
Lepra in Ancient Contexts

Once, when he was in one of the cities, there was a man covered with leprosy. When he saw Jesus, he bowed with his face to the ground and begged him, “Lord, if you choose, you can make me clean.” Then Jesus stretched out his hand, touched him, and said, “I do choose. Be made clean.” Immediately the leprosy left him. And he ordered him to tell no one. “Go” he said, “and show yourself to the priest, and, as Moses commanded, make an offering for your cleansing, for a testimony to them.” (Luke 5:12-14)

In the passage above, a part of the gospel tradition Luke received from Mark, the references to examinations by priests, declarations of being clean, and allusions to Moses and levitical legislation situate the cleansing of the man “covered with *lepra*” in a decidedly cultic context. Here *lepra* appears as an affliction requiring priestly examination and an offering, an affliction identifying one as unclean until the proper purification rituals are carried out, until that time rendering a person unfit to live in a home shared with others or to enter temple precincts. When *lepra* is considered in this cultic context, judgments about what transpires between Jesus and the man

full of *lepra* are often interpreted primarily in terms of ritual purity, and subsequently as manifestations of Jesus' power to make whole and holy. The theological cache is rich: in the cleansing of one afflicted with *lepra*, Jesus restores him to a state of purity and opens the way for his access to the temple, to the worshiping community, and to God.

But in 85 CE,¹ more than fifteen years after the destruction of the Jerusalem Temple, the cleansing of *lepra* as restoration to ritual purity—even as a religious metaphor for access to the divine—might be less significant to Luke's largely non-Jewish audience. It would not be significant, at least, in the same way it would have been to the first Jewish followers of Jesus whose reports and interpretations of their experiences of Jesus' healing formed the tradition Luke received.²

Still, it is clear that the affliction of *lepra* captured Luke's imagination. Among the canonical gospels, only Luke relates four separate episodes in which *lepra* is a prominent element, two of which are unique to his gospel.³ In fact, among all the conditions,

1. Joseph A. Fitzmyer, *The Gospel According to Luke (1–IX): Introduction, Translation, and Notes* (AB 28a; Garden City, NY: Doubleday, 1981), 57.
2. Fitzmyer makes the same point on the question of the scarcity of New Testament references to the destruction of Jerusalem: "After all, the destruction of Jerusalem took place at least a generation after the crucifixion of Jesus, and Christianity had by that time moved out of its Palestinian matrix. Moreover, how few of the NT writings were actually composed in Palestine, where we would expect Jewish-Christians to have been concerned about the destruction of the city of their mother church!" In a similar way he accounts for the focus of New Testament authors, saying, "the spread of Christianity into the Mediterranean world and among European Gentiles was obviously more important to them than the Palestinian matrix which, in general, showed itself unreceptive to and uninterested in what was of supreme importance to these writers: the interpretation of the Christ-event." *Ibid.*, 56–57.
3. Luke 4:27; 5:12–13 (Matt. 8:2–3; Mark 1:40–42); Luke 7:22 (Matt. 11:5); and Luke 17:12. *Lepra* is not unimportant in Matthew's Gospel; the story of the cleansing of the leper received from the Markan tradition is given a certain pride of place as the very first specific healing Jesus effects in the gospel, coming immediately after the end of the Sermon on the Mount. The lepers are also found in Matthew's report of Jesus' commissioning of the twelve: "Cure the sick, raise the dead, cleanse the lepers, cast out demons," (Matt. 10:8). In chapter 4 I will discuss the differences between Matthew's and Luke's versions of the commissioning statements, and consider why Luke's Jesus does not give the instruction to cleanse lepers.

afflictions, and disfigurements suffered by people in Luke's narrative and specifically identified, *lepra* is named most often.⁴ However, the significance of the affliction is shaded with a slightly different nuance in each of the four episodes. In Luke 7:22, cleansed lepers appear in a list of signs identifying Jesus as the fulfillment of Jewish messianic expectation.⁵ In Luke 4:27, Jesus recalls a story from the Hebrew Scriptures in which *lepra* afflicts a non-Jew of high stature and reputation and whom Elisha, a prophet of God, subsequently heals. The narrative of the healing of a single leper in Luke 5:12-16 is marked by cultic features and the afflicted one's restoration to a state of ritual purity. Luke's final report of *lepra*, Jesus' healing of ten lepers (Luke 17:11-19), recapitulates and juxtaposes elements from the two stories told in chapters 4 and 5, creating a story with layers of accumulated meaning.⁶ The fulfillment of messianic expectation, the role of the prophet, the recipients of God's favor, the realities of the social and religious isolation of the afflicted, and instruction in faith and piety appear as different shades of meaning in the spectrum of Luke's theology when refracted through the prism of *lepra*.⁷

4. Only demon possession or possession by unclean spirits is mentioned more often. Blindness is named specifically twice (Luke 7:21-22; 18:35-43); some form of paralysis or being "crippled" is specified three times (5:17-26; 7:22; 13:10-17).
5. According to James D. Tabor and Michael O. Wise, "[t]he dominant themes of the Q saying 'On Resurrection' run through Luke's Gospel. They characterize his understanding of the Messiah: care for the poor and outcast, release of the oppressed (blind, deaf, lame, lepers) and raising of the dead. For Luke these activities are nothing less than the signs of both the Messiah and the messianic age." James D. Tabor and Michael O. Wise, "4Q521 'On Resurrection' and the Synoptic Gospel Tradition: A Preliminary Study," JSP 10 (1992): 149-62, at 162.
6. The story of the ten lepers includes many of the same features that were prominent in the story of the single leper (e.g., the lepers calling out to Jesus; the use of *katharizō*/"making clean"; Jesus' command that they show themselves to the priests). In addition, the two stories are so similar in form that it seems clear the significance of the story of the ten lepers, for Luke, must extend beyond its function as just another healing narrative or miracle story. Indeed, all those similarities set in stark relief a different set of features, foregrounding emphases on mercy, worship, and the response of a foreigner to Jesus' power—the very motifs of the Elisha/Naaman story from LXX 4 Kings 5 that Jesus recalls in Luke 4:27.
7. Robert Alter recognizes this kind of repetition as an intentional authorial technique used in "larger narrative units to sustain a thematic development and to establish instructive

My proposal is that lepers, the cleansing of *lepra*, and the terminology of cleansing have special significance for Luke, a significance Luke relates to the warrant for Gentile acceptability in the Christian community as recorded later in the Acts of the Apostles. This chapter investigates all the potential fields of meaning *lepra* could have had for Luke, such that it became for him a potent symbol of some of his theological points, in order that we might appreciate its full potency.⁸

The chapter will be ordered in two major sections. The first half is devoted to a general explication of the theoretical notion of “constructs” of bodies and of illnesses in an effort to clarify the distance between first-century understandings of disease and disease etiologies and twenty-first century understandings of the same. The purpose is twofold: first, to demonstrate specifically how modern-day constructs of illness in general, and of *lepra* in particular, are different from those of first-century people and, as such, create a kind of “interference” when it comes to trying to understand how the ancients understood the affliction. This interference can be seen in the difficulties posed when *lepra* is translated as leprosy in English editions of the Old and New Testaments, calling to mind the appearances, symptoms, and treatments related to what is known in today’s medical world as Hansen’s Disease. It is evident in the many and varied perspectives scholars take when dealing with the healing narratives in the New Testament, with conclusions often limited to the forced choice of seemingly mutually exclusive categories of explanation—religious (e.g., miracle or cultic) or medical (e.g., a

connections between seemingly disparate episodes.” Robert Alter, *The Art of Biblical Narrative* (New York: Basic Books, 1981), 94.

