



Howard, J. Keir

Disease and Healing in the New Testament: An Analysis and Interpretation

Lanham, Md.: University Press of America, 2001.
Pp. ix + 344. Cloth. \$44.00. ISBN 0761819797.

John J. Pilch

Georgetown University, Washington, DC 20057
and the University of Pretoria, Pretoria 0002, South Africa

J. Keir Howard wrote this book out of concern as a practicing specialist physician and an ordained Anglican priest about the modern healing movement in the Christian church. This movement claims, in general, that healing was central to the early Christian mission and that it should be an essential part of today's proclamation of the gospel. To determine whether or not the New Testament genuinely provides theological substantiation for this claim, Howard conducts a "comprehensive and critical examination of the New Testament data" from scientific, medical, and theological perspectives. Can the healing activities of Jesus and the apostles relate to modern medical concepts, particularly modern diagnostic categories? From the viewpoint of modern pathological understandings, can these deeds be classified as within the realm of possibility or probability? How were these deeds understood in their time and cultural setting? What can one think of the curative/healing techniques employed by Jesus and the apostles? This book, an attempt to answer these questions, is based on his PhD dissertation for Fairfax University. It presents his research and conclusions in eight chapters.

In "Setting the Scene" (ch. 1), Howard chides charismatics for their selective fundamentalism: a predilection toward "irrational" concepts of disease as the result of sin and a "sinister" understanding of healing as exorcism or deliverance. He uses the word *healing* "in relation to the concept of recovery from a disease, whether this is genuine

cure or simply relief of symptoms to the extent that a person is able to resume a normal life. Further, as used, it does not necessarily imply permanent cure” (4).

Examining the New Testament data primarily from a medical standpoint, Howard seeks to place events in the context of modern medical diagnostic categories. For example, what conditions did Jesus and the apostles actually heal? He also recognizes the need to separate a reported event from its reported explanation: “The event itself exists independently of its explanation” (5).

Chapter 2 presents the historical and cultural context of healing in the New Testament. The cultural world of the New Testament was indeed extraordinarily complex, with competing and conflicting concepts of medicine and disease. Empirical medicine typified by Galen and Celsus coexisted with temple physicians and folk healers, among others. People displayed the more bizarre features of “hysterical” illness or conversion/somatiform disorders evident even today in Third World countries. The magico-religious approach to healing is probably an appropriate background for considering Jesus as a popular healer. Specifically, Jesus’ healing activity should be viewed in the context of messianic expectation.

Subsequent chapters review the healing reports in the New Testament within the framework of this method and approach. Chapter 3 analyzes thirteen reports in the Markan tradition and their parallels, with a final comment on the Markan editorial materials. Chapter 4 analyzes the healing ministry of Jesus in the non-Markan Synoptic traditions: four in Matthew and his summary statements and four in Luke, with a special consideration of Lukan editorial material. Chapter 5 examines the four healing “signs” in John and concludes with a consideration of signs and the disciples in John. Chapter 6 analyzes nine healing reports in Acts of the Apostles, concluding with general statements on healing. Chapter 7 reflects on healing in the Pauline and non-Pauline documents (James; 1 Peter; Revelation). This chapter contains an excursus on Paul’s personal health. Regarding Paul’s ecstatic experience and his “thorn in the flesh” (2 Cor 12:1–10), Howard avers: “it is not improbable, therefore, that this ecstatic experience was a post-traumatic phenomenon, the direct result of a severe beating or stoning, a result of his following the path of ‘weakness’ in his own *via dolorosa*” (242–43).

Chapter 8 serves as a conclusion that can profitably be read first to prepare for the detailed analyses and reflections in the chapters leading up to this. In general, healing reports should neither be explained away nor considered “miracles” in a modern sense. Still, only a small proportion of these reports provides sufficient evidence to go beyond a reasonable guess concerning diagnosis or therapeutic method. The majority of conditions treated by Jesus and the apostles were largely functional in nature. Symptoms rather than the disease were treated. A high proportion of cases seem to be conversion disorders, formerly known as “hysterical” neurosis. This latter is a technical and not a pejorative

term. It describes a psychiatric disorder. In modern contexts, such patients do not respond well to physical treatment but rather to psychological forms of therapy, especially behavioral therapy.

Thus, with regard to Jesus and the apostles, one can distinguish three kinds of conditions that they addressed. The first category includes psychological conversion or somatiform disorders, that is, a “putative process whereby psychological conflicts are transformed into bodily symptoms and complaints.” This would include paralysis, lameness, dumbness, and convulsions. These are psychosomatic disorders that respond to psychological therapies. The second type of condition is genuine physical pathology that nevertheless responds to “folk” medicine. One example is blindness due to overmature cataracts that can be treated by pressure couching, that is, displacing the lens of the eye into the vitreous humor. The third category includes conditions that might not have been treated at all but simply declared as cured. Leprosy seems to be the clear example.

