

Jesus: Healer and Exorcist

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LECTURE 2 – ASSESSING THE EVIDENCE

In our first lecture, we attempted to reconstruct how illness and impairment in their various manifestations were experienced in first century Palestine. We noted that whilst there was a growing awareness of divinely-ordained intermediaries, such as physicians and medicines, Yahweh, Israel's God, was recognised as the ultimate source of all healing.

We also noted that illness tended to be viewed theologically, often thought to result from dis-ordering 'sinful' behaviour either as a consequence of malevolence or as divinely-ordained punishment for the same – resulting in a close association between repentance, forgiveness and healing.

In a culture where disease aetiology was extremely limited, certain self-destructive or life-threatening patterns of behaviour were thought to result not from sinful conduct or divine decree, but from some form of spiritual oppression, requiring exorcism as a remedy.

Further, whilst there was no NHS equivalent in existence, we identified the presence of self-styled physicians who may or may not have been influenced by the Hippocratic tradition of medicine emanating from Greece. It also seems probable that the use of naturally-occurring medicines was well established and it is plausible that Essenes maintained rudimentary sanatoria in some Palestinian villages.

We reviewed evidence suggestive of the presence of exorcists, some possibly associated with the Pharisees, as well as holy men associated with healing, such as the Galilean, Hanina ben Dosa.

And, finally, we noted how the language of illness and healing was employed, mainly by the Hebrew prophets, to describe the state of Israel's covenantal relationship and to express hope for a time when God's sovereign presence would be experienced as a blessing rather than either as an absence or, worse still, as punishment for disobedience.

In a nutshell, these are some of the defining characteristics of the culture and climate within which we must set Jesus' ministry – recalling that, according to all four New Testament Gospels, it is a ministry that begins with John whose proclamation of immanent judgement upon corrupt, self-serving Israelites and programme of inner repentance ritualised in baptism Jesus embraced personally and may well have pursued as a disciple of the Baptist for some time.

According to our sources, John had no reputation for healing or exorcism (John 10.41; cf Mark 6.13-14), nor does he appear to have used the language of illness and disease to describe the condition of Israel as a whole or especially egregious individuals in particular.

However, given his message, more likely than not, he would have viewed illness as a scourge and anticipation of future judgement to be visited upon those who failed to keep covenant with Israel's God.

All this brings into focus two key questions which we must attempt to answer satisfactorily during our time together:

1. Why did Jesus depart from John's apocalyptic message of immanent divine judgement and his baptism of repentance programme?
2. What was the basis for Jesus' impact and popularity during his lifetime, especially among the sick and those deemed to be possessed?

I'm going to leave these open for the time being, but will return to them as we proceed. For now, let us review the Gospel material relating to Jesus' wonder-working activities. Broadly speaking, if we set to one side traditions relating to his birth and resurrection, it falls into four categories: so-called natural phenomena; physical conditions; spiritual/psychological oppression; resuscitation. Within each of these, as you would expect, a number instances are recorded (see Appendix).

Jesus the Healer

Regrettably, time does not permit us to investigate all four categories; instead, we're going to focus on the second and third, on Jesus' alleged healing of physical conditions and deliverance from spiritual or psychological oppression. The rationale being, notwithstanding time-constraints, if we can't satisfactorily account for these then we haven't got much chance of making sense of the others. So let's start with healing and with an overview of the range of conditions he is reported to have treated:

Fever (Mark 1.29-31/Matthew 8.14-15/Luke 4.38-39; John 4.52)

Paralysis (legs: Mark 2.1-12/Matthew 9.1-8/Luke 5.17-26; John 5.1-9; hand: Mark 3.1-6/Matthew 12.9-14/Luke 6.6-11; back: Luke 13.10-17; unspecified: Matthew 8.5-13/Luke 7.1-10/(?) John 4.46-54)

Blindness (Mark 10.46-52/Matthew 20.29-34/Luke 18.35-43; Mark 8.22-26; John 9.1-41)

'Leprosy'/skin conditions (Mark 1.40-45/Matthew 8.1-4/Luke 5.12-16/EgerG 2.1-4; Luke 17.11-19)

Chronic blood loss/genealogical (Mark 5.24-34/Matthew 9.20-22/Luke 8.42b-48)

Dropsy/heart-failure (Luke 14.1-6)

Deafness/speech impediment (Mark 7.31-37; cf Mark 9.14-29/Matthew 17.14-20/Luke 9.37-43)

Incised wound (Luke 22.49-51)

Quite a range, although they tend to be debilitating rather than directly life-threatening conditions. At this juncture, we need to introduce a technical distinction between disease and illness. In many contexts, of course, these words are used interchangeably, but in medical anthropology they are distinguished: *disease* relates to the biological, mental or

psychological malfunctioning of the body, whilst *illness* denotes the personal and social responses to such malfunctioning. To use a contemporary example, those who contract AIDS suffer not only from a pernicious viral infection, an illness, but also, in many cases, regrettably from the opprobrium surrounding this condition in certain quarters as well as, perhaps, from a sense of guilt or judgement.