8. Both Dennis Hamm and Mikeal C. Parsons pursue a similar question regarding the significance of Luke’s emphasis in Acts on the paralyzed and the lame: Dennis Hamm, “Acts 3:12-26: Peter’s Speech and the Healing of the Man Born Lame,” *PRSt* 11 (1984): 199–217; Mikeal C. Parsons, *Body and Character in Luke and Acts: The Subversion of Physiognomy in Early Christianity* (Grand Rapids: Baker Academic, 2006), 109–22.

modern-day diagnosis). Therefore, the first purpose in considering the theoretical idea of illness constructs is to illuminate the reality of the interference caused by the presuppositions of modern-day constructs of the body and illness, and to minimize it.

My second purpose then is to highlight some of the more important features of the ancients' constructs of the body and illness, and to locate the symptoms, etiology, healing, and meaning of *lepra* in the context of those constructs. Then we can get a little closer to how *lepra* might have been seen, understood, and explained by Luke.

The second half of the chapter is devoted to surveying how *lepra* appears in the ancient medical texts and in the Septuagint (LXX). The different character of *lepra* in the Priestly and non-Priestly writings will be highlighted, and commonalities and differences in the representations of *lepra* in the medical texts and the Septuagint will be summarized.

***Lepra* is not Leprosy**

English translations of the Bible from medieval to modern times have regularly employed the word “leprosy” to translate the Greek *lepra* where it occurs in the New Testament and Septuagint and the Hebrew *tsara'at* where it occurs in the Hebrew Bible.⁹ Many modern translations typically include footnotes and annotations that qualify the use of the term “leprosy,” such as The New Oxford Annotated Bible's footnotes at Luke 5:12: “the terms *leper* and *leprosy* can refer to several diseases,” and at Leviticus 13:45: “A term for several skin diseases; precise meaning uncertain,” and the annotation

9. According to E. V. Hulse, the first author to use the term *lepra* for the disease we call leprosy was the Arabic physician John of Damascus (777–857 CE), his terminology later followed by many Arabic authors and then medieval European authors after them. This use of *lepra* for the disease we know to be leprosy led to the modern name. E. V. Hulse, “The Nature of Biblical ‘Leprosy’ and the Use of Alternative Medical Terms in Modern Translations of the Bible,” *PEQ* 107 (1975): 87–105, at 89.

provided at Matthew 8:2–4: “*Leprous*, a skin disorder of an uncertain nature. Several diseases were probably referred to by this name.”¹⁰ The effort behind the footnotes and annotations accomplishes at least two things: first, it acknowledges, in light of modern and advanced medical knowledge about leprosy, that the conditions signified by the term “leprosy” in the biblical texts are not actually the same disease which we refer to as leprosy today; second, it attempts a corrective to the modern day reader’s inclination to associate the characteristics of leprosy with the skin diseases identified in the Bible as leprosy, and thus inadvertently import images, beliefs, and attitudes that can interfere with a proper understanding of what is intended in the biblical texts.¹¹

Known today as Hansen’s Disease, leprosy is an extremely chronic condition of relatively low infectivity produced by *Mycobacterium leprae*, the leprosy bacillus. In its more severe form, and when left untreated, it produces large skin lesions and can cause deformity of the feet, hands, and face, the bacteria affecting particularly the nerves near the skin surface and in oral and nasal mucous membranes. The presence of the bacteria can lead to a loss of sensation in affected areas, which renders the afflicted person vulnerable to unnoticed cuts and burns that become infected. The infections can become so serious that amputation is the only medical recourse. Paralysis of the blinking reflex results when the leprosy bacteria attack the nerves around the eyes, and this can lead to blindness. The mucous membranes of the

10. Bruce M. Metzger and Roland E. Murphy, eds., *The New Oxford Annotated Bible with the Apocrypha* (New York: Oxford University Press, 1991), 86 NT, 141 OT, 11 NT, respectively.

11. However, while such correctives function to keep us from importing inaccurate representations into our reading of the biblical texts, the continued use of the word “leprosy” in modern English translations has failed to restrict the exporting of biblically derived notions of uncleanness and contamination to the person afflicted with Hansen’s Disease, and has contributed to continued practices of social isolation/quarantine (i.e., the leper colony) that are in no way medically justified. See, for example, Jaymes Song, “Last Days of a Leper Colony” n.p. Online: <http://www.cbsnews.com/stories/2003/03/22/health/main545392.shtml>. Accessed February 21, 2012.

nasal cavity are especially vulnerable, susceptible first to scarring and eventually to collapse of the nose.

I describe the symptoms here simply to contrast Hansen's Disease with the descriptions of *tsara'at/lepra* given in Leviticus 13 and 14.¹² Chapter 13 of Leviticus begins with the Lord describing to Moses the skin appearances that should be recognized as potentially unclean: "When a person has on the skin of his body a swelling or an eruption or a spot, and it turns into a leprous disease on the skin of his body, he shall be brought to Aaron the priest or to one of his sons the priests" (13:2). Leviticus 13:30 describes a fourth potentially unclean appearance, that of an itch, "a leprous disease of the head or the beard." These four appearances—swellings, eruptions, spots, or itch—are characteristic of many different skin diseases, however, and cannot be regarded as four different manifestations of a single disease, and especially not leprosy.¹³

Upon the appearance of these primary characteristics, Leviticus requires examination by the priest for certain secondary skin features and only when those features were present could a pronouncement of *tsara'at/lepra*, and therefore uncleanness, be made. Secondary features include a change either in skin color or hair color, an infiltration of the skin, an extension or spread in the skin, and an ulceration of the skin. Leviticus 13 lays out a fairly complex diagnostic scheme for the priest to follow in determining the presence of ritual uncleanness; only certain combinations of primary and secondary features result in a declaration of uncleanness.¹⁴ It is interesting to note that skin

12. The detail also serves later discussions regarding the character of the visual images that correspond to modern-day understandings of leprosy.