The healing methods appear to be essentially psychotherapeutic, according to the model proposed by J. D. Frank (“Common Features of Psychotherapy,” *Australian and New Zealand Journal of Psychiatry* 6 [1972] 34–40). (1) The patient has an intense, emotionally charged confiding relationship with a helping person. This is evident in all the stories about Jesus but not clear regarding the apostles. (2) There exists a rationale, which includes an explanation of the cause of the patient’s distress and a method for relieving it. For the most part, the rationale seems to be what modern psychotherapy calls conversion disorders. (3) The healer provides new information concerning the nature and origins of the patient’s distress and possible alternative ways of dealing with them. This does not seem to be present in all the healing stories concerning Jesus or the apostles (e.g., “sin no more lest something worse befall you”), but the association of guilt and sin appears to be relevant. (4) The patient’s expectations of help are strengthened by the personal qualities of the therapist, which are enhanced by his status in society and the setting in which he works. This is evident in all the stories about Jesus and the apostles. (5) Awareness of the healer’s successful healing events further heightens the patient’s hopes and enhances her or his sense of the healer’s mastery, interpersonal competence, or capability (e.g., “and his fame spread...”) (6) The healer facilitates emotional arousal, which provides the appropriate setting for the abreactive type of healing that Jesus appears to have used. This, however, is typical of all traditional healers. None of these observations deny that psychosomatically ill people are not “genuinely” ill. Still, none of the healing for which there is a good historical basis can in any way be described as “miracle” in the way this term is defined in modern times. The evidence shows that the care of the sick was central to the early church’s ministry much more than the healing of the sick. What the modern church and healing movement ought to do is to relieve guilt, alienation, and anxiety. This would have a powerful effect on the speed and effectiveness of a sick person’s recovery.

In this book, Howard has applied his method consistently and in general has achieved the objective he carefully delineated. One notes, however, some basic problems. First, the author seems to have been inspired to conduct this study not primarily as “objective” scientific research but rather as a polemic against the modern Christian healing movement. Though the movement and its principles are in clear conflict with Western medical science and sound exegesis, it is important to remember the dictum taught in all medical schools: *all* healing is faith healing (see, among others, Sidney Jourard, *The Transparent Self* [New York: Van Nostrand, 1971]). Whatever a sick person believes in stands a very good chance of being effective. This dictum is the basis for the placebo effect.

A second problem is Howard’s setting aside of the distinctions between disease, illness, curing, and healing posited and refined by medical anthropology and his redefinition of healing. This choice muddies his discussion and leads him to draw obvious medicocentric conclusions that the data does not support at all. In other terms, the now-blurred medical perspectives (which are etic or “outsider” views) applied to New Testament data (which are emic or “native” reports) are not “derived” etic views, as anthropological method requires. They are rather “imposed” etic interpretation, which is only the first step in working toward a derived etic. His imposed etic views that depart from medical anthropological definitions are flawed. Thus, the question of whether Lazarus was really dead in a clinical sense (an “imposed” etic view [188]) fails to accept the cultural understanding at that time that death was a year-long process (the emic view; see M. Sawicki, *Seeing the Lord* [Minneapolis: Fortress, 1994]).

Though the author devotes a chapter to a consideration of the historical and cultural context of healing in the New Testament, the cultural context he presents is woefully inadequate. The author speaks of healing as an activity that was expected from a messiah (33). The concept of *messiah* in the literature is too multivalent and confused to carry this freight. Cultural anthropology, however, recognizes that in all cultures healing is what one expects from a shaman. In the Israelite tradition, the shaman was known as a *ṣaddîq*, *ḥāsîd*, or holy man (or woman), as Jesus was clearly identified in Mark 1:24. Howard’s comment on this passage misses the point and significance entirely (see 63). The Gospel evidence presents a complete portrait of Jesus in a shamanic mold.

Further, proposing that Paul’s ecstatic experience (2 Cor 12:1–10) is an “acute organic psychiatric syndrome” (244) runs contrary to contemporary cognitive neuroscience research on how the brain functions (science) and fails to recognize that ecstatic experiences among the more than twenty altered states of consciousness available to human beings, healthy or not, are routine experiences in approximately 90 percent of contemporary cultures and perhaps even more in antiquity (cultural anthropology). People can experience such states normally, without smoking or drinking anything or

having to be brain-damaged. While Howard's medical interpretation might be plausible, it is actually less plausible than the cultural one solidly documented in Mediterranean anthropology, namely, that Paul was a typical circum-Mediterranean person having culturally typical experiences available to many others in his world. Otherwise, the reports of his experience would be neither intelligible nor impressive.

In the final analysis, what do we know when we know what Howard has discovered from the medical viewpoint? He states that an "event itself exists independently of its explanation" (5) and seeks to identify and describe that event. Yet he also admits there is "no such thing as an uninterpreted fact" (53) and then replaces the "native" explanation with his medical interpretation. The author himself reminds us that the New Testament reports of disease are "inadequate to provide a genuinely substantive diagnosis" (284). Moreover, there is even less information about healing methods. Therefore, we have a physician's best scientific medical guess, which, sad to say, is inadequately informed about the Mediterranean culture from which the meager medical data derives. What is gained by attempting to translate ancient "folk" reports into modern "scientific" concepts? Such an interest seems like an ethnocentric refusal to understand the other on the other's terms.