This distinction has significant implications for our investigation. For instance, it is possible to heal an illness, whilst not curing the underlying disease – we could challenge the prejudices associated with AIDS whilst affirming the humanity of sufferers without recourse to antiretroviral drugs. Equally, we could cure a disease, but still be unable to heal the illness – let's say a cure for AIDS had been found and had been administered successfully to a patient, others may still choose to be hostile, judgemental and closed.

Now some New Testament scholars, notably Dominic Crossan, make use of this distinction to conclude that Jesus earned a reputation for the latter and not the former. Commenting on Jesus' encounter with a leper narrated in Mark 1, Crossan writes with characteristic eloquence and rhetorical force:

Was he [Jesus] curing the disease through an intervention in the physical world, or was he healing the illness through an intervention in the social world? I presume that Jesus, who did not and could not cure that disease or any other one, healed the poor man's illness by refusing to accept the disease's ritual uncleanness and social ostracization ... By healing the illness without curing the disease, Jesus acted as an alternative boundary keeper in a way subversive to the established procedures of his society ... Jesus heals by refusing to accept traditional and official sanctions against the diseased person. Jesus heals him, in other words, by taking him into a community of the marginalized and disenfranchised – into, in fact, the Kingdom of God. (*Jesus: A Revolutionary Biography*, pp 82-83)

Self-evidentially, this explanation is very attractive to the liberal mind and there is much in me that wishes to say 'Amen' – but I remain unconvinced that it accounts for all the evidence. Let me explain why. Firstly, back to the second of those questions with which we began this session, Would a commitment to welcoming sufferers back into the community explain Jesus' popularity? Surely, he must have been doing more than that to have attracted so much attention among ordinary people who will have had next to no access to health provision and who, in most cases, appear to have shown precious little interest in his message – with the exception of Mary Magdalene and, possibly, Bartimaeus, no one whom Jesus treats is reported as becoming a follower.

And, in any case, by no means all the medical conditions recorded in the Gospels rendered sufferers ritually unclean or were socially isolating in the sense of excluding sufferers from their communities – leprosy and some other skin conditions, yes (Leviticus 13-14); possibly, a chronic gynaecological flow of blood, although this is contested. But the others were not.

What is more, Jesus was an itinerant who, as far as we know, did not form or belong to a community which would have been in a position to care for sick people – unlike, as we mentioned earlier, local groups of Essenes. And it is difficult to envisage how an itinerant, especially given the incredulous reception he is purported to have received when returning to Nazareth (Mark 6.1-6; cf John 1.11), would have been able to persuade villagers and towns-people to care for their own ailing members – especially, as there is no convincing evidence of him trying to do so and, even if there was, it would be a highly risky strategy. Certain conditions were quarantined for a good reason – to prevent contagion which could decimate a community and endanger its survival.

That said, the distinction between disease and illness is an important one, for some of the medical conditions treated by Jesus did convey significant consequences. The obvious example is the one cited by Crossan, leprosy, although this is more likely to refer to conditions where the skin was broken in some way rather than to Hansen's disease with which we are all too familiar today. In addition to managing the symptoms, sufferers were also rendered ritually unclean and, depending on the severity, would be quarantined until a priest established whether the condition had disappeared or was no longer dangerous to others (cf Leviticus 13-14) – hence, Jesus' instruction to lepers who approached him to subject themselves to priestly examination (Mark 1.44; Luke 17.44) – another detail that doesn't sit easily with Crossan's proposal. We can only imagine the devastating impact this condition must have visited upon sufferers – in some cases, the priest's diagnosis will have been tantamount to a death sentence.

But, more broadly, as we saw earlier, disease and healing tended to be interpreted theologically, rather than medically, with the former often considered to be either self-inflicted as a consequence for sinful, dis-ordering behaviour or by way of divine punishment. In truth, Jesus may well have been sympathetic with this view himself. Recall how, when a man suffering from paralysis was lowered before him, he declares his sins forgiven before bidding him to rise and depart (Mark 2.1-12).

Or, again, in our earliest manuscript relating Jesus' encounter with a leper narrated in Mark 1, he dismisses the patient thus: 'Go, show yourself to the priests and make an offering for your cleansing as Moses commanded; and sin no more ...' (Papyrus Egerton 2; cf Matt 8.2-4/Mark 1.40-44; Luke 5.12-16) – echoing his parting words to the paralysed man by the pool at Beth-zatha in John 5: 'See, you have been made well! Do not sin any more, so that nothing worse happens to you.' (John 5.14; cf Mark 2.1-12) But then John records the following exchange four chapters later: As [Jesus] walked along, he saw a man blind from birth. His disciples asked him, 'Rabbi, who sinned, this man or his parents, that he was born blind?' Jesus answered, 'Neither this man nor his parents sinned; he was born blind so that God's works might be revealed in him.' (John 9.1-3; cf Mark 8.22-26)