13. Hulse, "The Nature of Biblical 'Leprosy,'" 88. See also John Wilkinson, "Leprosy and Leviticus: A Problem of Semantics and Translation," *SJTh* 31 (1977): 153–66. Wilkinson comments on the list of skin conditions that could produce the secondary features for which priests were to examine: "It illustrates how numerous are the conditions which could produce the required physical signs, and therefore how impossible to confine the application of our passage (Lev. 13:1–44) to any single disease." In addition to conditions already listed above, his list includes vitiligo, syphilis, scleroderma, eczema, dermatitis, tuberculosis, and carcinomas. *Ibid.*, 165.

does not have to have been fully restored to a non-leprous state (i.e., what we might consider “healed”) to be considered clean; there are instead certain combinations of skin appearances and/or indications of no further spread that determine whether a person with a leprous condition is clean (see, e.g., Lev. 13:29–37).

The fact that it is the secondary features that are significant for the pronouncement of *tsara’at/lepra* indicates that the concern was not with the diagnosis of a disease, for then only the primary features would have been important. Rather, the purpose of the descriptions in Leviticus 13 and 14 is to draw attention to certain secondary features common to a variety of skin conditions regarded as producing ritual uncleanness.

The Theoretical Lens and Conceptual Tools of Constructivist Theory

This chapter extends the insights gleaned and conclusions drawn by Annette Weissenrieder in *Images of Illness in the Gospel of Luke: Insights of Ancient Medical Texts*.¹⁵ Weissenrieder is representative of biblical scholars whose work is shaped by the thought of contemporary critical theorists and social scientists and their questions of how identity, disability, and illness are socially constructed.¹⁶ Her work is of particular value here because she

14. *Ibid.*, 167.

15. Annette Weissenrieder, *Image of Illness in the Gospel of Luke: Insights of Ancient Medical Texts* (WUNT 164; Tübingen: Mohr Siebeck, 2003).

16. See Hector Avalos, *Illness and Health Care in the Ancient Near East: The Role of the Temple in Greece, Mesopotamia, and Israel* (HSM 54; Atlanta: Scholars Press, 1995); *idem*, *This Able Body: Rethinking Disabilities in Biblical Studies*, eds. Hector Avalos, Sarah J. Melcher, and Jeremy Schipper (SemeiaSt 55; Leiden: Brill, 2007); Joel S. Baden and Candida R. Moss, “The Origin and Interpretation of *sāra’at* in Leviticus 13–14,” *JBL* 130 (2011): 643–62; Colleen Grant, “Reinterpreting the Healing Narratives,” 72–87 in *Human Disability and the Service of God: Reassessing Religious Practice*, eds. Nancy L. Eiesland and Don E. Saliers (Nashville: Abingdon, 1998); Rebecca Raphael, *Biblical Corpora: Representations of Disability in Hebrew Biblical Literature* (New York: T&T Clark, 2009), 15–22; Weissenrieder, *Images of Illness*, chap. 3, “Perceptions of Reality and the Construction of Illnesses,” 21–42.

engages texts from the Gospel of Luke in particular, and because she challenges the ways in which constructions of illness have limited New Testament scholarship in general. She argues that scholars' persistent failure to include analyses of ancient medical texts in investigating questions about Luke's presentation of illness and of Jesus as a healer results in a subsequent failure to appreciate the success with which Luke makes plausible *to his readers/hearers* a central claim of his gospel.¹⁷ She argues that Luke's claim that the divine reality is present and operative in the human sphere is articulated via descriptions of illness conditions and healings that cohere with the medical understandings of his time.¹⁸

The theoretical underpinnings of Weissenrieder's work are in contemporary constructivist theory, a full explication of which is beyond the scope of this chapter. However, its basic concepts and premises are helpful in at least two ways.¹⁹ First, it provides a theoretical lens through which to identify some influential presuppositions about the body and illness held by present-day researchers and biblical exegetes. These presuppositions underlie many of the seemingly different approaches to studying illness in the NT predetermining—and subsequently limiting—the reach of their conclusions. The presuppositions, based on modern medical knowledge and assumptions about illness and health, force *a priori* decisions about whether to analyze healing narratives according to

17. Emphasis supplied. The literature reviewed by Weissenrieder is substantially, though not exclusively, German NT scholarship.

18. Weissenrieder writes, “[Luke] meticulously employed the illness constructs of his time in order to make his central message plausible: that of the presence of the divine reality in the human sphere. Expressed in the theoretical language of constructivism, the well-informed presentations of illness serve to establish coherencies between the two realities, the human and the divine.” Weissenrieder, *Images of Illness*, 2.

19. Theories concerning the construction of identity reflect a large field of study. For a good introduction to some of the main themes of the larger field and some of its more prominent voices, see A. K. M. Adam, ed., *Handbook of Postmodern Biblical Interpretation* (St. Louis, MO: Chalice, 2000).

modern diagnostic criteria or to focus on their religious connotations.²⁰ The resulting “either/or” thinking limits an understanding of how Luke sees the *lepra*-afflicted body apart from the two categories imposed on the outcomes of the queries. The premises of constructivist theory provide a way through the forced choice of giving either a medical account or a religious one, and in turn allow the method and the conclusions of this book to move beyond those of previous studies of *lepra* in the New Testament.

Second, constructivist theory provides conceptual tools for considering how Luke is reconstructing the *lepra*-afflicted body in order to say something about what we would consider the ontological status of that body. I am not suggesting here that Luke himself thought about ontology or constructions and reconstructions of the body, although there is some evidence to suggest that he was, in fact, trying to subvert commonly observed physiognomic conventions.²¹ I am positing that his interest in the *lepra*-afflicted body and his varied presentations of it, his use of *katharizō* in ways that exploit the ambiguity of the term, and the powerful symbol in Peter’s dream of unclean animals being made clean by divine declaration are all markers of Luke’s effort to say something about God’s salvation and agency that cannot be fully known if we read the texts after already having determined how Luke’s presentation of *lepra* coheres either with modern medical understandings or with religious ones. To consider Luke’s “construct” of the *lepra*-afflicted body is to

20. As Weissenrieder writes, “Either we concern ourselves with medicine, which can lead us to neglect the New Testament texts, or we deal with the miracles, which can be accompanied by explanations of illnesses and healings that are plausible for us today.” Weissenrieder, *Images of Illness*, 19. This either/or dilemma is also expressed in the questions of whether the *lepra* stories are properly read as ritual cleansing stories or as healing/miracle stories, and of whether Luke makes a distinction between healing and being cured. Interpretations within a religious model would include how healing narratives are read as miracle stories, how they reflect the Jewish cultic context, and how Jesus is seen in imitation of the Hellenistic thaumaturge.

