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Abstract

The healing stories of the Gospels have been studied by exegetes from a literary and a theological point of view. Both approaches have contributed greatly to a better understanding of them. Nevertheless none of these methodologies has been able to interpret those stories from their native point of view. The purpose of this article is to contribute to this native understanding of the healing stories. This aim is pursued by using some cross-cultural models taken from medical anthropology. These models can help us to imagine how Jesus and his contemporaries experienced and understood illness and healing. The first step is to elaborate a reading scenario combining these models and some literary and archaeological evidence. Then this model is applied to the story of the blind man of Jericho (Mark 10:46–52). This example shows how medical anthropology can be a tool for a more fruitful reading of the healing stories.

Exegetes have frequently resorted to Western medicine to explain the meaning of the healings reported in the Gospels. This approach, however, has not proved to be very insightful for understanding the significance that illness and healing had for Jesus and his contemporaries. The attitude of these exegetes towards the gospel narratives is quite similar to that of Western doctors when they encounter patients from other cultures. Very often these doctors use the biomedical model to understand the symptoms communicated to them by these patients, instead of trying to interpret the symptoms using the cultural patterns of their patients' native culture (Good & Delvecchio Good: 165–66).

As a result of the inadequacy of the biomedical model to explain the original meaning of these accounts and of the social contexts in which they originated, exegetes have devoted themselves to the study of the literary and theological features of the passages (Theissen; Leon-Dufour; Latourelle). Such studies have contributed greatly to our understanding of the healing narratives, for it is true that they were cast in rather precise literary forms. It is also true that over time they came to embody ever more precise theological concepts, as is apparent in the passage we are going to consider in this article (Kertelge: 179–84; Robbins; Johnson). It must be recognized, however, that the main purpose of these narratives was that of reporting the healings performed by Jesus.

To understand the original meaning of these narratives we can turn to medical anthropology, a sub-discipline of cultural anthropology, whose object is the study of non-Western medical systems from a cross-cultural perspective (Worsley; Young). Scholars in this branch of learning have elaborated some conceptual models that are especially appropriate for a better understanding of illness and healing in Jesus' time.

This kind of approach was proposed twenty years ago in a very insightful study by P. Borgen, but his suggestion was not followed by mainstream scholarship. Almost at the same time J. Pilch began to publish in this journal a series of articles in which he applied different models taken from medical anthropological studies to New Testament texts (BTB 1981:142–50; 1985:142–50; 1986:102–06; 1988: 60–66; 1992:26–33). This and other studies have been collected and published recently in one volume (Pilch 2000). More recently H. Avalos has produced two interesting stud-

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ies on the role of the temple in the health care system of the Ancient Near East (1995), and on the import of the health care strategies for the rise of Christianity (1999). Following the steps these studies have already taken, the purpose of this essay is to propose some anthropological models in order to understand in its own terms the healing of the blind man from Jericho as it is reported in Mark 10:46–52.

Reading Scenario: Different Forms of Understanding Illness and Healing

Medical anthropologists have discovered that there are many ways of understanding and experiencing health and illness. They have also shown that the ways in which an individual or a group perceives, symbolizes and reacts to illness and health are determined by their own culture. A. Kleinman, one of the most widely recognized authors in the field, has attempted to understand medicine as a cultural system that includes all elements related to health in a given society. These elements include the perception of illness and its etiology, the individual and collective ways of reacting to it, the values that determine both, and the therapeutic strategies available or the social institutions dedicated to health care. These elements are mutually connected and form an integrated cultural system (Kleinman: 24–25; Worsley: 327–30). This means that illness and healing can be adequately understood only within the framework of a specific culture.

The ways of understanding and experiencing health and illness in the world of Jesus and of the first Christians show noteworthy similarities with the "non-Western" medicines predominant in pre-industrial societies. The medical systems of these societies have in common a series of traits such as the following: (1) the symptoms of illness are explained on the basis of the belief that there exists an interdependence between the natural, the supernatural, the society, and the person; (2) the "healer" has a precise knowledge of the patient's social roles within the community and shares the values and social norms of the patient; and (3) participation in the healing process by other significant persons, mainly members of the extended family, relatives and neighbors, is decisive in the overall process. In contrast, Western bio-medicine, which is the prevailing model in industrialized societies, is rooted in an empirical conception of diseases, and its goal is the treatment of pathologies. As a result of those presuppositions, it does not pay much attention to the personal, social, and supernatural factors which determine the perception and interpretation of illness in most cultures (Worsley: 316–17; Good & Delvecchio Good: 167–74).

