

# 1. Disability Studies

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## Abstract

This chapter provides an overview of disability studies as an interdisciplinary tool for assessing biblical literature. Disability studies as a field of enquiry seeks to examine not only representations of disability but also the way societies and cultures give meaning to the experience of disability. When brought into dialogue with traditional historical-critical methods of biblical study, disability studies provide the means to assess how the biblical texts narrate the experiences of embodiment, including both the experience of disability and non-disability. Such examinations thus offer the opportunity to consider the ways the biblical texts narrate and give meaning to various experiences of embodiment and how this might reflect and reinforce, or possibly resist, prevailing notions of ability and disability from within the socio-cultural context from which the biblical texts arose. In addition to explaining the development, methods and benefits of disability studies, this chapter also offers a working example of disability studies in the biblical texts through an examination of Mark 5:21-34 and the healing of the woman with bleeding.

## Introduction

The biblical texts are replete with imagery related to the experience of disability. However, despite the frequency of this language, it has only been in the last few decades that biblical scholars have shown any interest in the Bible's depiction of disability beyond attempting to diagnose the conditions described therein. This chapter provides an overview of disability studies as an interdisciplinary tool for assessing the biblical literature. First, beginning with a brief explanation of disability, the chapter will explain the development of disability studies as a critical approach to study. Second, the chapter will outline the methods and benefits of employing disability studies to interpret biblical texts. Third, it will address the merits of applying disability studies to biblical texts and offer some current examples of this in biblical scholarship. Finally, the chapter will close with a working example of applying disability studies to a biblical text, in this case, the woman with bleeding (Mark 5:21-34).

## What is disability?

The current definition of disability offered by the World Health Organization (WHO) suggests that "Disability results from the interaction between individuals with a health condition, such as cerebral palsy, Down syndrome and depression, with personal and environmental factors including negative attitudes, inaccessible transportation and public buildings, and limited social support."<sup>1</sup> In this respect, a disability is a complex interaction

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<sup>1</sup> World Health Organization, "Disability," [https://www.who.int/health-topics/disability#tab=tab\\_1](https://www.who.int/health-topics/disability#tab=tab_1)

between what is happening in a person's body and mind in conjunction with a range of external factors, in particular, the barriers that prevent individuals with disability from being able to participate in society on an equal basis with others. Such barriers include physical barriers (e.g., the absence of ramps), communication barriers (e.g., the lack of a sign language interpreter), or attitudinal barriers (e.g., the belief that disabled people are less valuable than nondisabled people).

While the WHO's definition of disability provides a helpful framework for understanding disability in the 21<sup>st</sup> century, there are challenges with applying this definition to representations of disability that appear in ancient sources such as biblical texts. While historians of disability assert that disability has existed in all societies and historical periods,<sup>2</sup> it is important to recognise that the kinds of conditions which are considered disabling vary between cultures, as does the meaning attributed to the experiences of disability. Modern readers of the biblical texts, shaped by our medicalized approach to disability, tend to think of disability in terms of medical conditions with specific diagnoses and treatment options. However, the experience of disability is likely to have yielded different responses from people in the ancient world. For example, while people experiencing the early stages of vision loss in both the modern and ancient worlds might equally express concern about the effects of their vision loss on their ability to work or take care of their family, people in the modern Western world would be less likely to draw a connection between their vision loss and divine punishment. For people in the ancient world, however, blindness was commonly associated with divine punishment. The experience of vision loss may have caused someone to assess their life for ways they may have enraged the gods and sought means of reparation.<sup>3</sup> In this respect, while people have experienced vision loss across all historical periods and cultural groups, how an individual might understand or give meaning to that experience and how they might respond to that experience can vary significantly.

While no ancient language has a word that is equivalent to the modern English word *disability* – which refers to both a health condition as well as as a “social/political category”<sup>4</sup> – both the Hebrew and Greek of the Bible contain a range of different words used to describe disabling conditions. This includes language that refers to the loss of hearing (κωφός [*kōphos*]) or vision (τυφλός [*tuphlos*]) and mobility impairment (χωλός [*chōlos*]) among many other words for specific conditions. In both Hebrew and Greek, people with various kinds of disability are often clustered together in a way that shows that ancient writers saw a shared connection between people with disabling conditions despite the absence of an overarching word for disability.<sup>5</sup> One common example of this is the linking of the “blind” with the “lame.”<sup>6</sup> Even though there might be a significant difference between the experience of someone who is vision impaired and that of someone who is mobility impaired, there is a recognition of a shared experience of bodily difference and the potential for social marginalization or stigmatization.

<sup>2</sup> E.g., Michael Oliver, *The Politics of Disablement* (London: MacMillan Education, 1990), 17-18.

<sup>3</sup> Cf. Ariadni Tatti-Gartziou, “Blindness as Punishment,” in *Light and Darkness in Ancient Greek Myth and Religion* (Ed. Menelaos Christopoulos, et al; Lanham: Lexington Books, 2010).

