

# UNDERSTANDING JESUS HEALINGS: SHRINKING HISTORY AND DONALD CAPPS'S DIFFERENT THINKING CAP

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**Keywords:**

Donald Capps; historical Jesus; Jesus' miracles and healings; Sigmund Freud; somatoform disorders; shamanic studies; alternated states of consciousness

**Dates:**

Received: 21 Nov. 2009

Accepted: 23 Mar. 2010

Published: 23 Aug. 2010

**How to cite this article:**Van Aarde, A.G., 2010, 'Understanding Jesus healings: Shrinking history and Donald Capps's different thinking cap, *HTS Teologiese Studies/Theological Studies* 66(1), Art. #821, 5 pages. DOI: 10.4102/hts.v66i1.821**This article is available at:**<http://www.hts.org.za>**Note:**

This paper was presented as part of a panel discussion on Donald Capps's book, *Jesus the village psychiatrist*, published by Westminster John Knox Press, Louisville, KY in 2008. This paper also formed part of the Society of Biblical Literature's Psychology and Biblical Studies Section, 21–24 November 2009, New Orleans, LA.

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**ABSTRACT**

This article is a critical appraisal of Donald Capps's interpretation of the significance of Jesus' healings for today. It focuses on Capps's recently published book, *Jesus the village psychiatrist*. Capps sees Jesus as the 'forerunner' of the modern psychological profession. In his book he demonstrates that mental illnesses were known in antiquity. Referring to Sigmund Freud's insights into the psychological phenomenon, hysteria, Capps interprets mental illness as 'somatoform disorders'. According to Capps, Jesus' deeds of healing should not be considered 'miracles' because this implies that they contradict natural laws. Building on the insights of historical Jesus research, Capps shows that these deeds of Jesus were performed 'at the tension points between village and city, family and parents and children and between siblings'. Capps believes Jesus was a 'psychiatrist' because he 'studied', 'treated' and 'prevented' disorders of the mind. This article investigates the possibility whether Capps falls into the trap of 'psychological fallacy'. The finding is that he does not; he deliberately avoids individualistic and ethnocentric anachronism. Nevertheless, the article criticises Capps's indifference with regard to the social-scientific distinction between illness and disease, and curing and healing, respectively. Capps's interpretation could be augmented by medical and anthropological insights and current studies on alternated states of consciousness.

**INTRODUCTION**

Editors J. Harold Ellens and Wayne G. Rollins (2005) subtitled their four volumes of *Psychology and the Bible* appropriately as 'A new way to read Scriptures'. The pioneering work of Donald Capps, who wrote the foreword, embodies, to a certain extent, this 'new way' in biblical scholarship – innovative but also erstwhile. Herbert Butterfield's (1975) words are, therefore, perhaps relevant in this case when he referred to a scholar who puts on a 'different kind of thinking cap'. T.R. Kopfenstein (1992:47), in an article entitled 'Historical epistemology and moral progress', formulates the 'difference' as follows, quoting from both Butterfield (1975:1) and T.S. Kuhn ([1957] 1979:57):

*A shift of paradigm will result in 'handling the same bundle of data as before, but placing them in a new system of relations with one another by giving them a different framework, all of which virtually means putting on a different kind of thinking cap.' A scientific revolution has a dual nature; it is 'at once ancient and modern, conservative and radical.' To some practitioners the new paradigm will be the point of departure for previously unanticipated scientific activity; to others, however, the new paradigm will seem curiously akin to its predecessors ... Hence, each evolutionary niche of development understands the world differently, but never independently of its predecessors.*

(Kopfenstein 1992:47)