And, finally, what are we to make of these enigmatic sayings recorded in Luke alone which purport to reference historical events, although scholars have been unable to correlate this from other ancient sources:

At that very time there were some present who told him [Jesus] about the Galileans

whose blood Pilate had mingled with their sacrifices. He asked them, 'Do you think that because these Galileans suffered in this way they were worse sinners than all other Galileans? No, I tell you; but unless you repent, you will all perish as they did. Or those eighteen who were killed when the tower of Siloam fell on them – do you think that they were worse offenders than all the others living in Jerusalem? No, I tell you; but unless you repent, you will all perish just as they did.' (Luke 13.1-5)

Enigmatic, indeed! But whether Jesus was inclined to link disease and sinful disordering behaviour in a causal or consequential manner, some evidently did which will have affected how sufferers experienced disease, as well as how those around them responded. Think of Bartimaeus, unable to earn a living owing to blindness, rendered destitute and homeless, forced to beg, only to be scorned and disregarded by passers-by when pleading for alms (Mark 10.46-52). Or the woman with a chronic issue of blood, who is given the name 'Bernice' in later tradition (Latin: Veronica; Acts of Pilate VII) – how her scourge, as it is described, must have turned her life into a living hell: exploited, abused, ritually unclean, barren and denied intimacy – in all probability, judged by herself and others to be accursed of God.

Another reason why it seems unlikely that the traditions relating to Jesus' therapeutic activity simply reflect a commitment to embracing sick people within the community is the inclusion in most of the narratives of what can be described as technique – healing words uttered (Mark 1.41; 2.11; 3.5; 10.52; Luke 13.12; 17.14; John 5.8), actions undertaken (touch: Mark 1.31, 41; 5.27-28; 6.5, 56; 7.32; 8.22; Matthew 9.29; 20.34; Luke 4.40; 14.4; 22.51), substances applied (saliva: Mark 7.33; 8.23; mud & saliva: John 9.6; cf oil: Mark 6.13; Luke 10.34) which appear to act as conduits through which healing power or energy passes, suggesting perhaps a sacramental dimension. In fact, there is one saying within the source, Q, in which Jesus actually speaks of his *dynameis* – 'deeds of power' – 'Woe to you, Chorazin! Woe to you, Bethsaida! For if the deeds of power done in you had been done in Tyre and Sidon, they would have repented long ago, sitting in sackcloth and ashes' (Matthew 10.21/Luke 10.13).

Yet for all this emphasis upon technique, what is distinctly lacking, rather surprisingly given the centrality of this relationship, is any reference to Jesus praying to God; the closest we come is when Mark records that Jesus looked heavenward and sighed (Mark 7.34; cf John 11.41-42; Mk 6.41; 8.6). This is in stark contrast to another Hebrew holy man ministering in Galilee around this time, Hanina ben Dosa. If you recall, he earned a reputation for effective prayer among the sick; not so with Jesus for whom the healing dynamic seems to have been located within the personal encounter.

This, to my mind, is significant and is why, for example, so much attention is paid to the relationships between Jesus, sufferers and sometimes their supporters. Nowhere is this more evident than in those traditions where faith or, more specifically, trust is stressed.

Consider the most-recorded saying attributed to Jesus in the Gospels – *hê pistis sou sesôken se*, a form eminently memorable in both Greek and Aramaic, which can be translated, 'your trust has rescued you (or 'saved you' or 'healed you' or, possibly, 'brought

you to life’).’ It occurs in four different narrative settings, three relating to Jesus’ encounters with those deemed to be sick (a woman suffering from chronic blood loss, Mark 5.34/Matthew 9.22/Luke 8.48; a blind man named Bartimaeus, Mark 10.52/Luke 18.42, and a Samaritan leper, Luke 17.17) and a fourth with one judged to be sinful (Luke 7.50).

The saying is unusual in that, whilst containing familiar words denoting central themes within both Israelite religion and Christianity – faith and salvation – it orientates them in an unexpected way. The subject of the verb ‘to save, rescue or heal’ is not God, as you would expect; it isn’t even Jesus; it is, rather, the person’s faith or trust, albeit engendered by Jesus, which in his presence enables exponents to participate in the divine prerogative of healing (Mark 11.23-24/Matthew 21.21-22; Matthew 17.20; Luke 17.5-6).

And it is instructive to note what counts for *pistis* among these exemplars. In all four traditions, faith means radical trust in Jesus expressed through personal investment and concrete action: the chronic sufferer ploughs through the crowd undeterred by the ramifications; the blind man throws off his livelihood and pleads for mercy; the penitent risks opprobrium and spends a fortune on costly ointment; the lepers, whilst still diseased, present themselves to a priest who alone can pronounce them clean.

Each of these initiatives embodies a readiness to abandon a former way of being so as to be renewed in some way in relation to Jesus. As such, although implicit, these narratives reflect belief in him, however inchoate – confidence in his trust-worthiness as a minister of God. Notice also how faith entails radical boundary-crossing whether in terms of gender, purity, race, illness, morality and, possibly, class, as outsiders find in Jesus a capacity to transcend taboos and social conventions.