21. Parsons, *Body and Character*, 81–82.

explore what that body means to him beyond traditional expectations that it provides an occasion either for saying something about Jesus' power to heal or for saying something about the purity matrix in which Jesus functioned. To consider the construct of an illness such as *lepra* allows us to see how the symptoms of illness reported by Luke flow into the text in a way that is coherent with the ancient medical understanding *of his own time*. This is important because my thesis is that Luke means to say that “cleansing” is a “mechanism” of salvation; to consider Luke’s construct of the illness of *lepra* allows us to investigate how the claim that Gentile hearts have been cleansed by faith might cohere with the understanding Luke has of the means by which *lepra* comes to be healed/cleansed.

Four insights from constructivist theory are valuable for this project:

1. Constructivist theorists question the possibility of an “objective” view of the body and suggest that many of the things we consider natural “givens,” such as its gender, sex, and race, are instead social/cultural constructs. A central question is what, if anything, about the body is “natural” or naturally meaningful rather than dependent on social location (time/space) for meaning.²² The constructivist approach to the question begins with a “null hypothesis,” that is, with the presumption that there is no necessary, naturally dictated view of the body but only cultural constructions of it. Weissenrieder suggests that this null hypothesis is similarly useful in thinking about illness; there is no “objective view of illness” but only cultural understandings of/

22. Weissenrieder writes, “Therefore, bodies and illnesses can never be studied independently from their cultural context. Corporeality—including that of the diseased body—is not merely a given; it is a cultural symbol, and it is produced and generated as such.” Weissenrieder, *Images of Illness*, 35.

attitudes toward illness influencing the way we view sick bodies and the conclusions we draw from and about them.²³

2. The meanings we give to bodies and illnesses change over time because knowledge and contexts change, as does the language available to describe the body and its health.²⁴ For Weissenrieder, along with other constructivist theorists, descriptions of the body and illness are seen as culturally mediated. Descriptions of the body's corporeality and of the appearance of illnesses are accessible only through language, seen not as giving expression to reality but rather as a system of symbols producing or generating meaning. Therefore, bodies or illnesses cannot be understood as "natural constants" onto which culturally determined descriptors are attached, but rather as culturally mediated constructions. Furthermore, because the terminology used to describe the visual presentation of illnesses will differ in various societies and in different times, the patterns of recognition of and responses to sick people will also differ as they, too, are mediated by the cultural knowledge specific to time and place.²⁵
3. If presumed natural categories can be understood as constructs, then they can also be reconstructed to have other meanings.²⁶

23. For example, some leprologists will only refer to leprosy as Hansen's Disease, wishing to counteract biblically derived implications that the leper is unclean and the subsequent negative effect on public health measures and application of effective treatment, especially the social isolation of "leper colonies" on remote islands and special hospitals. Other health officials reject the use of "Hansen's Disease" because they are dealing with a bacterium and not a disease. Hulse, "The Nature of Biblical 'Leprosy,'" 87.

24. Consider the relatively recently generated medical descriptors of Attention Deficit Disorder, Asperger's Syndrome, the concept of an "autism spectrum," and the many differentiations of mental health conditions.

25. Weissenrieder, *Images of Illness*, 36–37.

26. For example, bell hooks, a cultural scholar, explores meanings of race learned through images and representations as well as how we can change the meaning of race by representing it in different ways through what she refers to as "border crossings." bell hooks, *Outlaw Culture: Resisting Representations* (London: Routledge, 2006).

We can have a more critical eye for how scholarly constructions, always themselves reflecting the mediating influence of the social/cultural contexts in which they emerge, have influenced meanings of the texts over time.²⁷ We can also have a more trained eye for how Luke is reconstructing the *lepra*-afflicted body to give it a different meaning in his gospel than it would have had in his social-cultural context.

4. Finally, constructivist theory illuminates the way representations of the body depend on symbolic divisions accepted as given, or even natural, within the same culture, which results in dichotomous descriptions such as male/female, black/white, and in this case, clean/unclean. These descriptions are “read” from bodies as absolutes or as ontological realities. Traditional readings of Luke’s Gospel and the healing narratives therein are shaped by the same kind of dualistic thinking and by how such dualistic thinking creates polarized frames of reference. The result is that we read Luke’s treatment of purity/impurity, Jew/Greek, etc. as if Luke understood them as absolute categories when in fact Luke may be reconstructing bodies and illnesses in ways that subvert the presumption of such dichotomies as natural givens.²⁸

27. Weissenrieder describes a comprehensive study of illnesses in the New Testament published in Germany in the 1930s that attributed the majority of the illnesses and possessions to the generalized phenomenon of “hysteria,” noting that this phenomenon was typical of the time period. Similarly, in the later part of the twentieth century, several studies appeared in which the condition of anorexia nervosa—a disorder among young women that was the focus of much medical and social attention—was given as the explanation for several illnesses, in particular that which afflicted Jairus’s daughter in Luke 8:40–42, 49–56. Weissenrieder, *Images of Illness*, 8–9.

28. Mikeal C. Parsons suggests something similar when he explores the ancient practice of physiognomy in which judgments are made about a person’s character based on physical characteristics. Parsons makes the case that Luke sets out, with intention, to subvert the practice in the portrayal of persons whose character, by conventional physiognomic standards, would have been suspect, but who are, nevertheless, transformed in their encounters with Jesus and his apostles. Parsons, *Body and Character*, 85–89 (the bent woman, Luke 13:10–17); 105–8 (Zacchaeus, Luke 19:1–10).