It is possible to be more precise on how illness and healing were perceived in the world of Jesus, and to identify the most relevant differences existing between that health care system and ours. To this end I will develop three conceptual models that allow a systematic comparison between various ways of understanding and experiencing health and illness. Using these models I will try to clarify (a) in which sector of the health care system the healing reported by Mark should be located, (b) which understanding of the illness is transparent in this episode and how it affected the status of the sick person; and (c) which was the therapeutic strategy followed by Jesus.

The Health Care System

The health care system is not a real entity but rather a conceptual model elaborated on the basis of what the persons involved think and do vis-à-vis health and illness in a given social context. This model includes, therefore, perceptions, expectations and value judgments that are not always conscious. But it also takes into account the reactions and patterns of behavior of those involved in the illness and in the healing process. Both the perception of illness and the reactions to it are governed by cultural values, and are subject to the influence of different social factors such as institutions, roles, and relations in which the evaluation and treatment of the illness take place. The cross-cultural nature of this model makes it especially appropriate to establish comparisons among different health systems (Kleinman: 25–27).

In its overall structure a health care system consists of three sectors which intersect in various ways: the popular sector, the professional sector, and the folk sector. In the popular sector, the most important one, the treatment of the illness is carried out by those belonging to the social networks of the sick person, notably family and relatives. It is in this non-specialized sector, deeply rooted in popular culture, where the treatment of illness is defined and initiated in most cases. The professional sector is governed by formal institutions and persons trained for this task through a socially sanctioned process. Because of their specialization, personnel in this sector usually propose their version of clinical reality as the only acceptable one. Finally, the folk sector comprises another series of different medical approaches. Some of them are close to the professional sector, but most are related to the popular one. It is in this last sector that we find the traditional healers (Kleinman: 49–60).

These three sectors are defined differently within each culture, and even within various social groups in the same

culture. Furthermore, each culture establishes an implicit hierarchy which determines the way a sick person will pass from one sector to another in search of health. To correctly understand the story of Bar Timaeus' healing we must have a basic knowledge of these three sectors in the world of Jesus. This is not the place to make a complete description of the health care system of first-century Palestine. For our purposes it will be enough to locate some literary and archaeological data within the framework provided by the model, so as to identify and describe the health sector in which that healing must be placed.

In most cultures, the *popular sector* provides the first explanations and remedies to treat sickness. Considering the centrality of the family in the world of Jesus, we may assume that the participants in this first sector were above all those related to the sick person by kinship or fictive kinship ties. Thus, the popular sector's network included family relations, neighbors, clients and the patron. Usually the sick person and the social networks to which he belonged made use of the values and beliefs of the popular culture regarding specific illnesses in order to interpret them and react to them in a culturally meaningful way. The Gospel narratives provide us with some sporadic evidence about this sector. In them we find relatives that look after the sick (Mark 1:30) or ask for healing on their behalf (Mark 7:25; 9:17–18), we find also neighbors or clients that help the sick (Mark 2:3–4), and even patrons that intercede for their servants (Luke 7:7–8).

Given the prevalence of this sector in non-Western health care systems, we ought to suppose that this was also the most important sector in the health care system of first-century Palestine. This presupposition is confirmed when we consider the health care functions performed by the family vis-à-vis its members, although not every family was able to perform those functions in the same way (Guijarro 1998: 59–61).

The practice of *professional medicine* in ancient Palestine is documented, at least within those social groups under Greek influence, from the Hellenistic period on. Ben Sira (Sir 38:1–15) praised physicians and their profession, but at the same time he reminded his readers that healing was always in God's hands (Noorda: 215–24). In the same vein, the Jewish historian Josephus mentions several times the activity of physicians in first-century Palestine (VITA 404; ANT 19.157; 7.343), pointing out their failures (BJ 1.598) and their inability to heal, as in the case of Herod the Great (ANT 15.245-246). Even Jesus referred to himself in a figurative way as a physician (Mark 2:17; GosThom 31). In spite of these positive references, the traditional attitude towards physicians in Israelite society was one of distrust. Israelite monotheism could think of God alone as the source of health, and consequently healing could be acquired only through his mediators, especially through the prophets, who were the authorized consultants in the traditional health care system of the Israelite society (Avalos 1995: 260–77).

As in the rest of the Hellenistic-Roman world, professional physicians, following the teachings of Hippocrates, sought to find out the causes of illnesses and their remedies. These professionals had a global, philosophical perspective on the cosmos and an integrated idea of the human person (Scarborough; Kee: 49–101; Seybold & Mueller: 98–100). The Gospels mention only one case of recourse to this professional sector, the one of the hemorrhaging woman, and they do not fail to mention the fact that she had spent a great fortune on physicians (Mark 5:25–26).