**DONALD CAPPS'S JESUS THE VILLAGE PSYCHIATRIST**

Rather than seeing Jesus as a 'patient', like those psychologists whose work Albert Schweitzer ([1913] 1948) queried in 19th and 20th centuries, Donald Capps (2008:xxii–xxiii) sees Jesus as a 'forerunner of the modern psychological profession.' Mental illnesses were known in antiquity (Capps 2008:10–11). Today, many of these disorders are classified as 'somatoform disorders' (DSM-IV, American Psychiatric Association 1994). The term 'hysteria' had been previously used in this regard, with Sigmund Freud referring to them as 'conversion disorders/hysteria' (Capps 2008:xxiv). According to Capps (2008:xx), Jesus 'shed his occupational role as carpenter in favor of the role of rural psychiatrist.' He not only taught his disciples how to heal, but his own skills were more effective than the other 'physicians of his day' (Capps 2008:xiii–xiv). When Jesus performed 'miracles', he did not contradict natural laws; he simply had a deeper understanding of these laws because he connected mind and body. His acts were performed 'at the tension points between village and city, family and parents and children and between siblings' (Capps 2008:xx). He was a 'psychiatrist' because he 'studied', 'treated' and 'prevented' disorders of the mind (Capps 2008:11–12).

Physical complaints related to undifferentiated somatoform disorders are chronic fatigue, loss of appetite, gastrointestinal and genital urinary symptoms, which cannot be fully explained by any medical condition or the direct effects of a substance (Capps 2008:11–12). A major difference between undifferentiated somatoform disorder and conversion disorder are symptoms such as motor problems, sensory deficits, seizures/convulsions with regard to conversion disorders and chronic fatigue with regard to the somatoform disorders (Capps 2008:13).

Jesus' healing of the bloodflowing woman is an example of his treatment of an undifferentiated somatoform disorder, in that this woman exhibited real, physical symptoms. Yet, while the mind can, and does, create genuine physical symptoms (Capps 2008:69–70), somatic symptoms can present a symbolic resolution to an unconscious psychological conflict, because the 'patient' experiences

'secondary gains' and therefore might prefer to remain disabled (Capps 2008:27). On the other hand, 'primary gains' represent 'a much more respectful view' because they reduce 'anxiety by keeping a psychological conflict out of one's awareness' (Capps 2008:33). According to Capps (2008:119–120), in the cases where Jesus healed paralysis, blindness and demon possession, the somatic symptoms represented primary gain, but Jesus 'addressed the primary gain through his curative role and did not allow himself to be distracted by possible secondary gains'.

Capps concludes his book by focusing on the story of the woman who cared for Jesus (Mk 14:3–9//Mt 26:6–13//Lk 7:36–50//Jn 12:1–8). This focus not only emphasises Capps's exegetical sensitivity for historical authenticity, but also his pastoral sensitivity for the truism that 'the one who cares for others also needs care' (Capps 2008:133–134).

*Accustomed to being the caregiver, the one who went about from village to village, curing others, Jesus, on this occasion, was the grateful receiver of a beautiful act of caring, so beautiful, in fact, that he thought of it as the anointing of his body for burial. Thus, her extravagant act reassured him that he would be remembered. And so he has.*

(Capps 2008:135)

## THE JESUS OF HISTORY

Historians recover the 'Jesus of history' from overlays of tradition which record the history of how the remembering of Jesus evolved through phases of oral and written transmission. Gospel writers often amended material to suit their intentions and narrative structures. This remembering was shaped by how Jesus followers promulgated his vision in both positive and negative environments. They would alternate between recounting his empowering influence in the lives of down-trodden people and defending his honour against those who had defamed and killed him.

However, the methodological problem for the historian centres on questioning the legitimate criteria according to which human motives can be explained. It is in this regard that Theodore S. Hamerow's (1987) remark can be taken to heart, namely that psychoanalysis could be a

*richer fund of understanding than could be provided by any other discipline, and in a form peculiarly congenial to the historian's mind. For its rules of evidence and relevance were highly permissive, and it was constantly alert to symptomatic significance of the seemingly trivial.*

(Hamerow 1987:191)

As Fritz Schmidl (1962, see Schmidl 1952:1–13) argues:

*The disciplines of psychoanalysis and history have a great deal in common. In his paper, On the History of the Psychoanalytic Movement, Freud stated: 'It appeared that psychoanalysis could explain nothing current without referring back to something past'. With a minor modification Freud's statement could be a motto for any book on history. In a part of his daily work the psychoanalyst is a historian interested not only in the vicissitudes of his patient's life but also those of the patient's family and his environment. The historian, even if he tries to limit himself to reporting facts, will inadvertently, by the choice of facts reported and by their sequence, suggest an interpretation. 'The facts of history', says Hans Meyerhoff, 'invariably appear in a context of interpretation'.*

(Schmidl 1962:532–548)

However, not each and every scholar, specifically biblical scholars, is enthused about the association of psychoanalysis with historiography.<sup>1</sup> In 1980, David Stannard wrote a book entitled *Shrinking history: On Freud and the failure of psychohistory*. He points out four problems in the works of historians who make use of psychoanalytical investigations within the Freudian paradigm: therapy, logic, theory and culture. According to

1. For example, Ernst Käsemann ([1954] 1960:187–214).

Stannard, 'understanding cultural context is one of the basic and preliminary tasks involved in the writing of history. Cultural context is, however, something repeatedly ignored in the writing of most psychohistory' (Stannard 1980).

*Psychohistory, in a word, is historical. That is its ultimate failing. Perhaps the single most important recognition of modern historical thinking has been the growing recognition on the part of the historian that life in the past was marked by a fundamental social and cognitive differentness from that prevailing in our time. Although the detailed exploration of those differences (concepts of time, space, causation, reality, personhood, sexuality, and the) has only very recently begun. The recognition of such differences is an accomplishment comparable to the similar revolution in anthropology of half a century ago.*

(Stannard 1980:151)

An example of such an ethnocentrism and anachronism is that psychiatry and psychology tend to describe the behaviour of first-century collectivistic-oriented people in terms of modern individualistic Western categories (Pilch 1997:112–116; cf. Bourguignon 1979; Berry *et al.* 1992). Seen from this perspective, a presumption of Stannard's 'problem of logic' is that a psychoanalytic 'conclusion' about someone's behaviour would be completely deficient because it lacks empirical observation (Stannard 1980:53–82). The underlying epistemology of Stannard's scepticism is historical positivism. However, from a hermeneutical and postmodern perspective, a text is not merely an object to be correctly understood. According to H.-G. Gadamer ([1960] 1994),

*a person who wants to understand must question what lies behind what is said. He/she must understand it as an answer to a question. If we go back 'behind' what is said, then we inevitably ask questions 'beyond' what is said. We understand the sense of the text only by acquiring the horizon of the question – a horizon that, as such, necessarily includes other possible answers. Thus a meaning of a sentence is relative to the question to which it is a reply, but that implies that its meaning necessarily exceeds what is said in it. As these considerations show, then, the logic of the human sciences is a logic of the question.*

(Gadamer 1994:370)

In the case of Jesus, information in biblical and other related literature from antiquity provides abundant data for such an empirical investigation, although the complexity of the nature of this information makes questions of a biographical nature extremely difficult to answer, not to mention a good psychohistorical undertaking.<sup>2</sup> According to H. Stuart Hughes ([1964] 1975:47–48), history and psychoanalysis have a similar goal and that is 'to liberate man from the burden of the past by helping him to understand that past.' The fact that we do not have Jesus's recorded words, but only that transmitted by witnesses, does not need to result in the idea that it would be impossible to determine what Jesus achieved or what the core of his motives were.<sup>3</sup>

The 'logic of the question' that Donald Capps put towards the healings of Jesus in his *Jesus the Village Psychiatrist* certainly does not obtain a dislike or even a disinterest in the cultural context of the historical Jesus. On the contrary, he clearly demonstrates his cultural sensitivity, for example, in Chapter 5 of *Jesus: A psychological biography* (Capps 2000a:97–106), entitled 'The social world of Jesus' day'. Here he engages in dialogue with historical Jesus scholars of the first importance who participate in the research on the height of the current Jesus studies (Capps

2. David Stannard, however, considers 'good psychohistory' as impossible. He does not believe that any 'remedy' can produce 'better psychohistory'. As Stannard argues, '[i]t is a premise of this book [*Shrinking history: On Freud and the failure of psychohistory*] that the best possible psychohistory would still be bad history because of the limitations imposed by the weaknesses of the underlying theoretical structure' (1980:21; original emphasis).

