the medical source material as well as from the narrative composition of the texts.

I shall present the constructs of illness covered in the exegeses once more with greater emphasis in summary of the constructs of illness in the Lucan Gospel against the background of ancient medicine (Chap. VIII).

In a final chapter concerning the author of the Gospel of Luke, I shall explore the extent to which the analyses carried out so far provide further insight into the question of "Luke, the physician." As a further basis for comparison, I will refer in particular to the Acts of the Apostles and to Philo of Alexandria (Chap. IX).

Chapter II

New Testament Depictions of Illness and Ancient Medicine – an Overview of the Research

In the case of some individual narratives, research on illnesses as a scientific attempt to understand the miracle stories¹ of the Synoptic Gospels was already being carried out by the Fathers of the Church. Thus, Origen, who had access to a substantial library, made a detailed investigation of epileptic phenomena. His discussion of the concrete symptomatology serves as a starting point for a more extensive line of questioning: The examination of two differing concepts of illness – namely, the purely physical and medical concept, and the religious concept, which interprets illness as being caused by an impure spirit. As he states in his commentary on the Gospel of Matthew: “Therefore, we also wish to approach the text and investigate, first of all, to what extent a person may be called somnambulous (“addicted to the moon”) when he or she is darkened and overcome by an impure spirit [...]. The physicians may stick to physiology – since they believe that the issue here is not an impure spirit, but rather a purely physical description of an illness – and with their physiology, explain that the fluids in the head move in a certain relationship to the light of the moon, whose nature is also moist. We also believe the Gospel, which sees this illness as being caused by an impure, mute and deaf spirit operating inside the afflicted person.”² Continuing his explanations, Origen attempts to lend plausibility to both of these concepts of the illness; he comments on the likelihood of an etiology for the illness based on the phases of the moon as well as on one that attributes it to an evil demon. Ambrose and Tertullian both also dealt explicitly with individual illnesses mentioned in the stories of miraculous healing.

¹ In this work, I will refer primarily to THEISSEN: *Miracle Stories*. In addition, I have made a critical examination of the works by BETZ/GRIMM: *Wesen und Wirklichkeit der Wunder Jesu*; ROLOFF: *Das Kerygma und der irdische Jesus* and ZELLER: *Wunder und Bekenntnis*.

For Chapter V, “Elisabeth and Zacharias,” I referred particularly to the examinations by BERGER: *Formgeschichte des Neuen Testaments* and *Darf man an Wunder glauben*.

² Origen Commentaria in evangelium secundum Matthaëum XIII,6.

In addition, we also find passages based on ancient physiology – such as, for example, the Herophileans,³ the Hippocratics⁴ or Soranus.⁵ These texts, therefore, also document the authors' familiarity with medical literature.

Thus, the question of images of illness was central for the Fathers of the Church: Are the texts characterized by a "physical image of illness," as Origen describes it, or by an image of illness founded on religious connotations? At the heart of this question is the even more fundamental issue of the frames of reference within which we can interpret the New Testament miracle stories. Does medical knowledge of illnesses play any part at all in the understanding of the miracle stories? In interpreting the New Testament healing narratives, can we assume that the images and concepts of illnesses have not changed over time – that only the methods of healing and the social context have changed? And finally: How can the illnesses be made understandable for us today? Against the background of the debate in the early Church, this line of inquiry emphasizes the dichotomy between medicine and miracles.⁶

The majority of today's exegetes base their studies on the dichotomy that is familiar from early Church tradition. Their research is focused primarily on the interpretation of the miracle narratives.⁷ From this perspective, they then investigate the understanding of illness that underlies the healing narratives. These investigations tend to classify the phenomena of illness and possession depicted in the NT according to images of illness that are familiar to us today. This, in turn, is often accompanied by a tendency toward psychological interpretation.

Today's analyses of ancient illnesses draw unquestioningly upon familiar (Western) concepts of illness and health that view illness in a primarily medical context and interpret it as a somatic disturbance. Consequently, illness and possession are often taken to be separate phenomena even though the Lucan texts do not necessarily suggest this. The image of possession starts from the modern assumption of an

³ Tertullian, in particular, can be cited here. On this subject cf. SCHIPPERGES: *Krankheit IV*, 688.

⁴ Origen makes various references to the Corpus Hippocraticum. Cf. SCHIPPERGES: *Krankheit IV*, 688f.

⁵ On the whole, Tertullian orients his work on the Methodist school of medicine, which also includes Soranus.