To this same sector of professional medicine can be ascribed most of the activities carried out in the sanctuaries of Aesculapius and in the therapeutic baths. In them, besides the therapies of the Hippocratic medicine, we find the practice of other therapeutic treatments, such as the *incubatio* (Seybold & Mueller: 101–02). We do not know for sure whether there existed in first-century Palestine sanctuaries devoted to Aesculapius or to Serapis, the healing gods more popular at the time, but excavations at the pool of Bethesda have shown that this place could have been one of them. Since the well-known study of A. Duprez on Jesus and the healing gods, this site has been identified as the scenario where the healing of the paralytic narrated in John 5:2–9 took place, but this identification has been challenged by recent research (Devilliers; Boismard). In any case it seems that the site was a healing center at least from the Hellenistic period on (Pierre & Rousse: 26–27). We can be more sure about the existence of therapeutic baths. Josephus mentions the fountains of Callirhoe, to which Herod was sent by his physicians (ANT 17.171), and the archaeologists have uncovered other similar facilities on both sides of the Jordan in the Hellenistic and Roman period (Dvorjetski; Weber).

Finally, *folk medicine*, the third sector, which reached beyond the circle of family, relatives and neighbors, depended on different specialists who did not practice professional medicine. An outstanding feature of this sector is its proximity to the popular sector, with which it shares a common understanding of sickness and its etiology. Folk medicine is the realm of magic and exorcism, and the arena of popular healers who constitute its most representative figures. Popular healers share a set of traits in different cultures: they share their patients' worldview and understand

health and illness very much like them; they accept the symptoms presented to them as coincident elements of a syndrome; they treat their patients outdoors, and they usually live in close proximity to the social situation of the sick person (Pilch 1991: 198–200).

In the Hellenistic–Roman world this type of popular healer was quite common. In most cases, their healings were a means to confirm the authority of their doctrine and the basis of the claims they made about their person (Graham: 103–05). In the Israelite tradition, as we have seen, the most representative figure of this kind of popular healer was the healing prophet. This type of healer was not uncommon in the time of Jesus, although he himself was the most outstanding instance in first-century Palestine. Other contemporary healers, like Honni and Hannina ben Dosa, share with him, among other traits, a close resemblance to the prophet Elijah (Green; Vermes: 64–66; Meier: 581–88).

Access to these three sectors of the health care system was determined by different factors. We can suppose that popular medicine was always the first recourse. When healing could not be achieved through it, resourceful families would have recourse to professional medicine, but this was a luxury reserved to very few. Moreover, it is very probable that among the most traditional strata of Palestinian society (those on the lowest rung), recourse to this kind of medicine would stir up considerable distrust, since in some way it could be an affront against the sovereignty of God over health and illness. For the majority there remained recourse to the popular healers of folk medicine. This would avoid conflict with traditional allegiance to Israel's God, because in the end it was a type of religious healing. It is in this sector of folk medicine that the healings of Jesus must be located.

The Explanatory Model

There is always an explanatory model, explicit or implicit, behind the various ways of understanding illness and of behaving when confronted with it. An explanatory model is a simplified, abstract representation of some complex real-world interaction, consisting of a set of directives followed by those participating in a healing episode in order to understand and treat the illness. The purpose of such models is to offer an explanation of the illness, to help one choose among the various available therapies, and to provide meaning to the illness from the personal and social point of view. The explanatory model in vogue is the one that determines which symptoms are relevant and which are not, and how they are to be interpreted and treated (Kleinman: 104–10).

Underlying explanatory models surface in various ways in the semantic fields of the illness, that is in the terms and expressions spontaneously used to refer to the illness in question (Young: 266–68). This means that to understand the explanatory model of a given illness, we have to pay close attention to the semantic field used by whoever describes it. The data that are not "familiar" to us in the story of the healing of the blind man of Jericho and in other New Testament healing stories are, in fact, the entrance door to the explanatory model of illness and health shared by Jesus and his contemporaries.

The explanatory models employed in the various sectors of the health care system, especially in the popular and in the folk sectors, depend in large measure on the cultural interpretation of sickness. The difference between sickness and its cultural interpretation is reflected in the terminology used by medical anthropologists. They usually distinguish between disease and illness. Disease refers to abnormalities in the structure or functioning of a bodily organ or system of organs, whereas illness refers to the perceptions and experiences that a person has of his/her condition (Young: 264–66).