3. The 'theological' question whether an historical quest for the Jesus behind the written canonical writings is 'desirable' at all is, for the purpose of this discussion, irrelevant.

2000a:3–45). Although he repeatedly admits that he is not a professional biblical scholar, his proficiency allows him to engage in a scholarly manner with learned role players of the past, even someone such as Albert Schweitzer.<sup>4</sup>

The following paragraph from his essay 'Teaching Freud while interpreting Jesus' (Capps 2003:107) illustrates why Donald Capps is recognised by biblical scholars to be not only informed but also influential (see Charlesworth 2000:44–45):

*As the chapter moves into the Palestine area, I focus especially on the peasant class (to which Jesus almost certainly belonged) and which Crossan discusses in rich detail in 'The Historical Jesus'. Then, I center more particularly on Galilee at the time of Jesus, which was the locus of his own life, with the exception of one and possibly more visits to Jerusalem. This section of the chapter centers on conflicts between city and rural populations, political tensions between rulers and the ruled, and the dramatic increase in large landholding and absentee ownership. I note R. Redfield and M. Singer's very useful distinction, cited by Sean Freyne, between 'heterogenetic' and 'othogenetic' cities, the former being ones in which relations with villages in surrounding countrysides are pragmatic and based on mutual interests, while in the latter relations are based on loyalty to a shared worldview and acceptance of the past and its myths. The Galilean cities of Tiberias and Sepphoris (which Jesus appears to have avoided) were heterogenetic, while Jerusalem was orthogenetic and especially revered by Galileans, in spite of – or perhaps because of – their geographical distance from it. Discrepancies between the ideal and the real Jerusalem became all-too-apparent – often disillusioning – to Galileans who made the long pilgrimage to Jerusalem (sometimes directly through the hated Samaria, such hatred itself an example of the 'narcissism of minor differences').*

(Capps 2003:107)

Capps (2008:6, 99, 122) deliberately avoids individualistic and ethnocentric anachronism by utilising insights from social-scientific exegetes on the significance of collective kinship imageries in the Jesus tradition. Therefore, his indifference in *Jesus the village psychiatrist* with regard to the social-scientific distinction between illness and disease, and curing and healing, respectively, comes as a surprise (Capps 2008:xv–xix).

In my view, the otherwise convincing argumentation of Capps about 'Jesus' curative methods' could be augmented on the whole by an elaborated exploration of Arthur Kleinman's medical anthropological insights (Kleinman 1981). I find it difficult to understand why Capps reckons that this distinction 'breaks down where psychosomatic disorders are concerned' (Capps 2008:xviii). I would like to suggest that the differentiation made by the DSM-IV (American Psychiatric Association 1994) between 'primary gains' and 'secondary gains' (Capps 2008:271) – about which, I believe, Capps could have elaborated in his book – should be dealt with when we try to understand Jesus's healings from a social-scientific perspective (cf. Malina & Neyrey 1988), specifically because Capps (2008:xvii) does not consider the categories 'disease' and 'illness' as a case of either/or, but rather as one of both/and. Only one quote from Kleinman's (1981) work demonstrates this possibility:

*Of course, illness also begins with a person being labeled ill by others when he himself has no subjective complaints. But this is a great deal less common than self-labeling owing to subjective complaints. This is a difficult problem for the labeling viewpoint, unless a distinction is made between primary (patient labels himself) and secondary (patient is labeled by others) deviance. Even then a corrective is needed, since the overwhelming tendency of deviance research is to disregard the former, which is by far the most common occurrence in medicine and psychiatry ... Of course, illness can commence with the sick person's desire to achieve a socially legitimate sick role for reasons unrelated to disease, and can occur – and, as we have already noted, often does – in the absence of disease.*