<sup>4</sup> Simi Linton, “Reassigning Meaning” in *The Disability Studies Reader* (2nd ed.; ed. Lennard Davis; New York: Routledge, 2006), 161-172, here 163.

<sup>5</sup> Louise A. Gosbell, *The Poor, the Crippled, the Blind, and the Lame’: Physical and Sensory Disability in the Gospels of the New Testament* (WUNT II 469; Tübingen: Mohr Siebeck, 2018), 28-29.

<sup>6</sup> E.g., 2 Sam. 5:6-8; Luke 14:21.

## The development of disability studies

As a field of enquiry, disability studies grew out of the social sciences in the late 1970s and early 1980s. The development of disability studies as an academic discipline within the humanities was a shift away from studies of disability only within the fields of medicine, rehabilitation, and special education. With this move to the humanities, there was a recognition that disability was not something to be studied only in terms of medical conditions to be cured or rehabilitated but that disability is also a way of being that is given meaning through social and cultural responses and representations. Scholars interested in the work of disability studies as a field of enquiry thus seek to examine not only “the variations that exist in human behavior, appearance, functioning, sensory acuity, and cognitive processing but, more crucially, the meaning we make of those variations.”<sup>7</sup> Thus, scholars sought to offer a corrective to what is now called the *medical model of disability*. The *medical model of disability* is a label given to a particular way of understanding and shaping the experience of disability which focuses on disability as primarily a medical diagnosis and “a deviation from the normal health status.”<sup>8</sup> According to the medical model, individuals with health conditions are disabled by the limitations of their own bodies and the responsibility of bearing these limitations rests upon these individuals under the guidance of medical professionals. According to this approach, disability is a problem of the individual which needs to be fixed, reduced, or rehabilitated by whatever means possible.

In contrast to the medical model, the *social model of disability* arose to reframe disability as a social problem rather than a medical one. According to the social model, it is not an individual’s health condition that is disabling but a world that was not built to cater for bodily difference. The focus of disability thus shifts from the responsibility of the individual to that of society which must adjust to better cater for and include a diversity of bodily experiences. The social model of disability thus distinguishes between the words *impairment* and *disability* whereby *impairment* refers to an individual’s health condition while the word *disability* refers to the social discrimination or barriers that people with impairments face in navigating the world around them.

The social model has proved an effective tool for social and political change. It has helped advance the cause of the disability rights movement and highlighted that ableism – the discrimination and prejudice against disabled people – is a deeply embedded systemic problem. However, the social model is not without its critics. In particular, the social model has garnered criticism regarding the binary distinction made between impairment and disability which is not as straightforward as it first appears. Some scholars have argued that this bifurcation has the potential to ignore the genuine bodily challenges of living with disability that exist apart from social stigma or discrimination. One example often cited by critics of the social model is the example of chronic pain. Even if all spaces were accessible, all barriers to participation were removed, and discrimination against impaired people no longer existed, the biological experience of pain in an individual’s body would still continue

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<sup>7</sup> Simi Linton, *Claiming Disability: Knowledge and Identity* (New York: New York University, 1998), 2.

<sup>8</sup> Theresia Degener, “A Human Rights Model of Disability” in *Routledge Handbook of Disability Law and Human Rights* (ed. P. Blanck and E. Flynn; Abingdon: Routledge, 2016), 31-49, here 33.

to be a factor that can make it harder for people with chronic pain to enjoy full participation in society.<sup>9</sup> It is for this reason that Junior and Schipper assert that “even if social and structural discrimination against people with impairments did not exist, persons with impairments would continue to navigate their environment differently than the nondisabled because of the biological realities of their minds or bodies.”<sup>10</sup>

Although not as widely used, the *cultural model of disability* has proven a useful tool for disability theorists working in the humanities. Rather than seeing disability as the product of only one factor – either a medical diagnosis (medical model) or social discrimination (social model) – the cultural model sees disability as a complex phenomenon “that examines how notions about disability and *nondisability* (or able-bodiedness) operate within a given culture.”<sup>11</sup> For scholars working with the cultural model of disability, there is a focus on the way in which cultures narrate and represent the experiences of disability which gives us an insight into the values that culture holds in respect to dis/ability and human embodiment more broadly. While for some scholars, examinations of cultural representations might be limited to specific cultural objects such as TV shows, films, or books, to see the real merits of a cultural model of disability, it is helpful to embrace an expansive definition of culture

that denotes the totality of ‘things’ created and employed by a particular people or a society, be they material or immaterial – these include objects and instruments, institutions and organisations, ideas and knowledge, symbols and values, meanings and interpretations, narratives and histories, traditions, rituals and customs, social behaviour, attitudes and identities.”<sup>12</sup>

All these cultural outputs – material and immaterial – serve to demonstrate a culture’s values, assumptions, and ideals about what it means to be human, which includes the experience of both disability and nondisability. Such examinations can begin to critique, for example, the way in which many cultures demonstrate a belief that able-bodiedness is the default, natural state expected of human beings and disability is merely the deviant departure from that norm.