Understanding sickness as illness is, then, a cultural process. All cultures have patterns of perceiving, comprehending, explaining, assessing, and treating the symptoms of sickness. These patterns are influenced by personal and family perceptions, and through them by the cultural values of each society. The assessment of sickness takes place by a process of labeling symptoms and the sickness itself, as well as by expressing its significance for the individual and the group to which he or she belongs. In this way, the sickness itself takes on a precise meaning and is shaped according to certain patterns of behavior, being thereby transformed into a specific cultural form. That cultural form is what we call an illness (Kleinman: 72–80).

As a result of this process, the cultural construction of a sickness establishes (a) the way it is understood and explained; (b) the way it affects the status of the sick person; and (c) how to treat it, depending on the therapeutic strategies available (Avalos 1999: 23–27). This last aspect will be considered later. Now I turn to the first and second, which are more closely related to the explanatory model.

Two relatively recent studies can introduce us into the cultural understanding of sickness and its etiology in the ancient world: the study of L. Wells concerning the vocabulary of healing in the Greek world, and that of L. P. Hogan on illness and health in the Second Temple Israel. Both of them review a large amount of literary and epigraphic evidence that reveals how people understood sickness at that time, especially in the popular and folk sectors.

Wells has studied the language of healing employed in the dedications and inscriptions of the major Aesculapius shrines of the Hellenistic world and in the New Testament. After a detailed consideration of both sets of documents, she concludes that the terminology used in these two contexts is the same and has almost identical meaning. Her conclusion reveals that the explanatory models of illness were broadly shared in the Hellenistic–Roman world (Wells: 100–01; 219–29).

The focus of Hogan study is the understanding of healing in Second Temple Israel. He scrutinizes the literary documents of that period and concludes that Judeans of the period believed God was ultimately behind all illnesses, even though a given illness could be brought about concretely by various agents or causes: God Himself for some concrete reason; God's agents (angels, demons etc.); evil spirits; stars; and, above all, sin. God was also the ultimate source of healing and health, but there were various means for restoring health. The principal ones were faith and prayer, repentance, exorcisms, physicians, folk medicine, and magic. Not all these means had the same value, but all of them share the same religious explanatory model, which did not separate the natural from the supernatural, the social from the personal (Hogan: 306–10). In any case, these features provide us with a very general framework which has to be filled out in each case, taking into consideration the terminology used.

> The therapeutic strategy is the most noticeable feature in the healing stories of the Gospels.

All these issues on the nature of sickness, its etiology and therapeutic strategies are a wide framework in which we must place the "regional" differences that shape many aspects of the cultural understanding of sickness and healing. Thus, for example, the Israelite explanatory model was configured by the Levitical system of purity, something which was not so prominent in other healing traditions of the Hellenistic world (Avalos 1999:34–58). In every instance it is necessary to find out how the general framework and the local tradition interact to configure the explanatory model.

A crucial aspect of every explanatory model is the way in which it determines the status of the sick person. In most cultures sickness is interpreted in terms of social deviance, and consequently it attaches an stigma to the sick person. The degree of stigmatization and its precise meaning depend on how a particular sickness is perceived. In the Levitical health care system, for example, some chronic diseases, such as leprosy, attached to the sick person a stigma that required his or her exclusion from the community (Lev 13–15). This exclusion was not for sanitary purposes, but was the consequence of a purity system. This same understanding of purity determined that those who were affected by some physical blemishes such as lameness, deafness or blindness were not allowed to enter the Temple. To rightly understand the meaning of those stigmas we need to bear in mind that in the Mediterranean society of the first century the status of a person was perceived then in terms of honor and shame, which were the core values of that culture.

The Therapeutic Strategy

An important aspect of every health care system is its therapeutic strategy. A therapeutic strategy is basically the procedure followed to treat an illness in order to obtain healing. The first step in this process is to establish a hierarchy among the therapeutic options available, that is among the different sectors of the health care system. Once this hierarchy has been established, each sector initiates its own therapeutic strategy.

The therapeutic strategy is the most noticeable feature in the healing stories of the Gospels. But it is also the most difficult aspect to understand for the Western reader. The reason is that the therapeutic strategies that appear in the gospel narratives presuppose an understanding of sickness and healing which is foreign to us. This understanding is derived from the explanatory model of popular and folk medicine of the first-century Mediterranean world, whereas the therapeutic strategies known to us derive from the biomedical model of Western professional medicine. To understand those stories in their own terms, then, we need a tool that may enable us to draw comparisons between the process of curing disease as professional Western medicine understands it, and the process of healing illness as it was understood in first-century popular and folk medicine.