Representative Views of Healing in the New Testament

The literature related to the New Testament healing narratives is extensive, dealing with questions of the historicity and nature of miracles, the role of Jesus as healer and miracle worker, modern-day medical diagnoses of the conditions represented, the cultural experience and social implications of illness, distinctions between disease and illness and between healing and curing, comparisons to Greco-Roman literature on illness and healing, the form and structure of healing narratives, and the language of healing used in the New Testament—to mark out just a few of the places on the scholarly horizon.²⁹ For the purposes of this book I want to consider the studies of New Testament healings broadly in terms of how they might be ordered according to which of three general perspectives is taken by each—the medical, the religious, or the social/cultural. I will consider how each perspective shapes the methods and conclusions, and what is gained and lost by each. I also consider the presuppositions on which the perspectives are based, insofar as those presuppositions clarify the constructs of illness brought to the texts by the theorists and exegetes. These considerations will then frame closer

29. A representative list of the literature includes Reinhard von Bendemann, “‘Many-Coloured Illnesses’ (Mark 1.34): On the Significance of Illnesses in New Testament Therapy Narratives,” 100–24 in *Wonders Never Cease: The Purpose of Narrating Miracle Stories in the New Testament and Its Religious Environment* (LNTS 288; London: T & T Clark, 2006); Stevan L. Davies, *Jesus the Healer: Possession, Trance, and the Origins of Christianity* (New York: Continuum, 1995); Larry P. Hogan, *Healing in the Second Temple Period* (NTOA 21; Göttingen: Vandenhoeck & Ruprecht, 1992); J. Keir Howard, *Disease and Healing in the New Testament: An Analysis and Interpretation* (Lanham, MD: University Press of America, 2001); Werner Kahl, *New Testament Miracle Stories in their Religious-Historical Setting: A Religionsgeschichtliche Comparison from a Structural Perspective* (Göttingen: Vandenhoeck & Ruprecht, 1994); Michael Labahn and Bert Jan Lietaert Peerbolte, eds., *Wonders Never Cease: The Purpose of Narrating Miracle Stories in the New Testament and Its Religious Environment* (LNTS 288; London: T & T Clark, 2006); John J. Pilch, *Healing in the New Testament: Insights from Medical and Mediterranean Anthropology* (Minneapolis: Fortress Press, 2000); idem, “Biblical Leprosy and Body Symbolism,” *BTB* 11 (1981): 119–33; Louise Wells, *The Greek Language of Healing from Homer to New Testament Times* (BZNW 83; Berlin: de Gruyter, 1998); John Wilkinson, *The Bible and Healing: A Medical and Theological Commentary* (Grand Rapids: Eerdmans, 1998).

analyses of the treatment in the standard commentaries on Luke and Acts, as well as the studies of healing in Luke–Acts and of the *lepra* narratives in particular.

Studies taking a medical perspective offer an analysis of how an illness is named and how symptoms are described in a given gospel healing story, and conclude with attempts to correlate the information to a modern-day diagnosis.³⁰ For example, treatments of the affliction of the boy possessed (Luke 9:37–43; Matt. 17:14–21; Mark 9:14–29) have identified the behaviors described as symptomatic of epilepsy.³¹ Similarly, studies of Luke 8:43–48 (Matt. 9:20–22; Mark 5:25–34) have presumed that the woman with the flow of blood suffered from something related to irregular menstrual bleeding, such as menorrhagia or metorrhagia or uterine fibroid tumors.³² Paul’s sudden blindness in Acts 9:8 has been attributed to temporary retinal damage from looking at a bright light, and the

30. Wilkinson, *The Bible and Healing*, 69–73. Wilkinson correlates the illness conditions with very precise and technical modern medical diagnoses, though always with the presuppositions that Jesus could and did heal these illnesses and of the reality of demons and demon possession. Wilkinson’s list of ailments suffered by characters in Luke’s Gospel and his diagnoses include: the centurion’s servant (Luke 7:2) has “acute anterior poliomyelitis”; the bent woman (Luke 13:11) has a rheumatic disease of the spine, or “spondylitis ankylopoietica”; and the paralyzed man (Luke 5:18) suffers from “paraplegia.” Wilkinson, *Bible and Healing*, 70–71.
31. Fitzmyer titles the section in his commentary “The Cure of the Epileptic Boy,” and includes a detailed description of the symptoms and etiology of epilepsy in his notes: “Today epilepsy is regarded as a chronic nervous disorder involving changes in consciousness and motion resulting from either an inborn defect which produces convulsions of greater or lesser severity or an organic lesion of the brain (by tumor, toxic agents, or injury). The attacks often begin in childhood or puberty.” Fitzmyer, *Luke I–IX*, 808. Marshall stays close to the text and speaks almost exclusively of the boy being seized by an unclean spirit, yet still asserts that the descriptions of the boy’s condition, foaming at the mouth and being bruised and worn out, “correspond to epilepsy.” I. Howard Marshall, *The Gospel of Luke: A Commentary on the Greek Text* (NIGTC; Grand Rapids: Eerdmans, 1978), 391. Weissenrieder provides examples of older studies identifying the condition as a psychological affliction such as mania, a dissociative disorder, or a borderline personality disorder. The Gadarene/Gerasene demoniac is described in one study as “mentally ill.” Weissenrieder, *Images of Illness*, 8.
32. Weissenrieder, *Images of Illness*, 229. In addition, she refers to studies in which the woman’s condition was identified as dysmenorrhoea and also as hemorrhoids. Weissenrieder helpfully expands the range of possibilities beyond gender-specific illnesses in her study of “issue of blood” in the ancient medical texts. Fitzmyer names this text “The Cure of the Woman with a Hemorrhage.” Fitzmyer, *Luke I–IX*, 743. Marshall (*Luke*, 344) suggests that the problem is a

scales that subsequently fell from his eyes when his sight returned (9:18) speculated to be the crusts of dried secretions that would have accumulated in and around his eyes during the three days of blindness.³³

Fitzmyer, in his analysis of Luke 5:12-16, makes a note of the skin conditions plausibly indicated for the *lepra*-afflicted according to the descriptions of *lepra* given in Leviticus 13. His list includes favus, lupus, psoriasis, ringworm, and white spots.³⁴ Marshall writes that some of the skin diseases considered as leprosy were regarded as highly contagious and incurable, while others were capable of cure, concluding, "It is therefore impossible to say precisely what disease was meant in the present passage and some scholars think that a disease of a nervous origin may be meant."³⁵ In these studies the implicit presumption is that the presentation of symptoms of any given illness has remained a stable feature of human biology and physiology over time, and that with a few descriptive clues the condition can be diagnosed, based on the perceived correspondence to illnesses and conditions well known and recognized today.

From a religious perspective the affliction of *lepra* has traditionally been classified either as an illness, the healing of which also contributes to interpretations of Jesus as a healer and/or miracle-worker,³⁶ or as a marker of ritual uncleanness, the cleansing of which

uterine hemorrhage. Wilkinson (*Bible and Healing*, 70) identifies the condition as uterine fibroid tumors.

33. Wilkinson, *Bible and Healing*, 159.

34. Fitzmyer, *Luke I-IX*, 573.

35. Marshall, *Luke*, 208. Davies writes, "From these and other considerations [flaking skin and redness beneath the skin], biblical 'leprosy' is certainly psoriasis. However, biblical 'leprosy' might have been diagnosed for an individual suffering from favus, a severe fungus infection, and perhaps also seborrhoeic dermatitis, patchy eczema, and other flaking skin disorders." Davies, *Jesus as Healer*, 68. Wilkinson identifies the leprosy as a chronic and infectious disease. Wilkinson, *Bible and Healing*, 70.