What, then, of *sôzô*? Healing is clearly central, although as we have seen, it is a complex, multi-dimensional phenomenon of which the underlying medical condition is only one factor. Assuming these traditions originate in actual events, they still do not give us access to the inner experiences of those involved nor can we be confident of their diagnoses – we are simply told how participants appeared and how they responded.

But we can be confident that these testimonies of transformation were sufficiently significant to have been remembered, celebrated, embellished and shared. And in this iterative process they came to serve, and indeed continue to do so, as a sort of archetype or prism by means of which others are able to relate to Jesus with life-changing effect, thereby redrawing the boundaries of Israel to embrace all who find healing in him.

Further, although not directly relevant to our investigation, these four traditions including our saying bear witness to communities capable of embracing considerable diversity, where members, unencumbered by many of the religious and socio-economic boundaries defining existence and fostering division, find common ground in Jesus. Communities capable of including, even with a bias towards, the marginalised where faith and salvation are not tightly prescribed categories, delimiting particular sets of beliefs or experiences, but encompass a broad spectrum of responses and transformations rooted in and emerging from the particularity of members circumstances.

There are commonalities (faith as radical trust in Jesus with life-changing implications; salvation as encountering Jesus through release from life-threatening or diminishing conditions, restoration of right-relating and social interaction, and so forth), but they are animated personally, lending themselves to multiple embodiments.

What is germane to our study, though, and this is crucial is that the healings celebrated in these and other traditions must have been sufficiently significant to lead Jesus himself to conclude that his mentor, John, though well-meaning and in good faith, was ultimately misguided about his reading of the present time and convictions about how God would act in the future. Jesus' capacity for healing, when interpreted through the lens of those expectations identifying such acts as indicative of Yahweh's presence and good favour, must have led him to conclude that God's reign was underway and that Israel would be restored as a community of blessing with a vocation to bless.

In what sense and by what means Jesus was able to cure illness remains a matter of speculation, but insights from relational ontology when considered along with psychosomatic phenomena such as the placebo effect and the recognition that our current understanding of the causal nexus of interactions constituting the therapeutic process is incomplete (eg psycho-social genomics) opens up the possibility of factors yet to be discovered or little understood which reside somewhere between our current appreciation of the laws or habits governing the universe and their supernatural suspension.

The creative potential of faith, hope and love, grounded in human relating, informed by aspirational beliefs and, as we shall see, inspired by life-spirit is inestimable. If love can aid the healing of a wounded life, perhaps faith can aid the healing of a broken body. Neither love nor faith is miraculous in itself, yet each is able to bring into being what previously did not exist – a quality of human relating capable of fundamentally changing the way we perceive ourselves, as well as others – opening us up to a broader appreciation of reality and, with it, experience of human being.

Whether those who received or witnessed Jesus' healings or, indeed, whether Jesus himself thought them to be miraculous depends largely on semantics. As observed earlier, our sources demonstrate little interest in medical diagnosis as we would understand it or in identifying the immediate cause of an illness. The focus resides elsewhere – upon what sickness and healing mean within the experience of a faith community where God is sovereign over all nature.

We can be fairly confident, I think, that no one thought Jesus was violating natural laws in David Hume's sense, but whether they believed God's healing power was any more evident in Jesus' words or touch than in a physician's administration of naturally-occurring medicines is, as Ecclesiasticus 38 demonstrates, difficult to call because the distinction resides not at the level of final cause where all healing flows from God, but of intermediary cause where there was little more appreciation of how a medicinal plant aided recovery than an intervention by Jesus. Both were equally wondrous and rare; both eloquent expressions of Yahweh's covenantal faithfulness and care.

Jesus the Exorcist

Moving on, what are we to make of the traditions presenting Jesus as an exorcist. As we have already noted, such a profile was by no means unique in the ancient world (eg Matthew 12.27/Luke 11.19; Mark 9.38-40; cf Matthew 7.22-23; Acts 19.13), nor was it a practice Jesus considered exclusively his own. Assuming Jesus did recruit apprentices to share in his vocation, then exorcism appears to have been central to their work (Mark 3.13-19/Matthew 10.1-4; cf Luke 6.12-16; Mark 6.7-11/Matthew 10.1-15/Luke 9.1-6; cf Luke 10.1-14).

That Jesus expected his disciples to exorcise unclean spirits, as well as to heal diseases, suggests, firstly, that they were characteristic of his kingdom programme, rather than of his particular role within it, and, secondly, that the requisite skills to bring them about were acquirable through training and practice – at least one of the Gospel narratives frames the disciples in this light (Mark 9.14-29).