Good and Delvechio Good have developed such a tool. They consider different steps in the interpretation and treatment of symptoms, and make a parallel description of the therapeutic strategy followed by the biomedical model and that of the cultural model (Good & Delvecchio Good: 167–81). Both processes are determined by various cultural assumptions and consequently employ different explanatory models. The biomedical model is rooted in an empiricist conception of sickness based on organ malfunction; this is the model prevalent in Western medicine that determines its interpretation and treatment of the symptoms. In

contrast, the cultural model understands sickness not simply as a pathology, but as a significant human reality. Consequently it considers healing as a hermeneutic process whose goal is to interpret that reality. The following chart summarizes the different steps and the strategies followed by both models (Good & Delvecchio Good: 179)

	BIOMEDICAL MODEL (Empiricist)	CULTURAL MODEL (Hermeneutic)
Pathological Entity	Somatic of psychophysiological lesion or dysfunction	Meaningful construct, illness reality of the sufferer
Structure of Relevance	Relevant data are those that reveal somatic disorder	Relevant data are those that reveal meaning of illness
Elicitation Procedures	Review of systems, laboratory tests	Evaluate explanatory models, decode semantic network
Interpretive Goal	Diagnosis and explanation (*Erklären*)	Understanding (*Verstehen*)
Interpretive Strategy	Dialectically explore relationship between symptoms and somatic disorder	Dialectically explore relationship between symptoms(text) and semantic network (context)
Therapeutic Goal	Intervene in somatic disease process	To treat patient's experience: to bring to understanding hidden aspects of illness reality and to transform that reality

The biomedical model is suitable for understanding disease and cure in the professional sector of contemporary Western medicine, but it is of little relevance when applied to other sectors of Western medicine. It is also inadequate when sickness is perceived and experienced according to patterns of other, non-Western cultures such as those in the gospel stories. In these cases, the cultural model is much more useful. As we shall see further on, many of the "strange" traits that appear in the gospel accounts of healing can be explained much better with the help of this second model.

The Healing of the Blind Man of Jericho (Mark 10:46–52)

The healing of the blind man of Jericho is one of the most elaborate miracle stories in the whole New Testament. The presence of some theological accents characteristic of Mark's Gospel, and its place at the end of a section centered on teaching about discipleship (Mark 8:31–10:52), reveal its catechetical character. This feature is equally apparent in the story of the healing of the possessed boy (Mark 9:14–29). Both of these healings, the last "miracles" related by Mark, are presented to the reader/hearer as "didactic examples" (Kertelge: 182–84). Such theological adaptation may have removed from the story some characteristic traits of the healing process which are more evident in other healing stories (touching, laying on of hands, use of saliva). But it is still possible to discover signs that reveal how Jesus and his contemporaries understood this episode.

The Health Care System

The first step to an adequate understanding of the story reported by Mark is to locate it in the framework of the health care system of that time, and to find out in which sector of that system it should be placed.

The reference to the family can be indicative of the treatment of illness in the popular sector. This reference is implicit in the man's name, and perhaps was explained later to those who did not understand the meaning of the name, ("son of Timaeus"). Since the family was the most important social institution in the ancient world, it was the first place where healing was looked for. It is evident that Bar Timaeus' family was unsuccessful in providing a remedy for his blindness. The mention of his father shows that the family was affected by his situation. As in the case of the beggar asking alms at the Temple gate (Acts 3:2), it is probable that his family had not detached itself from him.

We can presuppose, therefore, that Bar Timaeus approached Jesus after having sought healing in the popular medicine sector without success. There is no indication that he had resorted to the professional medicine of his time. No doubt, there would be physicians in Jericho as well as in Jerusalem, but only the members of elite families had access to them. The only recourse available to Bar Timaeus, as to so many other sick persons of his time, was a folk healer.

Most of the traits that characterize folk healers appear, in fact, in the encounter of Jesus with Bar Timaeus: Jesus accepts the description the sick man gives of his illness and shares his understanding of it, because he asks no questions about its nature or etiology; the encounter takes place outdoors; the vocabulary used by both reflects a system of shared beliefs, and the therapy occurs through a dialogue. Both Jesus and Bar Timaeus interpret the illness and its

healing in religious terms. The compassion Bar Timaeus asks for is an attribute of God, and his request presupposes that only God can bestow healing. Jesus responds to him by attributing the healing to his attitude of faith.