36. The question of Jesus as a miracle-worker is a complex and complicated one. Scholars take up the questions of the definition of a miracle, the historicity of Jesus' miracles, the literary form and structure of miracle accounts, the theological motivations behind the use of the

contributes to interpretations with more strictly religious connotations around Jewish purity concerns. Luke Timothy Johnson describes the “distinctive touches Luke puts to the Markan portrayal of Jesus” in the stories of the healing of the leper and the paralytic that emphasize Jesus’ powers as a miracle-worker:

He heightens the impression of a Hellenistic thaumaturge. Like other Greek sages, Jesus’ teaching and working of wonders are closely joined (5:17). Through him, the divine *dynamis* is at work (5:17), enabling him to heal with a word (5:13, 20) and a touch (5:13). His deeds draw great crowds to him (5:15), and his *paradoxa* (marvels) generate fear and amazement (5:26).³⁷

Davies, by contrast, makes a distinction between healing and cleansing, which he interprets with a strictly ritual connotation. He

term “miracle” to describe Jesus’ healings, and critiques of those motivations. For the record, I presume the historicity of Jesus’ healings, but see the label of “miracle” to be more concealing than revealing inasmuch as it says more about how the people of Jesus’ day interpreted what Jesus did than it can tell us about what Jesus actually did. It is itself something of a construct whose definitional contours change over time and context. Robert L. Hamblin defined a miracle as “a marvelous occurrence taking place in human experience which could not have been exercised by human powers or by the power of any natural agency. It is an event that must be attributed to divine intervention. It is usually thought of as an act which demonstrates divine control over the laws of nature.” R. L. Hamblin, “Miracles in the Book of Acts,” *SWJT* 17 (1974): 19–34, at 20. John P. Meier defines it in this way: “(1) An unusual, startling, or extraordinary event that is in principle perceivable by any interested and fair-minded observer, (2) an event that finds no reasonable explanation in human abilities or in other known forces that operate in our world of time and space, and (3) an event that is the result of a special act of God, doing what no human power can do.” John P. Meier, *A Marginal Jew: Rethinking the Historical Jesus*, vol. 2 (ABRL; New York: Doubleday, 1994), 512. One of the points I am trying to make in this book is that descriptions of the healing of an illness could be coherent with what first-century people understood about the body and illness while not precluding the people from seeing in that healing a divine power or presence. The literature is beyond the scope and purpose of this work. For more on miracles in the New Testament, see Kahl, *New Testament Miracle Stories*, 11–36; Thomas Kazen, *Jesus and Purity Halakhah: Was Jesus Indifferent to Impurity?* (ConBNT 38; Stockholm: Almqvist & Wiksell International, 2002), 91–98; Beate Kowalski, “Eschatological Signs and Their Function in the Revelation of John,” 201–18 in *Wonders Never Cease: The Purpose of Narrating Miracle Stories in the New Testament Its Religious Environment*, eds. Michael Labahn and Bert Jan Lietaert Peerbolte (LNTS 288; London: T & T Clark, 2006); Geert Van Oyen, “Markan Miracle Stories in Historical Jesus Research, Redaction Criticism, and Narrative Analysis,” 87–99 in *Wonders Never Cease*.

37. Johnson, *Luke*, 95. See also Fitzmyer, *Luke I–IX*, 572.

suggests that since the New Testament texts clearly report Jesus as “cleansing” the *lepra*-afflicted, he is in fact not curing them, but simply giving them a positive diagnosis, something like a “clean bill of health.” Davies tries to puzzle out exactly what role Jesus plays, since the texts do not say he cured the *lepra* but he is also not authorized to pronounce the afflicted ones ritually clean. Davies writes:

The simplest explanation may be the best one. Jesus had a considerable reputation as a healer. People who were said to be lepers came to him and asked his opinion whether or not their condition remained leprous or not. He said sometimes they were clean of leprosy; they rejoiced to hear his opinion and subsequently they journeyed to Jerusalem to have his opinion formally verified.³⁸

This may be the “simplest explanation” to Davies’s problem, but it strains the texts to breaking. It is clear in Luke 5:13 that at Jesus’ touch and word to the afflicted man “the *lepra* left him.” The *leproi* in Luke 17 do not ask Jesus for an opinion, they clearly ask for his mercy (17:13), and Luke clearly states they were healed in v. 15. Davies’ explanation falters on the question it begs, for what then is meant when Jesus asks the Samaritan leper, “Were not ten made clean? But the other nine, where are they?” (17:17). Still, Davies’s dilemma makes quite plain the difficulties for the exegete when the terminology of “cleansing” is restricted to its cultic usage.

Another example of a study in which *lepra* is considered (among other conditions) as a marker of ritual uncleanness and where the reports of Jesus’ healing yield interpretations more strictly oriented toward Jewish purity concerns is Thomas Kazen’s *Jesus and Purity Halakhah*. Kazen assumes that the narratives carry historical reminiscences of Jesus’ acts of healing and then pursues the question

38. Davies, *Jesus as Healer*, 68–69.

of Jesus' defilement through contact with ritually unclean people and places (the *lepra*-afflicted, the bleeding woman, corpse contact with the widow's son, the time among the tombs with the Gadarene demoniac).³⁹

Last are studies that focus on the social/cultural consequences of illnesses for those afflicted, for example, the shame of infertility or the isolation on the outer edges of the camp of the *lepra*-afflicted ones. Fred B. Craddock describes the *lepra*-afflicted man who approaches Jesus for healing in Luke 5:12 as having a "social disease" and characterizes *lepra* as so "threatening" that the "religious, social, and political forces join in the demand that the diseased persons be removed from sight, isolated from all domestic, religious, and commercial contact."⁴⁰ John Pilch, drawing on insights from medical anthropology, considers how first-century people described the experience of their illness, how they interpreted it, and what meaning they made of it. Presuming that all illness realities are fundamentally semantic and all healing is fundamentally interpretation, Pilch concentrates on the hermeneutic dimension of healing rather than the medical model's emphasis on symptoms and diagnoses.⁴¹ He identifies healing as an elemental social experience, characterizing it as being as fundamental as the gift or exchange relationship.⁴² He states, "[H]ealing boils down to meaning and transformation of experience. The change or transformation is created by all participants who effectively enact culturally authorized interpretations."⁴³ This approach widens understandings of the entire

39. Kazen, *Jesus and Purity Halakhah*.

40. Fred B. Craddock, *Luke* (Interpretation; Louisville: John Knox, 1990), 71–72. Craddock makes no reference to ritual purity concerns, nor does he focus on the healing as a demonstration of Jesus' power. It is instead an act of Jesus' "selfless caring" and "compassion."