Interestingly, the Fourth Gospel makes no reference to Jesus' deliverance ministry, but the Synoptics contain six narratives from three primary sources, Mark (Mark 1.21-28/Luke 4.31-37; Mark 5.1-20/Matthew 8.28-34/Luke 8.26-39; Mark 9.14-29/Matthew 17.14-20/Luke 9.37-43; Mark 7.24-30/Matthew 15.21-28), Q (Matthew 12.22-24/Luke 11.14-15) and special Matthew (Matthew 9.32-34). In addition, the evangelists refer to exorcism in their summaries of Jesus' ministry (Mark 1.32-34/Matthew 8.16-17/Luke 4.40-41; Mark 3.7-12/Luke 6.17-19; Luke 7.21), as well as in other editorial comments (Luke 8.2).

On top of this and, perhaps, more importantly, are the traditions in which Jesus is accused of being possessed by Beelzebul, the ruler of demons, by whose authority he is able to control lesser demons. There appear to have been versions of this controversy, including the parable of the house divided, in both Mark (Mark 3.22-25) and Q (Matthew 11.22-28/Luke 11.14-20) with Matthew expanding the material further (Matthew 10.24-25). Allied to this is the parable of the return of an unclean spirit to a house swept clean (Matthew 12.43-45/Luke 11.24-26; Matthew 9.43-45) which presumably refers to the state of those who had been exorcised prior to deciding in whom to invest their allegiance.

Significantly, in the Beelzebul controversy, Jesus' deliverance ministry is not in question; what is challenged is the source of his authority. He is accused not simply of being spirit-possessed, but of being possessed by a malevolent presence – an accusation which is repeated on three separate occasions in John's Gospel (John 7.20; 8.48-52; 10.20-21). Evidentially, for Jesus as well as his opponents, his exorcisms were neither inexplicable nor morally neutral; rather, they constituted instantiations of an overarching spiritual conflict being played out on the human stage. In response to his accusers, note that Jesus doesn't deny the charge of being spirit-possessed, but claims Yahweh as its author and Yahweh's reign as its cause (Luke 11.14-20/Matthew 12.22-28).

We will reflect further on Jesus as a charismatic or spirit-person a little later. Presently, though, we need to draw on insights from anthropology to help us make sense of exorcism

and, prior to that, the nature of possession. Surprisingly, perhaps, incidents of the latter are not as uncommon as you might expect, especially among people who are or have been oppressed economically, politically or militarily.

One study undertaken in the 1970s by Erika Bourguignon found that in a sample of 488 societies in all parts of the world, 437 (90%) are reported to have one or more institutionalised, culturally-patterned form of altered state of consciousness; 251 (52%) of these societies associated such experiences with spirit possession (*Religion, Altered States of Consciousness and Social Change*, 1973).

Multiple field studies in locations such as Haiti, Algeria and other former African colonized countries bear out these findings, identifying persons who exhibit symptoms traditionally associated with possession, such as split personality or radically divided self, alien voices and other bizarre behaviour. A number of theories have been proposed, including the following:

1. Possession as the internalization of social tension (Franz Fanon) where people suffering the effects of economic, military or political upheaval unconsciously ingest, as it were, that unrest which is then played out within their lives.
2. Possession as escape from or protest against oppression (Erika Bourguignon). In this case, possession is a strategy, often ritually-induced, by which the oppressed put themselves out of reach of their oppressors.
3. Possession as a means by which oppressors stigmatize, disempower and thereby neutralize the oppressed (I M Lewis) – silencing their legitimate protest by undermining their status and significance.

Possession as the internalization of social tension, as escape from or protest against oppression, as a means of stigmatization. Now these insights throw a very different light upon Jesus' alleged deliverance ministry. It is true that in some cases an unclean spirit is thought to be the cause of physical illness, such as in the Q tradition where Jesus exorcises a man unable to speak (blind? Matthew 12.22-24/Luke 11.14-15; also Matthew 9.32-34), as well as, possibly, the Markan narrative relating to a boy exhibiting symptoms suggestive of epilepsy (Mark 9.14-29/Matthew 17.14-20/Luke 9.37-43). Mostly, however, this is not the case.

The fullest account of an exorcism recorded in the Gospels can be found in Mark 5. The setting is to the south-east of Lake Galilee in the Decapolis, although the Evangelists can't agree on the precise location (Gadarenes/Jerash, Gerasenes/Um Qeis, Gergesenes/El Kursi). This is not the first time that Jesus' itinerant ministry takes him deep into predominantly Gentile territory which begs the question of what he was doing there.

Interestingly, as an aside, one possible common denominator for Jesus' 'away fixtures' is that Sidon in Phoenicia (Mark 7.31), Caesarea Philippi, formerly Paneas after the Greek god, in Batanea (Mark 8.27) and Gadara in the Decapolis are all associated with healing

shrines (S V McCasland). They are also all on the margins of greater Israel as defined during the original settlement and re-establishment in the Hasmonean dynasty (2nd – 1st centuries BCE). Be that as it may, in the first century CE, the Decapolis, like Palestine, was under Roman rule and there is no shortage of symbolic references to this fact in the Markan narrative.