These traits of the folk healer, many of which are common to folk healers of other cultures, were patterned in the Israelite society by the tradition of the prophet healer connected precisely to the town of Jericho and its surroundings. The ideal type of the Israelite healer who acted as mediator between God and the sick person was the prophet Elijah (1 Kgs 17:17–24) and his disciple Elisha (2 Kgs 4:8–37; 5:1–19). Jesus was not the only folk healer in first-century Palestine. We know of at least two other figures: Honi and Hannina ben Dosa, whose activity as folk healers and popular miracle workers can be still discerned in the rabbinic traditions (Green: 646–47). Like John the Baptist and Jesus himself (Mark 6:15 par.; 8:28 par.; Luke 4:26; John 1:21), Honi and Hannina were associated by their contemporaries with Elijah. The setting of the story in Jericho could be a way of relating Jesus to him.

This initial consideration of the story from the perspective of the health care system of the time reveals a perception of illness and healing which cannot be reduced to its biological aspects. The societal and religious implications of the story are equally evident. We might also observe that the sick person's trip in search of healing had probably begun before Bar Timaeus met Jesus, as in the case of the hemorrhaging woman (Mark 5:25–27), or the paralytic of Bethesda (John 5:57). The fact that his father is mentioned points to the popular sector of medicine as the first step in this search. In any case, the context in which this healing episode must be understood is that of Israelite folk medicine, whose most prominent figure was the prophet who heals in God's name. Jesus acts as a folk healer following the steps of Elijah, and in so doing he claims to be the legitimate intermediary through which God grants healing to the sick. This explains the centrality of faith in this and in other healing stories.

The Explanatory Model

To grasp the way Jesus and his contemporaries understood and experienced illness and healing, we need to identify the explanatory model they used to interpret these experiences. To this end, we must explore the semantic field of the sickness—that is, the words used to name and describe it and everything around it. This especially includes all those traits that we find rather strange, such as Bar Timaeus' request for compassion, the titles with which he addresses Jesus and the response of Jesus ascribing the healing to his faith.

These traits reveal that Jesus and the first Christians shared with their contemporaries the belief that God was the source of illness and healing (Exod 15:26). Although the causes of the blindness are not mentioned in the story, we can presuppose that first-century Israelites ascribed it to the influence of a demon (Matt 12:22), or perhaps to some personal or inherited sin (John 9:2). These beliefs constituted the common framework, but to grasp the full significance of the story we must be more specific about the meaning of blindness and the implications of this condition in first-century Mediterranean societies.

A brief consideration of the use of terms related to vision (*blind, eye, to see*) in the New Testament reveals a complex reality that goes beyond the physical ability (Michaelis: 340–46). "The blind" was a symbolic representation of those that could not guide others (Matt 15:15; 23:16–24; Luke 6:39; Rom 2:19). "The eye" could be a source of scandal (Matt 5:29; Mark 9:47), of desire (Matt 5:27–28; 1John 2:16), and even an instrument to harm others (Matt 6:22–23; 20:5). Closed eyes expressed the inability to understand (Matt 13:15; Luke 24:16), while raised eyes were a means to communicate with God through prayer (Luke 16:23; 18:15; John 6:5; 17:1). In the ancient world there was a very close relationship between the eyes and the heart (Eph 1:18), so that when the eyes were shut the heart was unable to understand (John 12:40; Matt 13:15; Acts 28:27; 1 Cor 2:9). In Cicero we read that the eyes were the way to the heart (Cicero, DE LEGIBUS 1.26–27; ORATIONES 3.221), a belief that can also be found in the Old Testament (Jenni & Vetter: 336–46).

This relationship between the eyes and the heart derives from an understanding of the human person in terms of three symbolic zones: one of emotion-fused thought, which functions through the eyes and the heart; one of self-revelation through speech, which operates through the mouth and the ears; and one of deliberate action, which finds expression through the hands and feet (Malina: 73–77). This perception of the individual is one of the taxonomies that can help us understand sickness and healing in the ancient Mediterranean world (Pilch 1991:203–07). Of these three zones that constitute the human being, the first is crucial for knowledge of the individual. For this reason, the ancient physiognomists looked at the study of the eyes as a fundamental task to ascertain or describe a person's character (Malina & Neyrey: 26–27). The eyes were not only an instrument of vision but also a channel of communication between persons and a way of access to their innermost self. All such functions were closed off to a blind person.