Rosemarie Garland-Thomson argues that disability studies, like feminist studies before it, has often been ignored because of “the assumption that it is narrow, particular, and has little to do with the mainstream academic practice and knowledge.”<sup>13</sup> If it were true that disability studies could only be employed as a means of enquiry into explicit mentions of disability, then disability studies would indeed be a limited field of enquiry. However, far from having a narrow scope, Simi Linton asserts that the study of disability is “a prism through which one can gain a broader understanding of society and human experience”<sup>14</sup> which, as

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<sup>9</sup> Liz Crow, “Including All Our Lives: Renewing the Social Model of Disability” in *Encounters with Strangers: Feminism and Disability* (ed. J. Morris; London: Women’s Press, 1996), 206-226, here 209.

<sup>10</sup> Nyasha Junior and Jeremy Schipper, “Disability Studies and the Bible,” in *New Meanings for Ancient Texts: Recent Approaches to Biblical Criticisms and their Applications* (ed. Steven L. McKenzie and John Kaltner; Louisville: Westminster/John Knox, 2013), 21-38, here 22-23.

<sup>11</sup> Junior and Schipper, “Disability Studies,” 23. Italics original.

<sup>12</sup> Anne Waldschmidt, “Why Critical Disability Studies Needs a Cultural Model of Dis/Ability,” in *Interdisciplinary Approaches to Disability: Looking Towards the Future*, Vol. 2 (ed. Katie Ellis et al.; Abingdon: Routledge, 2019), 71-79, here 76.

<sup>13</sup> Rosemarie Garland-Thomson, “Integrating Disability, Transforming Feminist Theory,” *NWSAJ* 14.3 (2002): 1-32, here 2.

<sup>14</sup> *Claiming Disability*, 118.

Garland-Thomson adds, can “enhance how we understand what it is to be human, our relationship with one another, and the experience of embodiment” more broadly.<sup>15</sup>

### **Disability studies and biblical literature**

Prior to the rise of an interdisciplinary field of disability and biblical studies, examinations of disability in the biblical texts were limited mostly to attempts to diagnose the health conditions that appear therein. This process, referred to as retrospective diagnosis, has influenced not only secondary literature but also makes an appearance in English translations of the Bible. Examples of retrospective diagnosis include scholars’ attempts to diagnose King David as having a “major depressive disorder”<sup>16</sup> and the patriarch Joseph as autistic.<sup>17</sup> While epilepsy was known in the ancient world, in the modern world it can only be diagnosed through an examination of electrical activity in the brain with an electroencephalogram (EEG). Despite this, biblical translations (e.g., NLT, HCSB) and commentators continue to diagnose the seizures of the boy in Matthew 17:15 as an example of “epilepsy”<sup>18</sup> even in the absence of the word “epilepsy” from the text.

While still utilized by some biblical scholars, retrospective diagnosis ignores the fact that it is impossible to diagnose medical conditions accurately from brief descriptions of illnesses documented in ancient texts. The biblical texts are not medical in nature and show little interest in providing readers with precise lists of symptoms or etiology that would enable diagnosis. Even if illnesses were outlined in greater detail, these would only be limited to observable symptoms as people in the ancient world did not, or could not, record information required of modern medical professionals to make diagnoses, such as an individual’s body temperature, blood pressure, heart rate, cell counts, or other data vital to diagnosing medical issues today. Rather than offering readers the means to diagnose illnesses, the biblical authors have a far greater interest in how illnesses and disabilities were experienced by people and the impact these conditions had on a person’s ability to fulfil their socially prescribed or divinely appointed roles.

With the development of disability studies as a distinct field within the humanities, it soon became apparent that opportunities existed for disability studies to be brought into dialogue with other academic fields of enquiry. Anne Waldeschmidt contends that in this way, disability studies “uses the tools of disciplines that at first sight seem to have nothing to do with disability, including philosophy and anthropology, history and sociology, ethnology and archaeology, literary studies and linguistics, media studies and religious studies.” However, in creating interdisciplinary avenues of investigation, “new worlds of knowledge (have opened up) that have changed our understandings of dis/ability.”<sup>19</sup> It was in the late 1990s and early 2000s that disability studies began to be incorporated as an area of investigation in biblical scholarship.

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<sup>15</sup> Garland-Thomson, “Integrating Disability,” 5.

<sup>16</sup> Matthew S. Stanford, *Grace for the Afflicted: A Clinical and Biblical Perspective on Mental Illness* (2nd Ed.; Downers Grove: IVP, 2017), 108.

<sup>17</sup> E.g., Samuel J. Levine, *Was Yosef on the Spectrum?: Understanding Joseph through Torah Midrash and Classical Jewish Sources* (Jerusalem: Urim Publications 2018).

<sup>18</sup> E.g., J. Keir Howard, *Medicine, Miracle, and Myth in the New Testament* (Eugene: Wipf & Stock, 2010), 35.

<sup>19</sup> Waldeschmidt, “Why Critical Disability Studies,” 71.