The most obvious of these is the demon's name, Legion, which in Jesus' time would bring only one thing to mind – a military force of unstoppable power and, when challenged, of uncompromising brutality. A Roman Legion consisted of around five thousand, five hundred soldiers and, during most of the first century, the Emperor's Tenth Legion was stationed in Syria to enforce the so-called *Pax Romana*. Its presence in the region and, with it, Rome's sovereignty will have been demonstrated through routine patrols, as well as through the merciless quashing of dissent. No doubt, this Legion's standards, bearing among other images that of a wild boar, will have been familiar.

Within such a scenario, it seems entirely plausible that the person exhibiting possession-like symptoms in Mark 5 had unconsciously internalized the socio-political tension resulting from Roman occupation or, alternatively, had retreated into an altered state of consciousness to escape it. Either way, Jesus' restoration of the sufferer to a sound mind and reintegration of him into community life was not only a demonstration of Yahweh's sovereignty and compassionate presence, but also a repudiation of the power of Rome to exploit and oppress.

No doubt, the political implications of this and indeed every exorcism were spelt out in their retelling, in this case with the addition of the name Legion and the banishing of the evil spirits into a 'herd' – a Greek word (*agelê*) more befitting of a military context – of swine who are then expelled from the land and drowned. Remember the symbol of the boar on the Tenth Legion's standards; remember also the drowning of Israel's Egyptian overlords in the Red Sea (Exodus 15).

You would struggle to find a more politically-charged, subversive 'hidden transcript', to borrow a phrase from James Scott, than this. Jesus' deliverance ministry may look as if it is focused on restoring the soundness of Israelites, but once we recognise that the source of their oppression was ultimately malevolent and immediately socio-political, then each exorcism is both a step towards and a manifestation of Israel's restoration as the people of God. Nowhere is this clearer than in the Q saying where Jesus defends himself against the charge of being an instrument of evil:

Now if I cast out the demons by Beelzebul, by whom do your exorcists cast them out? Therefore, they will be your judges. But if it is by the finger of God [Spirit in Matthew] that I cast out the demons, then the kingdom of God has come to you.
(Luke 11.19-20/Matthew 12.27-28)

And more so, in that logion found only in Luke which, if original, also reveals another dimension to Jesus' relationship with the pharisaic movement:

At that very hour some Pharisees came and said to [Jesus], 'Get away from here, for Herod wants to kill you.' He said to them, 'Go and tell that fox for me, "Listen, I am casting out demons and performing cures today and tomorrow, and on the third day I finish my work. Yet today, tomorrow, and the next day I must be on my way, because it is impossible for a prophet to be killed outside of Jerusalem.'" (Luke 13.31-33)

According to Jesus, the ultimate source of his exorcisms was Yahweh's spirit, in contrast to the malevolent provenance of those causing possession in the first place. But just as there was nothing supernatural about Rome's agency in the latter, there is no reason to assume anything miraculous about Jesus' agency in the former – so long as we keep in mind the distinction between final causation which is theological and proximal causation which is substantial.

And, as we have seen, Jesus and his followers interpret healing and exorcism in relation to their significance within Yahweh's saving purposes. The mechanics by which this outcome was realized is not the focus of their concern; nor, for the large part, was it of the Evangelists either – which means that we would be in danger of misinterpreting these texts if we seek answers to questions they are not addressing.

Evaluation

Jesus' healings and exorcisms were undoubtedly extraordinary for their time, perhaps for every time, otherwise we wouldn't know about them nor, quite probably, anything much about his ministry more generally. To claim, as some scholars do, that they were attributed to Jesus at a later stage to enhance his status fails to account for how he became sufficiently noteworthy in the first place to attract such aggrandisement.

Jesus was certainly more than a healer and an exorcist, but without such emancipatory acts, especially as they were freely offered in a climate of inadequate and exploitative medical provision, to anchor his kingdom vision within human experience his impact remains largely inexplicable. Eric Eve, in his valuable study, expresses it succinctly when he concludes that the 'combination of eschatological proclamation with healings and exorcisms performed in the context of that proclamation best explains how Jesus came to make the impact he did ...' (*The Healer from Nazareth*, 144)

Two thousand years on, if we were to hazard a guess as to the effective means of Jesus' therapeutic acts we would need to focus on what is identified as divine spirit or life-force which appears to have animated his ministry, imbuing him with, amongst other qualities, a compelling authority which challenged those in positions of institutionalized or scribal authority, but which proved to be both attractive and persuasive to many others, readily engendering a sense of openness, trust, self-belief and awe.

As the gospel presentations of his baptism confirm, Jesus was recognized as being a spirit-person, a charismatic mystic, with a profound and intimate sense of a sacred consciousness – personal in nature, transcendent yet immanent – which inspired his faith, animated his message and empowered his ministry. It is conceivable, as Stevan Davies,

Pieter Craffert and others have argued, that he was able to enter into an extended or heightened state of consciousness – a deep communing, if you will, with the One he related to as Abba, Father – which may have been the basis for the accusation that he was demon-possessed and, indeed, for his family’s concern that he was ‘out of his mind,’ although the Greek here could equally be translated that he was ecstatic (Mark 3.21; *existēmi*).