Anthropological studies have emphasized that this insistence on the eyes and vision, as well as on the visual dimensions of things, is a common element in the Mediterranean societies, where the eye is "an instrument of knowledge, power, predation, dominance and sexuality" (Gilmore: 197). For this reason public exposure to the gaze of others implies a violation of the body, and the fear of such exposure is an important means of control (seclusion of women, veiling, interior courts, etc.). This preponderance of everything which is visual finds expression in the belief in the "evil eye," which is one of the most characteristic traits of Mediterranean societies (Elliott; Duncam & Derret). According to this belief, some persons have the power to injure other people through the eye and the sense of sight, generally as a consequence of envy or greed. For that reason the evil eye is sometimes synonymous with envy (Matt 20:5). This pervasive belief reveals the conviction that the eye and vision constitute an instrument of power over others.

This perception of the meaning and power of the eye and vision determines the understanding Jesus and his contemporaries had of blindness. The blind person was, in a certain way, someone whose access to the center of the emotions and thought (the heart) was barred, whether from inside to outside (desires, emotions), or from outside to inside (evil eye). The lack of vision would separate him to some extent from the social interactions which revolved around honor, because honor and shame were visual values. For that reason, perhaps the most noteworthy aspect of blindness was the lack of power that it implied: he who could not see could not control others nor influence their lives.

These cultural clues shape the social condition of the blind person. In most cultures, as we have seen, sickness assigns to the sick person a deviant status. In the Mediterranean culture this deviant status was understood and expressed in terms of its core values, that is in terms of honor and shame. When the ancient rhetoric treatises talk about the *enkomion* they consider good health as an attribute of the honorable person, but illness as something shameful (Malina & Neyrey: 140–41). The dishonorable condition of Bar Timaeus is pointed up in various details of the story: he is a beggar, he is outside the city, and he is not allowed to address Jesus. The name of the father (Timaios = honorable) and the son's condition may provide subtle allusions to the dishonor (atimos = dishonorable) affecting the entire family.

The social condition of Bar Timaeus is depicted in terms, not of physical deficiency but of social exclusion because blindness would render one incapable of actively taking part in major social interactions. This perception of blindness in terms of social exclusion appears in some passages of the Israelite literature that presuppose the Levitical health care system. In 2 Sam 5:6–8 the author quotes a popular saying: "The blind and the lame will not enter the house of the Lord." And, according to the Levitical prescriptions, among the descendants of Aaron that were not allowed to present the offering were "the blind and the lame" (Lev 21:18). In Jesus' time the exclusion of the blind was even more emphasized, at least in some religious groups in which purity was a central concern. In one of the halakhic documents found in the Qumran caves we read that the blind and the deaf are not pure "because those who cannot see or hear cannot observe [the Law]" (4QMMT 56–57), and in the Temple Scroll it is stated that the blind should be barred not only from the Temple, but also from the holy city: "No blind will enter it in all his life; he will not defile the holy city in whose center I dwell" (11QTemple 45:12–14).

As a result, healing was defined, not in physical but rather in social terms. For that reason the healing of the blind, the deaf, and the lame was a literary paradigm used in the prophetic writings to announce the restoration of the people of God (Clements). It is no accident that, in the story, the blind man's recovery of sight is followed by integration into the group of Jesus' disciples. This integration is in fact the last step in a process of social reintegration which runs through the entire story. The first step is to address Jesus without paying attention to those who command him to be silent. Then Bar Timaeus leaves behind the signs of his exclusion: his place beside the road and the beggar's mantle. And finally he talks to Jesus, asking him for healing. It is evident that, in Mark's view, this process describes the ideal itinerary of disciples. They must recover their sight to be able to follow Jesus on the way to the cross (Mark 10:51). But before this passage was placed in Mark's account, the story of the healing of the blind man may have been one more example of the social reintegration of outcasts through which Jesus expressed the coming of the kingdom of God (Guijarro 1999: 123–24).

The Therapeutic Strategy

The therapeutic strategy that surfaces in this story is better understood when we place it in the folk sector of the health care system of Jesus' time, and when we know the social connotations of blindness at that time. We explore this therapeutic strategy now, using the comparative model proposed by Good & Delveccio Good.

The first stage of the healing process is the appearance of the sickness. Cultural patterns would orient the sick person and those who were related to him/her (family, rela-

tives, neighbors, etc.) to perceiving that condition in social rather than in biological terms. For them blindness was not (as we have already noted) primarily a physiological pathology but rather an illness with social implications.

The second stage is the search for relevant data about the sickness. This is the stage at which Western medicine looks for symptoms that reveal the existence of a known pathology. This interest is completely lacking in the story. Rather what we are told about are signs revealing the meaning of the illness. The place where Bar Timaeus is situated, his begging condition, the fact that he is not permitted to speak to Jesus . . . all these features indicate which symptoms were relevant for them.