⁶ The question of the Lucan author's knowledge of medicine has been discussed by HOBART: *Medical Language of St. Luke* and CADBURY: *Style and Literary Method of Luke*, among others. I will take up this inquiry in Chapter IX.

⁷ Since the research concerning the New Testament miracle stories has been outstandingly analyzed, I will refer the reader at this point to the reports by KOLLMANN: *Jesus und die Christen* and THEISSEN/MERZ: *Historical Jesus*, 281ff.

autonomous, self-contained self. Accordingly, the exegesis explains possession in particular as a completely subjective and mental process and suggests that the phenomena of illness have an unchanging character throughout history.⁸ Or, put in theoretical terms: The illnesses are introduced as constants of nature. They change only to the degree that scientific advances make new methods of healing possible.

Against this background, the exegetes apply current images of illness and psychological theories as explanatory models for the (Lucan) texts as if they were self-evident.

Thus, until very recent times, New Testament reports of illness and possession were interpreted as hysteria in the Freudian sense, mania, or epilepsy⁹ – or models such as those of “dissociative disorder,” “borderline syndrome” (personality disorder),¹⁰ or “multiple personality” were applied to the New Testament texts.¹¹

One example may serve to demonstrate this tendency: F. Fenner, who in the 1930's published a comprehensive study of “illnesses in the NT,” attributes the majority of the cases of illness and possession that he presents to the generalized phenomenon of “hysteria” – such as, for example, the illness phenomenon of the “withered hand.” „Daß es sich hier um hysterische Erscheinungen handelt, wird auch besonders durch die scharfe zirkuläre Abgrenzung der Lähmung auf die eine Hand nahegelegt [...]. Bemerkt sei, daß es auch eine hysterische Insuffizienzerscheinung gibt, die sich auf den ganzen Körper erstreckt und in allgemeiner Muskelschwäche äußert.“¹² However, we can interpret the classification of illness and possession to the disease model of “hysteria” as a phenomenon typical of the time period of the early 20th century. Other categorizations are linked more closely to the end of the 20th century. Thus, recent publications suspect “anorexia nervosa” to be the explanation for some of the illnesses mentioned in the NT. Anorexia is one of the so-called eating disorders, which is simultaneously interpreted¹³ as a „Symptom weiblicher

⁸ At this point, I would like to refer to various overviews of the research in the individual exegetic chapters: 5.2; 6.2 and 6.8; 7.1.

⁹ TRUNK: *Der messianische Heiler*, 36 interprets the possessed boy as “undoubtedly” epileptic. KOLLMANN: *Jesus und die Christen*, 206 calls the Gadarene a “mentally disturbed person” suffering from mania.

¹⁰ This term is used by THEISSEN/MERZ: *Historical Jesus*, 311. The classification is all the more astonishing since the authors use it in connection with an explanation of illness as a known quantity and a social construct.

¹¹ Cf. e.g. WEBER: *Dämonen, Besessenheit und Exorzismus*, 30.

¹² FENNER: *Krankheit im Neuen Testament*, 58.

¹³ In her book, *Fließende Identität*, SCHIFFER investigates the way the body and gender are constructed in the healing narratives of the Gospel of Mark. As a theoretical background for her work, she refers to constructivist body and gender research, which she explains and expands upon primarily on the basis of JUDITH BUTLER's controversial approach: „Im

Selbstwert- und Beziehungsstörungen vor dem Hintergrund einer weiblich narzißtischen Persönlichkeitsstruktur, als Identitäts- oder Ich-Störung.“¹⁴ In the context of her diagnosis of anorexia based on the work of Christina von Braun, B. Schiffer interprets the sickness of Jairus's daughter portrayed in Mark 5 as an “illness of resistance,”¹⁵ and in this sense, as a “travesty.” From this she deduces two messages: On the one hand, opportunist messages in the sense of “do-not messages;” on the other hand, subversive messages which she interprets as an action against “patriarchal hegemony.”¹⁶

The embedding of illnesses and the phenomenon of possession in contemporary medical-psychological discourse leads us to categorize¹⁷ the various phenomena of illness according to our culturally familiar patterns of thought and to apply familiar labels to them.¹⁸ In exactly this way, the illness phenomena are disengaged from *indigenous experience* and *robbed of their specific characteristics*. As far as the ancient period is concerned, they are removed from experience and reality.