For scholars working at the intersection of disability and biblical studies, there is a keen interest in attempting to understand the ways in which biblical authors narrate the experience of disability. Given the paucity of sources on disability from the ancient world, biblical scholars interested in disability are generally not attempting to reconstruct the daily lives of people living with disability in the ancient world. Instead, scholarship is focused on addressing the ways in which the biblical texts present disability in ways that serve to “reflect and reinforce,”<sup>20</sup> or indeed challenge and contest, “cultural ideas about identity and social organization.”<sup>21</sup> The consequence of doing this, suggest Junior and Schipper, is that “even in texts that do not deal with disability explicitly, the critical study of disability may help us to understand better the cultural expectations for human normalcy reflected in biblical literature.”<sup>22</sup>

Rather than attempting to devise a new form of critical method with which to assess the biblical literature, the application of a disability studies approach is merely asserting that disability is a subject that appears in the biblical texts and is one that is worthy of investigation in its own right. Scholars attempting to draw attention to the way the biblical texts narrate the experience of disability insist that such representations be examined carefully within their own cultural and social milieu without resorting to retrospective diagnosis or glossing over references to disability as unimportant or anecdotal. This means rather than seeking to develop new methodological frameworks for examining depictions of disability in the biblical texts, scholars interested in the intersection of disability and biblical studies have continued to make use of the standard methodologies employed by biblical scholars in the academe. This is done by continuing to conform to the standard conventions and methods of biblical scholarship. However, these methods are employed while paying particular attention to the way the biblical texts narrate the experiences of disability.

One of the challenges of studying representations of disability in the biblical texts is that while there are many references to disability there is simply not enough data for us to be able to recreate what everyday life might have looked like for people with disability in the ancient world. With respect to life for ancient Israelites, the Old Testament does include a number of laws that seek to limit discrimination against people with disability (e.g., Lev 19:14; Deut 27:18). However, we cannot begin to posit what discrimination might have looked like for people with disability that warranted the inclusion of such anti-discrimination laws in the Torah. Even in the cases where more detail is offered regarding the everyday experiences of disabled Israelites, the examples contained in the Old Testament are all of people who were members of the elite classes and cannot be considered representative of the average person in the ancient Israelite community. In 2 Samuel, Mephibosheth, the son of Jonathan and grandson of King Saul, is described as living with a significant mobility impairment as the result of a fall. Though disabled, Mephibosheth is described as enjoying the privileges of living in the royal palace, owning a significant amount of land, and keeping his own servants (e.g., 2 Sam. 4, 9, 19). Such positions of privilege are also apparent in the cases of other Old

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<sup>20</sup> Candida R. Moss and Jeremy Schipper, “Introduction” in *Disability Studies and Biblical Literature* (ed. Candida R. Moss and Jeremy Schipper; New York: Palgrave Macmillan, 2011), 1-11, here 6.

<sup>21</sup> Moss and Schipper, “Introduction” 6.

<sup>22</sup> Junior and Schipper, “Disability Studies,” 33.

Testament figures with disability including Isaac (Gen 27:1), Jacob (Gen 48:10), and Eli (1 Sam 3:2) who are all described as having low vision in their old age.

By contrast, the New Testament narrates the experience of disability from a somewhat different perspective. While the documentary evidence regarding people with disability in the Roman Empire in the first century C.E. is certainly far more prolific than that of the ancient Israelites, evidence attesting to the experiences of people with disability in Roman Palestine in particular is still limited. In addition, while the Old Testament's presentation of individuals with disability is complex because of the number of elite people with disability who are depicted, by contrast, the New Testament representations of disability are almost the opposite. In the case of the New Testament, most people with disability depicted in the gospels and Acts are those who appear to be among the most marginalized members of the community. Many of the people with disability described in the gospels are presented as being socially marginalized, of low socio-economic status, or connected with those who are, such as the coupling of the "poor, the crippled, the blind, and the lame" in Luke 14:13 and 21. In addition, while individual characters with disability in the Old Testament are presented as living with disability for a significant period of time, in the New Testament, most characters with disability are introduced only just prior to the healing of their disability. While it certainly cannot be said that all people with disability were marginalized or disenfranchised in the ancient world, the New Testament's healing accounts depict those whose disabilities limited them in such a way as that they sought out physical healing from various sources including Jesus, his disciples, or via other means.<sup>23</sup> Even with those stories that have more information about an individual's life prior to their healing (e.g., John 5:1-41, Mark 5:21-43), these are still stories of people having their disabilities eliminated so the gospel texts do not really help us understand better the life experiences of people with disability in the first century C.E.

One of the additional challenges for studying disability in both the Old and New Testaments is that by far the most common use of disability language in the Bible is not used about specific people with disability but is employed metaphorically to describe the characteristics of individuals or even whole people groups. In particular, the language of disability is very often used to emphasise character flaws, spiritual weakness, ignorance, and general incapacity. Thus, Israel and its leaders are described as "blind" and "deaf," failing to understand and obey God's instructions regarding the right behaviour of his covenant people (Isa. 42:18-20). In the New Testament, the Pharisees likewise are described as being "blind guides" (Matt. 15:14) who misunderstand God (Matt. 13:13-14) and fail to recognise the Son of Man (John 9:35-41). However, in some respects, this metaphorical language does still provide us with insights into cultural views of disability. The metaphors only work through understanding the experience of disability as one that is undesirable.