41. Pilch writes, "Human sickness as a personal and social reality and its therapy is inextricably bound to language and signification." Pilch, *Healing in the New Testament*, 41.

42. *Ibid.*, 25.

43. *Ibid.*, 35.

experience of a disease beyond what we would consider a cure to include the restoration of meaning to one's life.⁴⁴

Implications for Exegesis

If *lepra* is analyzed in the secular terms of modern medical diagnostic criteria, the gain of a more precise determination of the illness often comes at the expense of religious meaning. The poor man probably had only a bad case of eczema or psoriasis. What is so significant about that? If one begins with the presumption that some kind of "miracle" has clearly occurred, explanations of the affliction as severe or even horrific must often follow in order to make the story plausible, despite the fact that those explanations may not cohere with ancient thought.⁴⁵ Even conceptualizations of what it means to be impure/unclean or the consequences of social and religious ostracism make more sense if what is "seen" is something dramatic like leprosy/Hansen's disease.⁴⁶ In any case, there are exegetical and interpretive

44. *Ibid.*, 23. Pilch here makes a clear distinction between curing and healing: curing is efficacious when biomedical change takes place; healing is efficacious when the people who seek it say it is.

45. Weissenrieder, *Images of Illness*, 19. Wilkinson (*Bible and Healing*, 99) makes this same point in his discussion of the differing manuscript traditions witnessing either to Jesus' anger or to his compassion in the story of the healing of the leper in Mark 1:41: "Any acceptable explanation for the anger is rendered even more difficult when we realize that the man's disease was probably not leprosy as we know it today, and therefore not as disfiguring as that disease can be, but some variety of skin disease which showed the features which made the one who suffered from it ceremonially unclean according to the levitical regulations (Lev. 13:1-3)." Another example of the exegetical implications when current images of an illness are presumed to be self-evident is the rendering of the Greek *lepra* as leprosy in English translations of the Bible. Even with annotations qualifying the term as encompassing a wide range of skin diseases, "leprosy" still typically evokes images of Hansen's Disease and graphic images of bodily decay and disfigurement. The aesthetics of those images may occasion visceral reactions ranging from distaste to revulsion. Language and images together elicit fears of contagion and judgments about the necessity of quarantine. These judgments find precursors in biblical texts about the isolation of the leper outside the camp (Num. 5:2-3; 2 Kgs. 7:3-9; 15:5 [Fitzmyer, *Luke I-IX*, 573]) and modern analogues in the isolation of the leper colony. When apprehended through the lens of faith and confessions about Jesus as God incarnate, the words and images result in interpretations of Jesus' healing of *lepra* as demonstrations of great power over a horrible and horrifying disease.

consequences when exegetes presume that current images of illness and psychological theories can serve as explanatory models for Lukan texts as if they were self-evident.⁴⁷ Illnesses become loosed from their contextual moorings and stripped of their cultural and time-specific characteristics. Explanations of disease based on modern understandings fail in at least three ways: (1) they are not representative of ancient experience insofar as they attempt to determine the severity of illnesses; (2) they do not correspond to ancient thought about how the body's composition, being of the very same elements as the cosmos—earth, fire, water, air—is similarly influenced by weather patterns, climate, and geography; (3) they do not correspond to ancient understandings of disease etiologies and rationales for the methods of therapeutic interventions.

Modern judgments about the severity of an illness tend to influence interpretations toward enhancing the miraculous aspect of healings. Descriptors such as “harmless” or “severe” often do not correspond to ancient classification. In point of fact, the *Corpus Hippocratum* employs instead the categories of “acute” and “chronic.”⁴⁸ *Lepra* does not even appear in ancient discussions of acute or chronic disease or in descriptions of common ones. Therefore a modern construct of *lepra*, especially if conceptualized as severe cases of leprosy/Hansen's Disease, is likely to be quite off the mark

46. Craddock's description of biblical leprosy suggests a range of severity and attempts to correct judgments inaccurately based on images of Hansen's Disease. However, in the final analysis he still characterizes *lepra* with words that suggest a fearsome and repugnant condition: “Leprosy was a name given to a range of maladies from mildew in houses and on clothes to skin diseases in humans . . . Much more and much less was classified as leprosy than what we know today as Hansen's disease. But into every culture sooner or later come diseases so mysterious and so threatening that they are met primarily with fear and ignorance. [The leper's] problem is not only one that evokes compassion, such as blindness or a withered limb; his disease is social, evoking repulsion.” Craddock, *Luke*, 71.

47. Weissenrieder, *Images of Illness*, 8–9.

48. *Hippocrates*, trans. William H. S. Jones, vol. 2. (LCL; Cambridge: Harvard University Press, 1952), ix.

as a useful analogue to ancient perceptions. Conversely, modern constructs of psoriasis or eczema as afflictions less serious than Hansen's Disease may also lead to the unhelpful and inaccurate presupposition that the ancients, too, would not have seen them as very serious. Therefore it would seem there is more to discover about why the healing/cleansing of *lepra* was considered such a significant demonstration of Jesus' power; why it was singled out and set apart from Luke's summaries of generically identified diseases; why it was instead included with conditions specifically named, like blindness, paralysis, and hemorrhaging; and what this condition signified for Jesus, for Luke, and for Luke's readers.

The *lepra*-afflicted body is unique in the New Testament for being named, but with virtually no descriptive detail of the affliction.⁴⁹ In Luke's Gospel the affliction is named without additional information about its appearance or other symptoms. When we read the narrative report of Jesus healing the one "full of *lepra*," how does the affliction appear in the mind's eye? How does this *lepra*-afflicted one look? When we read "the leprosy left him," how do we imagine the leaving? And when we read the story in the larger context of Luke's Gospel of the life, death, and resurrection of Jesus Christ, what value do we give to its particularities? What judgments do we make about its place in the larger narrative?

The claim of constructivist theorists is that meaning is given *to* an illness via language, not that the language used to describe the illness expresses something *about* the illness as an objective reality.⁵⁰ So, then,

49. Hogan, *Healing in the Second Temple Period*, 18–19. See also Klaus Seybold and Ulrich B. Müller, *Sickness and Healing*, trans. D. W. Scott (Nashville: Abingdon, 1981).