How precisely this spirit or life-force precipitated healing or facilitated exorcism remains open, although we can say that the evidence of Acts and the Pauline epistles corroborates this correlation (Acts 10.38; Romans 15.19; 1 Corinthians 2.3-4; 12.9-10, 28-29; Galatians 3.5) – as do manifestations, contemporary as well as historical, of shamanism in some of its many guises. One way or the other, Jesus appears to have been able to both concentrate and mediate energy with therapeutic effect or to engender such faith in others that healing ensued, perhaps triggering or amplifying the body’s innate capacity for self-repair.

This is not necessarily as incredible as it sounds. Significantly, the biblical words for Spirit, *ruach* and *pneuma*, can also denote breath, air and wind – perhaps, even, energy. If you had claimed in Jesus’ time that one day spirit would support large metal boxes containing hundreds of people to fly thousands of feet from the ground, they would have thought you were insane. Who’s to say we yet fully understand all the modes of energy and wave forms that can effect us or, indeed, all the means by which we are able to communicate and affect one another. Only a dogmatic fundamentalism would claim that and, I trust, having steered clear from religious permutations we aren’t going to allow ourselves to come under the spell of their scientific counterparts.

And there is already a substantial body of evidence which demonstrates the existence of the placebo effect or telepathic communication or the impact the mind can exert on matter, even at the level of our DNA (cf psycho-social genomics). For all but the most sceptical materialists, once the data has been studied, these phenomena are acknowledged, even if for some it is through gritted teeth. What remains to be discovered is how they are possible. Here, as with Jesus’ healings and exorcisms, we do not need to resort to the language of miracle; instead, recognising the current limits of our understanding, we need to seek out or formulate suitable interpretative frameworks which help us to make sense of what is presently inexplicable so that these phenomena can be put to good use. And, in this process, we should not be surprised if the value of faith as a human disposition is recognised afresh.

We can also say, as noted earlier, that the nature of the encounter between Jesus, sufferers and their supporters was crucial within the healing dynamic to the extent that his effectiveness was greatly reduced or even thwarted when surrounded by incredulity, derision or a closed mind (Mark 5.36-43; 6.1-6). Contrary to the Fourth Evangelist and many apologists afterwards (John 2.11; 6.14; 11.15; 20.30-31), Jesus didn’t heal to engender belief in his theological status or mission (Mark 8.11-12; Matthew 12.38-42/Luke 11.15-16, 29-32; Matthew 16.1-4); rather, it seems that he needed others to share his faith so as to realize potentialities beyond those defined by mere appearance and conventional

expectation – a trusting, hope-filled, risk-taking, boundary-crossing faith which, in his case, when motivated by compassion and shaped by a vision of Israel restored, created opportunity for sick and oppressed people to see themselves differently and to inhabit that difference.

For all that day-to-day living suggests otherwise, we know that our experience of reality is ultimately a mental construct – a process by which the brain interprets sensory data for our benefit. It is a process shaped by the cultures and communities to which we belong, as well as by many other factors, and it is at best an approximation of what lies beyond us. It is selective, subjective and provisional, rendering invisible aspects of reality that cannot readily be accommodated within our inherited worldview. Unless, of course, it is open to revision or we are able to acquire an alternative or complementary one capable of bringing into focus hitherto unrecognised dimensions and potentialities.

Jesus' kingdom vision appears to have been one such worldview and his ministry is testimony to what is possible when you inhabit it wholeheartedly, discerning its presence woven within the fabric of our humanity and the natural world – and then possessing the capacity to live in its light.

Expressed differently, Jesus participated in a broad consciousness alerting him to webs of relating – energy fields, if you will – which when harnessed enabled a fuller expression of divine intention – the inherent purposefulness within the universe – to be realised, as potential becomes actual, the implicate becomes explicate (cf David Bohm).

And whatever else we can learn from this aspect of Jesus' ministry (and we will focus on this after lunch), it is neither to be constrained by the way things appear nor to expect some divine potentate to intervene to make them other; but, instead, to participate in a living experiment where we discover what is possible when imaginations animated by Jesus' kingdom vision, enlivened by the inspiration and faith such a vision engenders and resourced by a community gathering in his name is put to work at the reaches of human experience where outcomes depend a good deal upon the relationships, expectations and personal investments informing each moment.

I don't believe in miracles in Hume's sense of the word; nor do I believe that reductionist epistemologies adequately account for the plethora of potential interactions capable of influencing the future. There is more going on – Jesus' healings and exorcisms invite us to explore that surplus and, to do so, in dialogue with open-minded scientists who also recognise the limitations of existing paradigms.