### **The benefits of applying disability to biblical studies**

For many commentators of the biblical texts, their knowledge of the experiences of disabled people in antiquity is limited only to what they have read in the Biblical texts. This limited understanding of disability in antiquity has meant that many New Testament commentators

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<sup>23</sup> Healing pools (e.g., John 5:1-15), handkerchiefs and aprons touched by the Apostle Paul (Acts 19:12).

assume, for example, that all disabled people were poor and marginalized within their ancient communities. One such example is the question posed by New Testament scholar Leon Morris who asks, in respect to the man born blind (John 9), “(w)hat else could a blind man do in the ancient world than beg? The one presupposes the other.”<sup>24</sup> It is certainly true that even in the ancient world, people drew a link between the experiences of disability and poverty, especially begging. Second-century C.E. Greek writer Diogenes Laertius records a question asked of the philosopher Diogenes of Sinope as to why people give money to beggars but not to philosophers. Diogenes of Sinope replies “because they think they may one day be lame or blind, but never expect that they will one day turn to philosophy.”<sup>25</sup> While the questioner makes no mention of disability in his question, Diogenes of Sinope draws a link between disability and beggary. Despite these stereotypes, much evidence from the ancient world shows that vision-impaired people were known to do far more than simply beg. Literary and epigraphical sources show evidence of blind people working as artisans, philosophers, and labourers, and even in positions of political leadership.<sup>26</sup> Bringing disability studies into dialogue with biblical studies is beneficial to avoid assumptions and stereotypes that can be inadvertently made about the position of disabled people in antiquity. The consequences of this would be more careful and nuanced insights in the biblical texts and their depictions of disability and embodiment more broadly.

There are other benefits to an interdisciplinary approach to disability in the biblical texts. Within the broader field of disability studies, scholars often view religious texts, especially biblical texts with suspicion. Such scholarship posits that all religion, including Christianity, is wholly negative toward disability and leads to the separation and ostracism of disabled people.<sup>27</sup> Thus, more nuanced interpretations of biblical depictions of disability can also help to counter these existing stereotypes that exist in the broader field of disability studies by producing more nuanced scholarship. This will help to counter ongoing claims that the Bible is damaging and exclusionary in respect to people with disability.

### Current research and trends

In the last 20 years, there has been a significant increase in amount of available literature on disability and the Bible. Most of these works continue to be theological in nature and cover areas such as the way disability intersects with systematic or practical theology. There are, however, also a growing number of publications addressing the intersection of disability and biblical studies. To date, most of the full-length examinations in this field are edited volumes and include Candida R. Moss and Jeremy Schipper’s *Disability Studies and Biblical Literature*, Hector Avalos et al.’s *This Able Body: Rethinking Disabilities in Biblical Studies*, and Sarah J. Melcher et al.’s *The Bible and Disability: A Commentary*. Monographs written by single authors on disability and biblical studies are still few but currently include Old Testament Rebecca Raphael’s *Biblical Corpora: Representations of Disability in Hebrew Biblical Literature* and Jeremy Schipper’s *Disability Studies and the Hebrew Bible: Figuring*

<sup>24</sup> Leon Morris, *The Gospel According to John: Revised* (NICNT; Grand Rapids: Eerdmans, 1995), 428.

<sup>25</sup> Diogenes Laertius 6.2.56 (Hicks, LCL).

<sup>26</sup> For a list of vision impaired people employed in the Roman Empire, see Christian Laes, *Disabilities and the Disabled in the Roman World: A Social and Cultural History* (Cambridge: Cambridge University Press, 2018), 101, fn.103.

<sup>27</sup> E.g., Lennard J. Davis, “Identity Politics, Disability, and Culture,” in *Handbook of Disability Studies* (ed. G.L. Albrecht, et al.; Thousand Oaks: Sage Publications, 2001), 535-545.

*Mephibosheth in the David Story*. New Testament volumes include Anna Rebecca Solevåg's *Negotiating the Disabled Body: Representations of Disability in Early Christian Texts*, Isaac Soon's *A Disabled Apostle: Impairment and Disability in the Letters of Paul*, and my own volume on disability in the gospels, *'The Poor, the Crippled, the Blind, and the Lame': Physical and Sensory Disability in the Gospels of the New Testament*. There are also several publications that address disability in the biblical texts using multidisciplinary approaches, incorporating insights from fields such as anthropology and ethnography. This includes the works of Louise J. Lawrence, *Sense and Stigma in the Gospels: Depictions of Sensory-Disabled Characters* as well as *Bible and Bedlam: Madness, Sanism, and New Testament Interpretation*. Other works have also been undertaken on disability and the Bible which employ some of the techniques of traditional biblical studies but have been undertaken by scholars whose specialization is in other areas. This includes systematic theologian Amos Yong's *The Bible, Disability and the Church: A New Vision of the People of God* and practical theologian Bethany McKinney Fox's *Disability and the Way of Jesus: Holistic Healing in the Gospels and the Church*. The intersection of disability and biblical studies is still in its infancy and there is still much work that can be undertaken to address this lacuna.