(Kleinman 1981:75)

4. See Capps 2000b:89–124.

Concerning Jesus' healings, and the methodology regarding historical authenticity, Capps chooses to rely almost fully on John Meier's construct of 'Jesus the marginal Jew'. This facet of Capps's book *Jesus the village psychiatrist* is questionable too.<sup>5</sup>

The 'logic of the question' in Capps's psychohistorical investigation into Jesus' healings begs to be more critical with regard to the rules of evidence that Meier applies in his reconstruction of historical plausibilities.<sup>6</sup> I would suggest that Capps – because of his commendation of my own sociohistorical and psychohistorical construct of Jesus (Van Aarde 2001) – considers the *social ideal type* model, which underlies my theoretical epistemology and social-scientific methodology, as perhaps more appropriate to his understanding of Jesus as a 'village psychiatrist'.

According to Max Weber (1949:89–112), an ideal type is a theoretical construct in which possible occurrences are brought together in a meaningful relationship, in order to form a *coherent image* of data from the past. In other words, as a theoretical construct, an ideal type is a conceptualisation that will not necessarily correspond with the empirical reality. As a construct that displays a coherent image, the ideal type does influence investigations into what could have happened historically. The purpose of establishing an ideal type is to account for the interrelationships between fragmentary historical events in an intelligible manner. Such a coherent construct is not formed by, or based on, a selection of what is regarded as universally valid, in other words, what is common to all relevant cases of similar concrete situations that could have happened in reality. The ideal type model enables the historian to concentrate on the most favourable cases, yet it still needs to be historically, psychologically, sociologically and anthropologically intelligible and explanatory.

In order to remain as close as possible to the 'Jesus of history', the identified social ideal type should rely on contemporary texts,<sup>7</sup> which should be interpreted similarly to how archaeologists would interpret their finds from various strata in order to find the 'most authentic' evidence (cf. Crossan & Reed 2001:15–50). Biblical scholars do something similar when they recover the most authentic text from the many layers of manuscripts and translations through a 'textual-critical' process. In other words, the reconstruction the 'authentic' Jesus, takes into consideration both the chronological stratification of relevant documents and the social environment of first century Herodian Palestine. The criterion of attestation in multiple independent sources has generally been used in the discussion to argue that the independent presence of a saying in more than one strand of the tradition is an argument for its authenticity (see *inter alia* Charlesworth 2008:27–30 and Funk [1990] 2008:9–24).

## AN APPRECIATION AND A CRITIQUE

Capps's book, *Jesus the village psychiatrist*, is compactly written, though the thrust of his argumentation has come a long way since his first elaboration on the insights from historical Jesus studies. This book shows that Capps is ready to construct his understanding of the *whole life* of Jesus, of which the healings

5. 'My method follows a simple rule: it *prescinds* from what Christian faith or later Church teaching says about Jesus, without either affirming or denying such claims' (Meier 1991:1); 'For methodological reasons, it [this book] *prescinds* from what is known from faith or later Church teaching and asks simply and solely what can reasonably be deduced from the raw data [sic] of the NT and a few non-canonical passages, viewed purely as potential historical sources' (Meier 1991:319); 'It cannot be stressed too often that, for reasons of method, this book *prescinds* from faith and Church teaching as sources of knowledge, but by no means *denies* them' (Meier 1991:354, note 15).

6. See, for example, Meier (1994:630): 'If the miracle tradition from Jesus' public ministry were to be rejected "in toto" as unhistorical, so should every other Gospel tradition about him.'

7. For the historian matters such as the 'dogmatica' issue whether a text is considered to be canonical or apocryphal – and even the 'exegetical' issue whether a text is authorial authentic or pseudepigraphical – are irrelevant.

will be a facet. My appraisal of his book is thus simultaneously a critique - I would like to see this book significantly expanded. The following points show where a broadening of this content is, perhaps, advisable.