The third stage looks to the identification of the sickness. Here the explanatory model shared by Jesus and his contemporaries must be taken into consideration, and this can be achieved through the scrutiny of the semantic field employed. This semantic field includes references to the origin of the sickness (perhaps sin) and of the healing (God). This semantic field reveals an emic understanding of blindness, which involves the importance of everything visual in ancient Mediterranean culture. Unlike the biomedical model, which focuses principally on the physical examination of the patient, the cultural model takes various dimensions of human experience into account: the natural (physical blindness), the divine (only God and faith can heal), the personal (the inability to see), and the social (exclusion and dishonor). In the story all these dimensions are related, but the divine and social dimensions come to the fore and are thus the most important for identifying the significance of blindness.

The interpretive goal of this process is not, as in the biomedical model, diagnosing and explaining physical symptoms, but rather understanding the meaning that the illness has for the patient. Consequently the interpretive strategy does not rest on exploring the relation between the physical symptoms and dysfunctions but rather on exploring the relation between the symptoms and the semantic field of the illness. This is precisely what we find in the story, mainly in the brief dialogue between Jesus and Bar Timaeus. Twice Bar Timaeus begs Jesus to have compassion on him, but Jesus makes him articulate his request in a more specific way: "What do you want me to do for you?" The reader gets the impression that the blind man does not want to mention his blindness because of the social connotations it bears, but Jesus compels him to relate his situation (beggar, at the edge of the road, etc.) to its source, and he makes him ask openly to remedy the source of his social exclusion and his shame.

Finally, the healing process does not rest on intervening in the somatic process of the pathology but in treating the patient's experience by establishing a new frame of reference. This aspect is more evident in this story than in other healings of blind people. Jesus pays no attention to the physical dimensions of the sickness (he neither lays hands on him nor applies dust or saliva); rather, he concentrates on its meaning. The healing is interpreted in terms of salvation which occurs thanks to faith in God. The first consequence of the man's recovering his sight is his incorporation into Jesus' group of disciples. This creates a new significant social framework that erases all the signs of the social exclusion caused by the stigma attached to the sickness: he is not beside the road but on it, he has thrown away the beggar's mantle, and what is most important, he finds welcome in a new social group.

Conclusion

In this essay, I have tried to show the usefulness of medical anthropology for an adequate understanding of healing stories in the Gospels. I am aware that the model presented is somewhat incomplete, but thanks to that model we have been able to discover some features implicit in the story and to interpret other features that are better understood from this perspective.

The analysis of Mark 10:46–52 with the help of this reading scenario has shown, first of all, that the healing of Bar Timaeus is better understood when placed into the structure of the prevailing health care system of first-century Palestine. The story belongs in the folk sector of that system, but it is noteworthy that at first the case was dealt with in the popular sector, and that Timaeus' family had no access to the professional sector. As we have seen the folk sector of the Israelite health care system was closely related to the tradition of the prophet healer. This relationship points to the Israelite roots of Jesus' healing activity.

The study of the explanatory model that the story takes for granted helps to clarify how blindness was understood and experienced at the time of Jesus. For Jesus and his contemporaries it was not only a disease but an illness that had strong religious, social, and cultural implications. According to the Levitical purity system, blindness implied, first of all, an exclusion from the political religious system. This exclusion was symbolized in the prohibition to enter the Temple. Furthermore, in a society which had honor as its core value, blindness entailed also a social segregation, because those who could not see were unable to participate in the main social interactions.

On the other hand, understanding the story from the perspective of the cultural model of the healing process al-

lows us to unveil the purpose of the healings performed by Jesus. In them the "miraculous" dimension, emphasized in traditional apologetics, was really of little importance. What was important was the social and political religious nature of the process. The healing of the blind man implies a healing of the roots of sin, which occurs through faith in the God of Israel (political religious dimension), and a social reintegration that entails the removal of all the signs of his exclusion (social dimension).

Finally, a better knowledge of how sickness and healing was perceived in the social context of Jesus can be of great help to elucidate the specific traits of his activity as a healer. Perhaps the most relevant one was his therapeutic strategy. His therapeutic strategy was completely different from the one promoted by the Levitical health care system. These two strategies rest on different understandings of purity. Whereas the Levitical system promoted the exclusion of the sick, the strategy followed by Jesus strove for his inclusion. Jesus' healings, like his exorcisms and his meals, expressed what the kingdom of God meant in a culturally relevant and eloquent manner. One of the most revealing signs of the coming of this kingdom was the social reintegration of outcasts. Eating with sinners, healing the lame and the blind, and exorcizing the possessed were various manifestations of one and the same project: to show how the kingdom of God was present in the activity of Jesus.

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