### Worked example

This section will demonstrate the use of disability studies in biblical texts by briefly examining Mark 5:21-43. This section will particularly focus on the use of the cultural model of disability and the way it brings to light elements of the text often overlooked by scholarship on Mark 5.

Mark 5:21-43 features two healing accounts that take place as part of Jesus' itinerant ministry in and around Galilee. The passage begins with a request for healing from Jairus, a synagogue ruler, on behalf of his 12-year-old daughter who is at the point of death. On his way to Jairus's home, a woman who had been "subject to bleeding for twelve years" (5:25) approaches Jesus in stealth to seek an end to her "suffering" (5:29). Under the cover of the crowd, the woman touches Jesus's cloak and immediately experiences an end to her bleeding. Jesus, aware that power has left him, seeks the identity of the woman in the crowd, drawing her into a public declaration not only about the cessation of her bleeding but also her faith in Jesus. Following his interaction with the woman, Jairus is informed that his daughter is now dead, and Jesus's help is no longer required. Despite this, Jesus continues to Jairus's home declaring that the girl is "not dead but asleep" (5:39). Jesus speaks to the girl directly telling her to "get up" (5:41) which she does to the astonishment of those present (5:42).

While recent scholarship has broadened its scope for interpretation of Mark 5:21-43,<sup>28</sup> for many years, the primary focus of scholars has been on ritual purity in the passage. This scholarship asserts that both women would have been ritually unclean at the time of their interaction with Jesus: the woman because of her long-term uterine bleeding and the girl because at the time of his contact with her, the girl was already dead. Despite their impurity, Jesus appears to show no concern about jeopardizing his own purity status. For many scholars, purity is the primary interpretive key for the passage with Jesus' disregard for his

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<sup>28</sup> E.g., Matt Thiessen, *Jesus and the Forces of Death: The Gospels' Portrayals of Ritual Purity within First Century Judaism* (Grand Rapids: Baker Academic, 2021).

own purity status being used to suggest Jesus' disapprobation of the Jewish purity system. These scholars consider the passage an exhortation to Jesus-followers to leave behind the restrictions of the Levitical purity system and instead embrace the new freedom available to those who are in Christ.<sup>29</sup>

While there is no doubt that purity/impurity is a factor in the conjoined healing account, by focusing so intently on the issues of purity, many scholars of the Markan text have failed to take note of other important elements in the passage. This is especially the case with respect to the disabling nature of the condition experienced by the woman with bleeding. A disability reading of this passage means paying closer attention to the way the passage narrates the woman's embodied experiences of her illness and consider more carefully the way in which her condition would have impacted her social and domestic roles and relationships. For the purposes of this brief application of disability studies, this analysis will focus primarily on the bleeding woman rather than addressing both healings in full.

In the passage, the Markan writer appears to deliberately emphasise the juxtaposition between the situation of the main petitioners: the bleeding woman and Jairus the synagogue ruler. Jairus is a male leader of high status and one of the rare characters named in a healing account in Mark.<sup>30</sup> His home is surrounded by people awaiting the news of his daughter's healing. In stark contrast to this, the unnamed woman with bleeding is alone in the crowd without anyone assisting her in her search for healing. Not only this, but Mark also notes that the woman's previous efforts in seeking healing had meant that she had "spent all she had" (5:26) on medical professionals without success. These observations serve to highlight the difference in social status of the two petitioners.

While often overlooked by commentators of the Markan text, the woman's low social status is made clear in the passage by the conspicuous absence of someone seeking healing on her behalf. In antiquity, the health of the household was considered the responsibility of the male head of the household, the *paterfamilias*. It was the duty of the head of the household to seek out healing on behalf of anyone in the household who became unwell.<sup>31</sup> It is for this reason we see in the gospels so many accounts of people petitioning for healing on behalf of others.<sup>32</sup> On only two occasions in Mark's gospel does the narrative focus on individuals seeking healing for themselves: Bartimaeus and the woman with bleeding. The absence of someone accompanying the woman implies she does not have anyone to assist her in seeking healing. It is likely she no longer has a *paterfamilias* – either a father or husband – who can seek healing on her behalf. The woman's position is thus contrasted with that of Jairus's daughter who not only has her father petitioning healing for her but also has a crowd of people outside her home awaiting news of her situation.

In addition to her low social status is the seriousness of the condition that the woman is experiencing. While the Markan writer does not state explicitly that the woman's bleeding is

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<sup>29</sup> E.g., Marla J. Selvidge in *Woman, Cult and Miracle Recital: A Redactional Critical Investigation on Mark 5:24–34* (London: Associated University Press, 1990).

<sup>30</sup> Cf. Bartimaeus (Mark 10:46-52).

<sup>31</sup> E.g., Cato the Elder, *On Agriculture* 156-158.