Appendix 1: Questions for Today

1. Jesus earned a reputation for healing. Do you think it was based on *curing disease* (ie treating the underlying medical condition) and/or *healing illness* (ie treating the personal and social consequences of the condition)?
2. Jesus earned a reputation for exorcism. Do any of the explanations of possession formulated by anthropologists sound plausible (eg internalization of social tension, escape from / protest against oppression, a means of stigmatization)?
3. Jesus is reported to have said, 'Your faith has healed you.' How could the therapeutic effects of faith be demonstrated or harnessed?
4. Jesus was a charismatic who identified spirit's inspiration within his ministry. Do we believe in spiritual dimension and, if so, how does it interact with the physical?
5. Jesus interpreted his ministry of healing and exorcism in the light of a cosmic struggle between good and evil, leading to the emergence of God's kingdom. Does this language have any currency today?
6. Jesus equipped his earliest disciples to share in his ministry which included healing and exorcism. How was this aspect of his legacy embraced in the early Jesus movement and how could it be expressed today?
7. Jesus lived in a particular time and place characterized by socio-economic and political factors which detrimentally affected health. What kind of factors affect health today?
8. Jesus ministered to many on the margins. Who are the marginalised in our day and what would healing look like to them?
9. Jesus may have recognised a correlation between illness and personal conduct. How do we understand the relationship between lifestyle and well-being?
10. Jesus acknowledged the role sufferers can play in their own recovery. Have we become over-reliant on others (health care professionals, etc) to make us well?

Appendix 2: Overview of Jesus' Wonder-Working

'Natural' phenomena

Duplication of bread and fish (Mark 6.30-44/Matthew 14.13-21/Luke 9.10-17/John 6.4-13; Mark 8.1-10/Matthew 15.32-39)
Calming a storm (Mark 4.35-41/Matthew 8.23-27/Luke 8.22-25)
Walking on water (Mark 6.45-52/Matthew 14.22-33/John 6.16-21)
Catching a fish with a coin in its mouth (Matthew 17.24-27)
Withering of a 'cursed' fig tree (Mark 11.12-14, 20-21/Matthew 21.18-20)
Predicting an extraordinary haul of fish (Luke 5.1-11/John 21.1-14)
Transforming water into wine (John 2.1-11)

Physical conditions

Fever (Mark 1.29-31/Matthew 8.14-15/Luke 4.38-39; John 4.52)
Paralysis (legs: Mark 2.1-12/Matthew 9.1-8/Luke 5.17-26; John 5.1-9; hand: Mark 3.1-6/Matthew 12.9-14/Luke 6.6-11; back: Luke 13.10-17; unspecified: Matthew 8.5-13/Luke 7.1-10/(?) John 4.46-54)
Blindness (Mark 10.46-52/Matthew 20.29-34/Luke 18.35-43; Mark 8.22-26; John 9.1-41)
'Leprosy' (Mark 1.40-45/Matthew 8.1-4/Luke 5.12-16/EgerG 2.1-4; Luke 17.11-19)
Chronic blood loss/genealogical (Mark 5.24-34/Matthew 9.20-22/Luke 8.42b-48)
Dropsy/heart-failure (Luke 14.1-6)
Deafness-mute (Mark 7.31-37; cf Mark 9.14-29/Matthew 17.14-20/Luke 9.37-43)
Incised wound (Luke 22.49-51)

Spiritual/psychological Oppression

Unclean spirit – taunting voice (Mark 1.21-28/Luke 4.31-37)
Unclean spirit – deranged behaviour (Mark 5.1-20/Matthew 8.28-34/Luke 8.26-39)
Unclean spirit – epilepsy? (Mark 9.14-29/Matthew 17.14-20/Luke 9.37-43)
Demon – mute/? blind (Matthew 12.22-24/Luke 11.14-15)
Demon – mute (Matthew 9.32-34)
Demon/evil spirit – Mary Magdalene et al (Luke 8.2)
Unclean spirit/demon – daughter of a Syrophoenician woman (Mark 7.24-30/Matthew 15.21-28)
Summary references (Mark 1.32-34/Matthew 8.16-17/Luke 4.40-41; Mark 3.7-12/Luke 6.17-19; Luke 7.21; 8.2)
Other exorcists (Matthew 12.27/Luke 11.19; Mark 9.38-40; cf Matthew 7.22-23; Acts 19.13)
Disciples as exorcists (Mark 3.13-19/Matthew 10.1-4; cf Luke 6.12-16; Mark 6.7-11/Matthew 10.1-15/Luke 9.1-6; cf Luke 10.1-14)
Beelzebul controversy (Mark 3.22-25; Matthew 11.22-28/Luke 11.14-20; Matthew 10.24-25).
Parable of the house swept clean (Matthew 12.43-45/Luke 11.24-26; Matthew 9.43-45)

Resuscitation

Jairus' daughter (Mark 5.21-23, 35-43/Matthew 9.18-19, 23-26/Luke 8.40-42a, 49-56)

Son of the widow of Nain (Luke 7.11-17)

Lazarus (John 11.1-45)