More specifically, this removal takes place in two different ways:

poststrukturalen Denken Butlers sind Körper und Geschlecht diskursiv erzeugte Konstruktionen, ohne die wir nicht leben können.“ (p. 100) According to Schiffer, the institutionalizing of this discourse is established through performativism, freedom of action and gender parodies, which she also calls travesties in the sense described by Butler. Following the ancient discourse on body images, she deals intensively with the one-sex model as it has been passed down to us by the Hippocratics or Galen. Her methodological context is semiotic analysis – although she introduces the different understandings of symbols presented by Ricoeur and Lacan, but does not make a decision in favor of one approach. In my opinion, this tendency is also expressed in her analysis of the New Testament texts. Her aim is to understand biblical depictions of body and gender as an ambiguous language of symbols.

¹⁴ SCHIFFER: *Fließende Identität*, 153.

¹⁵ SCHIFFER: *Fließende Identität*, 161.

¹⁶ Whereas SCHIFFER calls upon Old and New Testament and rabbinical and secular ancient medical sources in her discussion of the illness of “fever,” she bases her analysis of the daughter of Jairus and the woman with the issue of blood (dysfunctional uterine bleeding, disturbance of the menstrual cycle) on modern-day diagnoses, etiologies, and semiotics. Thus, a tension exists between her individual exegeses and her methodological approach: „die Kulturgebundenheit von Medizin und Krankheit.“ (*Fließende Identität*, 72) She reduces this to the reciprocal relationship between Jesus the magician and the women in need of healing. In so doing, she brings up yet another problem: The lack of differentiation between magic and miracle and the resulting very broad description of magic, „daß beiden Phänomenen, der Magie wie dem Wunder, die gleiche Anschauung einer außergewöhnlichen, wirksamen Kraft zugrunde liegt, so daß eine kategorische Trennung überflüssig und irreführend ist.“ (p. 52)

¹⁷ Cf. also OLIMZKY: *Jewish Paths Toward Healing and Wholeness*.

¹⁸ Cf. e.g. HEMER: *Medicine*, 43–48 who initially examines ancient medicine but then later attempts to identify illnesses described in the New Testament from the point of view of modern medicine.

Patterns of explanation oriented on contemporary experience are not representative of ancient experience insofar as they attempt to determine the *severity of illnesses* by classifying them according to modern illness phenomena. This information contributes to our understanding of the story only through the fact that this context makes the miracle of the healings seem even greater. The categories of “harmless” or “severe” which illnesses are assigned in the exegesis often do not, in fact, correspond to ancient classifications. Thus, for example, the morphological element of issues or skin impurities was interpreted differently during different time periods.

However, the patterns of explanation fail to correspond to ancient experience on a second point as well: They assume a *clear line of separation between the internal and the external*,¹⁹ which does not fundamentally converge with the mentality of ancient people, as K. Berger²⁰ and B. Malina²¹ convincingly point out. This line of separation also applies specifically to the understanding of the body.

In the 1990's, J.J. Pilch made a further decisive step toward classifying illnesses in their respective *cultural* contexts. He re-divided the dichotomy mentioned above – medicine and miracles – into a trichotomy by making a further distinction at the medical-physical level: He distinguishes between medical and social experiences of illness – between “*disease*,”²² which encompasses the biological²³ and psychological sphere, and “*illness*,” which he defines as the subjective or social experience of the ailment. He explains this trichotomy again in detail in his most recent book, “*Healing in the New Testament*.” The terminology he mentions provides standard social-historical knowledge with a new vocabulary. The question of the

¹⁹ In order to do justice to this difference, the differentiation of the body into “internal” and “external” *Binnensystem* may be helpful, and it forms the basis for this work. On this subject, cf. section 3.2 “‘Weak’ Constructivism.”

²⁰ BERGER: *Historische Psychologie des Neuen Testaments*.

²¹ MALINA: *The Social World of Jesus*, 35–94.

²² PILCH: *Healing in the New Testament*, 25 “The concept of disease attempts to correlate constellations of signs and symptoms for the purpose of explanation, prediction, and control. The biomedical jargon for these strategies is diagnoses, prognoses, and therapy, and these concepts lead into the field of power and politics. *Illness*, too, is not a reality but an explanatory concept that describes the human perception, experience, and interpretation of certain socially disvalued states including but not limited to disease.”

²³ Cf. PILCH: *Sickness and Healing in Luke-Acts*, 201 “Furthermore, some interpreters of biblical literature occasionally utilize such ancient Latin or Greek resources in analysing biblical texts. This strategy produces mixed results precisely because of the potential interpretative hazards just mentioned. Biblical authors themselves do not appear to have had at hand any of these ancient resources nor do they use the terminology utilized by those ancient authors. In fact, such ancient volumes may represent an elite understanding of human health misfortunes.”

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