<sup>32</sup> E.g., Matt 8:5-13; Matt. 8:16; Mark 2:1-12. By contrast, while the woman with bleeding is alone in the crowd, Jairus' is seeking healing on behalf of his daughter (Mark 5:21-24).

uterine, most scholars contend this is the case. The reason for this is the parallel in language used in Mark 5 with the Greek text of Leviticus. Mark refers to the woman's bleeding as a "flow of blood" (ῥύσει αἵματος [*rusei haimatos*]) which is the same phrase used in the Greek version of the Old Testament in reference to both women experiencing menstrual as well as inter-menstrual bleeding.<sup>33</sup> However, Mark also features another significant textual link unobserved by most scholars. That is, Mark also describes the woman's bleeding as a "fountain of blood" (ἡ πηγή τοῦ αἵματος αὐτῆς [*hē pēgē tou haimatos autēs*]; 5:29). This same Greek phrase appears in both Leviticus 20:7 and 20:18 referring specifically to menstrual or post-partum bleeding. These textual links with Leviticus appear to indicate that Mark is intending for his audience to understand the woman's bleeding is uterine.

The challenge for interpreters of this passage, as has been noted by Annette Weissenrieder, is that for modern readers "an issue of blood no longer exists as an image of illness in modern medicine."<sup>34</sup> As a result, many commentators "attach no importance whatsoever"<sup>35</sup> to the implications of such an illness for women in the first century. However, according to Greek medical writers, excessive uterine bleeding was considered a serious health condition that could lead to physical weakness, emaciation, exhaustion, and even death.<sup>36</sup> The physical effects of the woman's long-term bleeding would have had a significant impact on her ability to fulfil her domestic responsibilities and participate fully in her community.

One of the other significant side-effects of long-term uterine bleeding known in the ancient world was infertility.<sup>37</sup> It is possible that along with the health issues associated with such long-term uterine bleeding that the woman's marginal status in the community was also influenced by the stigma associated with women unable to bear children. Such stigma is known not only from the Old Testament,<sup>38</sup> but other ancient sources also.<sup>39</sup> Although infertility is not considered a disability by people in the modern world, writers on disability in antiquity suggest that infertility would have been considered a particularly disabling condition in the ancient world. In the Ancient Near East, infertility appears alongside lists of other illnesses and disabilities such as blindness and mobility impairment.<sup>40</sup> Indeed, Jeremy Schipper and Rebecca Raphael in their work on disability both consider infertility the most commonly attested disability in the Old Testament.<sup>41</sup> The woman's marginal status, while impacted by lack of purity, is also likely to have been heavily influenced by her poor health and the stigma associated with someone thought unlikely to be able to bear children.

The reason that infertility would have been considered a particularly disabling condition in the ancient world is because it impacted a woman's identity and purpose in the ancient

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<sup>33</sup> Lev. 15:19, 25.

<sup>34</sup> Annette Weissenrieder, *Images of Illness in the Gospel of Luke: Insights of Ancient Medical Texts* (Tübingen: Mohr Siebeck, 2003), 229.

<sup>35</sup> Weissenrieder, *Images of Illness*, 230.

<sup>36</sup> Soranus, *Gynecology* 3.10.43; Hippocrates, *Diseases of Women* 5.

<sup>37</sup> Hippocrates, *Diseases of Women* 1.6.

<sup>38</sup> E.g., 1 Sam. 1.5-6.

<sup>39</sup> Jacques Jouanna suggests the Hippocratic texts depict barrenness as a "sort of defect, on account of which their husbands might repudiate them" (*Hippocrates* [Baltimore: Johns Hopkins University Press, 1999], 175).

<sup>40</sup> Cf. Jeremy Schipper, *Disability and Isaiah's Suffering Servant* (Biblical Refigurations; Oxford: Oxford University Press, 2011), 21.

<sup>41</sup> Schipper, *Disability and Isaiah's Suffering Servant*, 21-22; Raphael, *Biblical Corpora*, 57-58.

community. Women's primary roles in the ancient world were centred around their potential to marry and have children. Jewish writers Philo and Josephus discuss the expectation of women to fulfil both these roles. Josephus expressly states that the purpose of marriage is for childbearing<sup>42</sup> with Philo suggesting that men who knowingly marry women who are unable to bear children "destroy the procreative germs with deliberate purpose."<sup>43</sup> Indeed, the first reported case of divorce in the Roman Republic was initiated because of a wife's failure to provide her husband with children.<sup>44</sup> The consequences for women unable to bear children in antiquity, or even for those perceived to be unable to bear children, would have been significant.

Overall, the woman's position in society is precarious. She appears to be without a *paterfamilias* to provide financial and domestic support rendering her in the same position as the widow of Nain in Luke 7:1-17 who was likewise left without a *paterfamilias*. In addition to this, the woman was also experiencing a debilitating physical condition which would have impacted her ability to fulfil her domestic and social responsibilities. Not only this, but given the long-term nature of her bleeding, it is also possible people believed the woman could be infertile adding a level of stigma to her already vulnerable position. Indeed, the disabling nature of the woman's illness in combination with the social stigma and her marginal status would have been far more detrimental for her than the effects of being ritually impure.