50. Weissenrieder writes, "Illnesses only ever exist for us in the form of socially imposed images 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." Weissenrieder, *Images of Illness*, 3.

what did the *lepra*-afflicted body mean to Luke? How did the people physically present at Jesus' healing of the leper in a Galilean city recognize that *lepra* was afflicting the man? What signs or symptoms did they recognize that led to the conclusion—"Hey, that guy has *lepra*"? And when the *lepra* "left him," what changes marked this leaving and how did people explain what had happened? What sense did they make of the means by which Jesus effected a change in the man's condition? When the ten lepers in that area between Samaria and Galilee were "made clean" [or: "cleansed"] (Luke 17:14), what exactly did the Samaritan leper "see" that led him to recognize he had been healed? When Luke's audience heard or read these stories some four or five decades later, how did the *leproi androi* appear in their minds' eyes? How did they imagine the men's affliction, and how would they have understood its implications—or the magnitude of Jesus' response? What, if any, relevance would the stories of Naaman and a Samaritan leper have for them a decade after the destruction of the Temple and the consequent dissolution, in practice, of Jewish legislation regulating purity concerns and temple sacrifices?

These questions reflect the recognition that there might be a difference between what was actually seen and what we think was seen. They challenge assumptions that have come to us in the translation of *lepra* as leprosy. They are reminders that a significant time gap exists between the life of Jesus and the writing of Luke's Gospel, so that the healing-miracle stories inherited by Luke may have had a range of meanings for him not necessarily exhausted by demonstrations of Jesus' power to cure diseases and infirmities. The notion of the "construction of an illness," a construction of *lepra*, is one that allows us to consider all the implications of the affliction—ritual/cultic, social, and medical—in order to be sure not to limit our interpretations to questions of miracle or purity.

In recent years a few scholars have begun to explore the degree to which New Testament thought and writings reflect principles of ancient medical knowledge. Some of these scholars intentionally engage those principles in their theologizing. Several lines of research have been particularly promising for this project. In one, the case is made that Luke, in particular, presents the symptoms of many illnesses in coherence with the medical knowledge of the time and that such a coherence has implications for his theological message.⁵¹ Another set of studies investigates the physiognomic consciousness that pervaded ancient thought about the body, character, and morality and the degree to which such a consciousness may have pervaded Luke's thought.⁵²

A third area includes studies that read NT texts about the spirit with a more nuanced understanding of how the ancients understood the *pneuma*/spirit (also air, breath) and its role in health, illness, and

51. E.g., Weissenrieder, *Images of Illness*. As a point of historical interest, W. K. Hobart made the argument, in 1882, that the terminology Luke used to describe afflictions and diseases was similar to the more technical language found in the medical writings of Hippocrates, Galen, and others. Hobart's case was later overturned by Henry J. Cadbury, who showed that most of the so-called medical terminology could be found not only in the writings of well-educated Greek writers who were not physicians but also in the LXX. Fitzmyer summarizes: "Consequently, though such expressions as listed above [4:38: 'suffering from a high fever'; 5:12: 'a man covered with leprosy'; 5:18, 24: 'paralyzed'; and 8:44: 'her hemorrhage stopped'] might seem to be more technical than their Markan parallels, they are not necessarily more technical than expressions used by educated Greek writers who were not physicians. Ancient medical writers did not use an exclusive technical jargon such as the modern argument once presupposed." Fitzmyer, *Luke I-IX*, 52. See W. K. Hobart, *The Medical Language of St. Luke: A Proof from Internal Evidence that "The Gospel according to St. Luke" and "The Acts of the Apostles" Were Written by the Same Person, and that the Writer Was a Medical Man* (Dublin: Hodges, Figgis, & Co., 1882; repr. Grand Rapids: Baker, 1954); Henry J. Cadbury, *The Style and Literary Method of Luke* (HTS 6/1; Cambridge, MA: Harvard University Press, 1920).
52. Chad Hartsock, *Sight and Blindness in Luke-Acts: The Use of Physical Features in Characterization* (Leiden: Brill, 2008); Parsons, *Body and Character*. For more on ancient physiognomy in relation to other New Testament writings, see J. Albert Harrill, "Invective against Paul (2 Cor 10:10), the Physiognomics of the Ancient Slave Body, and the Greco-Roman Rhetoric of Manhood," 189-213 in *Antiquity and Humanity: Essays on Ancient Religion and Philosophy: Presented to Hans Dieter Betz on His 70th Birthday*, ed. Adela Yarbro Collins and Margaret M. Mitchell (Tübingen: Mohr Siebeck, 2001); Bruce J. Malina and Jerome H. Neyrey, eds., *Portraits of Paul: An Archaeology of Ancient Personality* (Louisville: Westminster John Knox, 1996).

disease etiologies—and how this more complex semantic range for *pneuma* affects our understanding of Luke’s interpretation of the role of the Spirit in the Gospel and Acts.⁵³ These studies are promising for this project because, insofar as they elaborate a first-century construct of the human body, they allow for Luke’s construct of the *lepra*-afflicted body to include images, concepts, and terminology that overlap the semantic fields of cult, medicine, and sociology. In the next section I take up in more detail the three aspects of physiognomic consciousness in the ancient world, how the ancients understood the body and its composition, and disease and disease etiology in the ancient medical writings.

***Lepra* in Ancient Constructions of the Body and Illness**

Physiognomic Consciousness

Physiognomy is a pseudo-science based on the beliefs that moral character is revealed in physical features of the body, that particular physical traits correspond absolutely to particular character traits, and that judgments about moral character can be made from an examination of the physique and its aspects.⁵⁴ In the treatise titled *On*

53. Dale B. Martin, *The Corinthian Body* (New Haven: Yale University Press, 1995); Troy W. Martin, “Paul’s Pneumatological Statements,” 105–26 in *The New Testament and Early Christian Literature in the Greco-Roman Context: Studies in Honor of David E. Aune*, ed. John Fotopolous (Boston: Brill, 2006). Both Troy Martin and Dale Martin have contributed important studies on Pauline literature and pneumatology, reading Paul’s letters through ancient constructions of body, health, disease, and the *pneuma*. Both offer cautions about how present-day readings of Paul (and by extension, of Luke and the New Testament) can be distorted when we assume that Paul’s ideas about the body and the spirit somehow reflect the same understandings of anatomy, physiology, kinesthetics, and disease etiologies that are part of medical discourse/theories today. See also Candida R. Moss, “The Man with the Flow of Power: Porous Bodies in Mark 5:25–34,” *JBL* 129 (2010): 507–19.

54. Philip S. Alexander, “Physiognomy, Initiation, and Rank in the Qumran Community,” 385–94 in *Geschichte—Tradition—Reflexion: Festschrift für Martin Hengel zum 70. Geburtstag, vol. 1, Judentum I*, ed. Hubert Cancik, Hermann Lichtenberger, and Peter Schäfer (Tübingen: Mohr, 1996), at 385. Elizabeth C. Evans, *Physiognomics in the Ancient World* (TAPS 59/5; Philadelphia: American Philosophical Society, 1969); eadem, “Galen the Physician as a Physiognomist,”