Firstly, the emphasis on Jesus' sojourning from Galilean village to village, needs extension. The reason for this opinion is that the 'Jesus of the Galilean village' is a notion that fits with what biblical scholars and archaeologists increasingly have informed us about the world in which the Gospel writings originated. At the turn of the Common Era, against the background of the *Pax Romana*, the 'grand narrative' in Israel's history was the expectation of an apocalyptic saviour and messianic healer who would liberate God's people. First-century Pharisaic formative rabbinic forms the social-cultural context for more than one Gospel writing, including the Sayings Gospel Q. The setting was the various village synagogues with their village scribes. These Gospel writings were products of scribal activity within the context of the revitalisation of villages after the destruction of the Temple in Jerusalem. The communities struggled to come to terms with the loss of both the Temple and Jerusalem. Since the city of God no longer existed, they had to find God's presence in the environment of village communities (Craffert 2008a). Amid Roman exploitation, scribes were engaged in village restoration. There was conflict between two sets of scribes: the followers of Jesus, who acknowledged him as a messianic healer, and other Israelites, who upheld a traditional view of the messiah. The conflict centred on the interpretation of the Torah: Jesus as the 'second Moses', who fulfilled the Torah, or the traditional Mosaic view as it was regulated by the Temple cult.

Secondly, the concept of 'shamanism', especially the role that alternated states of consciousness plays in Jesus' acts of healing could also have been given more attention. In his recently published book, the South African New Testament scholar, Pieter F. Craffert (2008a) explains traits of the 'shamanic complex' and demonstrates heuristically how the layering of Jesus traditions could be regarded as 'reconfigurations of each other within the same cultural area' (see Van Aarde 2008:768-798). Craffert argued for continuity from the cultural constitution of a social personage - in this case, Jesus as 'shamanic' healer - to the communication and enscripturation of that social personage within the same cultural system. Jesus's healings and his encountering of spirits are understood in terms of the notion of alternated states of consciousness as polyphased consciousness (Craffert 2008a:146-169, 175-177). In a review of Capps's *Jesus the village psychiatrist*, Craffert (2008b), himself, assesses Capps's work positively:

*Although this publication is not the first to employ the categories of the DSM-IV for understanding Jesus' healing accounts<sup>8</sup> ... it is nevertheless recommended for two reasons. First, it contributes to the debate beyond the dichotomy of either divine miraculous healings or merely human literary creativity. Capps sees Jesus' healings as 'natural' and not as 'contradicting known scientific laws' (xiv). Therefore, the opposition of either divine miracles or fanciful creations is transcended. By treating the healing accounts as plausible interventions comparable to that of somatoform disorders treated by a modern psychiatrist ... The second reason is that without much explicit and conscious reflection about it, the book is an excellent contribution to cross-cultural interpretation. Modern interpreters are constantly faced with a choice between emic ('their' or foreign) and etic ('own' or local) concepts and understandings.<sup>9</sup> Successful cross-cultural interpretation is hardly ever a choice between the two but the mediating process between them. This is very well expressed in Capps's discussion of the demon-possessed boy, which can be described by means of several different sets of concepts.*

(Craffert 2008b)

Despite these positive remarks, Craffert remains sceptical of Capps's (and other historical-critical Jesus scholars') construct

8. See Davies 1995; cf. Van Aarde 2000:223-236.

9. Cf. Van Aarde (with Joubert) 2009:348.

of a Jesus profile by building upon Jesus traditions inferred from the so-called 'authentic' historical depository. However, Craffert himself has not escaped criticism for criticising others.<sup>10</sup> The historical Jesus scholar, Robert J. Miller (2009), in turn, assesses Craffert's view both positively and critically by demonstrating that Craffert in his book, in Part 3, entitled 'Jesus and the shamanic complex', argues that:

*Jesus can plausibly be seen as a shamanic figure because he (and his group) often experienced altered states of consciousness, such as various visions (e.g., Jesus' transfiguration and his walking on the sea) and his experiences at his baptism and temptation. Jesus was thought to be possessed by ancestral spirits and by God's holy spirit - the latter possession explaining his ego eimi sayings. Further indications of his shamanic status are his sense of divine identity and divine sonship, his celibacy, and his astral prophecy (e.g., his eschatological discourses). Jesus' healings, exorcisms, nature miracles (i.e., control of the spirits of nature), and resurrections (recoveries of the spirits of the dead) can all be understood as shamanic activities and thus suggest that Jesus was a shamanic holy man. His teaching (especially his sayings about the kingdom of God and the Son of Man) were shamanic utterances based on his ASC. The kingdom of God is Jesus' name for his mediations of divine power in everyday settings (healings and exorcisms) enabled by his ASC experiences ... For Craffert, 'the kingdom of God can be seen as the experience of the powerful presence of God in and through the life and activities of Jesus as a shamanic figure' (349). Craffert asserts that Jesus' teachings about the kingdom originate in his ASC, not in 'anti-imperial sentiments,' but does not explain why the two have to exclude each other. While Craffert acknowledges that what 'Jesus had to say as a shamanic figure certainly had social and political implications' (350) and that 'the proclamation of the kingdom of God must have sounded like high treason to Roman ears' (411), Craffert's position seems to be that economic and political circumstances were irrelevant to Jesus' articulation of the kingdom. This divorce of religious experience and expression from the economic and political dimensions of real life is both foreign to Jesus' Judaism and suspicious in a method that strives to be anthropological.*

(Miller 2009)

Thirdly, and finally, Miller's remarks about politics in Jesus' world lead to another facet in which, in my view, Capps's understanding of Jesus' healings could be expanded. Jesus' 'curative methods' could also be interpreted as an indirect critique against Roman imperialism. For example, Warren Carter sees Jesus as paradoxically criticising imperialism, on the one hand, but the Gospel writers foreseeing God's coming triumph in the language of their own 'imperialist hopes' - and this means that 'God's coming triumph concerns the violent means by which God's empire is imposed (Carter 2001:178).

Thus, such a 'violent imposition is at odds with the way in which the Gospel writers conceived Jesus' proclamation of God's kingdom - that is God's empire - to be at work in the present in communities of service, inclusion, healing, relieving need, mercy' (Carter 2001:178).

## A FINAL REMARK ABOUT COPING

A story about a healing by Jesus never seems to be written down in the Gospels solely for the sake of telling a miracle story, but, rather, as a principle instrument to deal with another matter (Hills 1993). A healing story is the Gospel writer's representation and interpretation of particular events. It is done from a particular perspective and with a particular purpose, whether the purpose is the communication of information, the persuasion of the auditor, or the like. A healing story is a speech act, a linguistic act; it is not merely a physical act. Therefore, the exegete should be aware of the interpretation of the author as well as of the purpose for which the author uses the healing story.

Donald Capps convincingly demonstrates that Jesus healed symptomatically, that is, his healing was focused on the relief or control of symptoms, a process aimed at the creation of new

10. See the critical appraisal by Van Aarde (2008:768-798).

meaning in the life of the patient. Yes, Jesus was a faith-healer, a 'village psychiatrist', an individual who other people believed could cure them and who, on the basis of their faith, really did heal or, at least, relieved their symptoms to such a degree that the ill were convinced healing had taken place, or, at least, that the natural healing process (which would have occurred in any case) was thanks to the faith-healer's role.

The question is: which symptoms can be healed by a healer who, according to the reports in the Jesus tradition, depended on people's faith in his ability to heal them? Which types of healing would a successful healer be able to effect? The answer to this is simply that these would be disorders resulting from stressful situations. In a modern society Jesus' healings may be circumscribed in contemporary language with the term 'empowerment healing'. He empowered people to survive again. He gave new meaning and sense to people's lives. Clearly, the healings of Jesus were not miracle cures in the sense of a supernatural intervention by God in the physical world. They were rather God's engagement with the social world of people (Van Aarde 2000:223–236).

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