As noted above, the cultural model of disability recognizes that disability is complex. Like the World Health Organization's definition of disability, the cultural model asserts that the experience of disability is about more than just what happens in a person's body but also includes the way cultures ascribe value to humans. It is not merely the presence of an impairment that is significant but the way that impairment might interrupt an individual's ability to fulfil the expectations placed on them by their culture which can shift depending on a person's sex, social status, or age. In the case of the woman with bleeding in Mark 5:24-35, not only was she living with a long-term illness but one that would have had a significant impact on her ability to fulfil her social and domestic responsibilities. Close examination of Mark 5:24-35 using the cultural model of disability highlights the way in which the passage addresses Jesus' attention not only to the illness itself but also to the social consequences of her condition.

At the outset of the passage in Mark 5, the Markan author notes the desires of the woman as she approaches Jesus for healing: "If I can just touch his robes, I'll be made whole" (σώζω) [*sozo*] (5:28). While the word σώζω (*sozo*) is often translated "to heal," it has a far wider semantic range than this and can incorporate the idea of wellness or a concept equivalent to the Hebrew word *shalom*. The word σώζω (*sozo*) thus has a far broader scope than the word θεραπεύω (*therapeuō*) used in other places in the gospels to refer to healing. Thus it appears that the woman's desire at the outset of the passage is to receive not simply physical healing but a more comprehensive kind of wholeness. As the Markan author continues to narrate the encounter between the woman and Jesus, he notes the way in which the woman's bleeding ceases upon touching Jesus' robes. However, despite the cessation of bleeding, the woman

<sup>42</sup> Josephus, *Antiquities of the Jews* 3.275, cf. Lev 20:18.

<sup>43</sup> Philo, *Special Laws* 3.34 (Colson, LCL).

<sup>44</sup> Gellius, *Attic Nights* 4.3.2; 17.21.33.

does not immediately receive the fullness of healing she was seeking from her encounter with Jesus.

Given the woman's stealthy approach, it would have been possible for her to experience the cessation of bleeding and disappear anonymously back through the crowds. However, rather than enabling the woman to maintain her anonymity, Jesus' speaks to the crowd asking for the identity of the person who touched him. While some scholars believe this question indicates Jesus' limited human knowledge,<sup>45</sup> it is more likely that the question is intentional and meant to provoke the woman to identify herself in the crowd. However, while the woman's bleeding had stopped, no immediate changes in her outward appearance would have marked this healing. This was very different to the healing of those with leprosy, for example. However, the interaction ensured that the crowds were made aware of her healing by being forced to respond to Jesus and tell the "whole truth" (5:33) about what had happened. This knowledge would have been the first step in the removal of the stigma the woman had experienced because of her condition. The long-term nature of the woman's illness, and the gender-specific nature of the woman's condition, would have made the stigma of her condition difficult to remove without such a public interaction with Jesus. In this sense, the two-step healing process experienced by the woman with bleeding not only addressed the bodily aspect of her condition but also the social consequences of living with such a prolonged illness. It is following her public declaration of healing that Jesus speaks to her declaring "Daughter your faith has healed σῶζω (*sozo*) you. Go in peace and be freed from your suffering" (5:34). It is after the healing of the physical and the social aspects of her condition that the woman is made whole. The declaration of the woman's identity as "daughter" also marks her return into a new kinship group now with Jesus serving in the place of the *paterfamilias* she was previously lacking. The two-part healing thus represents Weissenrieder's assessment of Jesus as a "'healer' of both physical and social bodies."<sup>46</sup>

This brief examination of the story of the woman with bleeding in Mark 5:21-43 begins to show the merits of applying a disability studies lens to biblical texts. Rather than focusing on the issue of purity foregrounded by many scholars of the Markan text, a disability studies approach focuses attention on the way the woman's body is represented in the text as someone experiencing a chronic, disabling health condition. The nature of the woman's condition would have resulted in her inability to meet the expectations of women's bodies in her culture and circumstances. By examining the way in which the woman's illness would have been interpreted and given meaning in the ancient world based on the symptoms of her condition, there is a greater understanding of the depth of her isolation and marginalization. In this respect, the richness of Jesus' two-step healing of the woman's body becomes even more significant in offering the woman not only an end to her physical condition but also the means to overcome the stigma her condition. It is through her interaction with Jesus that the woman is able to experience a more comprehensive healing which included participation in a new kinship group being forged around Jesus and his eschatological community.

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<sup>45</sup> R.T. France, *The Gospel of Mark* (NIGTC; Grand Rapids: Eerdmans, 2002), 237-238.

<sup>46</sup> Annette Weissenrieder, "The Plague of Uncleanness? The Ancient Illness Construct 'Issue of Blood' in Luke 8:43-48" in *The Social Setting of Jesus and the Gospels* (ed. W. Stegemann, B.J. Malina, and G. Theissen; Minneapolis: Fortress, 2002), 207-222, here 207.

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