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**The Haemorrhaging Non-Functional Woman in Mark 5:25-34 using a healing
perspective**

By

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Declaration

Title: The Haemorrhaging Non-Functional Woman in Mark 5:25-34 using a Healing Perspective

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ii. Ethics Statement

I declare that this research project obtained the requisite ethical clearance and was undertaken under the prescribed ethical standards required in terms of the University's code of ethics for master's research.

Dedication

This research is dedicated to all women who are having a similar experience to that of the woman in Mark 5:25–34 and whose faith, resilience, and courage in the face of prolonged suffering serve as a profound testament to human perseverance. Their courage provides a powerful narrative of hope, healing, and restoration.

I also dedicate this work to the scholars, theologians, and individuals who seek to deepen our understanding of the intersection between faith, spirituality, and health, and who strive to illuminate the significance of biblical accounts in shaping contemporary perspectives on women's health and well-being.

Lastly, this research is dedicated to my supervisor and family, whose unwavering support and encouragement have been instrumental in the completion of this work. Your belief in the pursuit of knowledge and understanding continues to inspire me.

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Abstract

This research explores the narrative of the haemorrhaging woman in Mark 5:25–34 through multiple interpretive lenses, focusing on its social, cultural, and religious implications. Drawing from the hybrid frameworks of both Social-Scientific Criticism and healing perspectives as primary and secondary methodologies, this study examines how the woman's physical ailment intersects with her social marginalisation within the patriarchal and purity-obsessed society of ancient Israel. The haemorrhaging woman's condition, as described in Leviticus 15:25–30, rendered her ritually impure and socially ostracised, stripping her of agency and social status. This research emphasizes that the healing narrative is not only a physical restoration but also a profound social restoration. Jesus' intervention challenges the exclusionary cultural norms, offering the woman both physical and social wholeness. The research further highlights the transformative role of faith in overcoming societal barriers and the public nature of healing to affirm the woman's dignity. By analysing the story through these lenses, this study underlines the broader implications of healing in terms of social identity, gender roles, and the intersection of faith, health, and communities.

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Summary of chapters

Chapter 1

This chapter explores the story of a woman who suffered from a haemorrhage for 12 years, as narrated in Mark 5:25–34. The focus is on how her condition relates to disability and gender, two important issues in New Testament studies. In ancient societies, women were often treated differently from men, especially regarding sickness and disability. This study asks why the woman is described without a name, why her story is linked to the healing of Jairus' daughter, and whether this reflects how society viewed women as inferior or treated illnesses like hers as shameful. The woman's condition, continuous bleeding, is seen in the context of the Levitical purity laws, which state that bleeding makes a person ritually impure. According to Leviticus 15:19–30, a woman with prolonged bleeding was considered unclean and could not participate in religious rituals, isolating her from the community. Scholars argue that her marginalization was due not only to her illness but also to the social and religious stigma attached to it.

This chapter also provides an overview of the existing research on disability and gender in the context of the New Testament. The chapter discusses how scholars have examined women's roles in ancient society and the implications of their marginalization, particularly in relation to ill health and disability. It explores the Levitical purity laws and their impact on women, focusing on the case of the woman with haemorrhage in Mark 5:25–34. The chapter concludes by highlighting the gaps in current literature and framing the research questions for this study.

Chapter 2: Contextual Background of the Mark 5:24–34

This chapter focuses on exploring the contextual background of the Gospel of Mark, particularly Mark 5:24–35. It explores the historical setting, authorship, and purpose behind the composition of the book. By analysing when and why Mark was written, as well as the specific audience it was intended for, the chapter provides insights into the text's original context.

Understanding these factors is essential for interpreting the relevance and meaning of Mark 5:24–35 in both its historical context and its application to modern society. This

background helps to gain a deeper understanding of how the text can be applied in today's world.

Chapter 3: Methodological Orientation – A Brief Overview of Relevant Approaches

This chapter examines previous readings of Mark 5:24 - 34, including narrative, feminist, and gender-critical approaches. The purpose of reviewing these interpretations is to explore how scholars have analysed the text and understand the diverse approaches applied to it. By consulting these readings, the chapter aims to highlight the varying perspectives on the text, helping to shed light on its multiple layers of meaning and how it has been interpreted through different theoretical lenses.

Chapter 4: A Socio-scientific Reading of Mark 5:24 - 34

This chapter focuses on the context of the woman with the haemorrhage in Mark 5:24–35, emphasising the societal treatment of women in ancient times and the laws surrounding haemorrhage and purity. The story of the haemorrhaging woman is framed within the narrative of Jairus, a prominent synagogue leader, making it part of a "Markan sandwich." As Jesus travels to Jairus' house to heal his dying daughter, the story introduces the nameless, isolated woman, who has suffered from a chronic haemorrhage for 12 years, and is the same age as her. The chapter also explores themes of marginalisation, stigma, deprivation, and limited social mobility faced by the haemorrhaging woman, highlighting her societal exclusion due to her illness and the purity laws of the time.

Chapter 5: Healing Perspective Reading of Mark 5:24–34

This chapter studies the multi-faceted impact of the haemorrhaging woman's condition, analysing how it affected her emotionally, socially, economically, psychologically, and physically. It explores the resilience she demonstrated, maintaining her faith despite the traumatic experiences and hardships she endured. By understanding the emotional and social struggles she faced, the chapter seeks to provide a deeper interpretation of her narrative. This analysis aims to make the story relevant to contemporary contexts, offering insights that can be applied to modern-day challenges and experiences.

Chapter 6: Concluding Remarks & Recommendations

This chapter highlights the transformative message of the haemorrhaging woman's story, illustrating how God sees us differently from the world. It emphasizes that God does not judge us based on physical conditions, gender, or social status, but instead recognizes our true identity as created in His image. The healing of the woman symbolizes how Jesus restores dignity, addressing both her physical healing and her societal rejection. Jesus, by calling her "daughter," affirms her worth and signals her full restoration—both physically and socially. This act challenges societal norms, teaching that in Jesus' movement, everyone, regardless of their circumstances, is welcomed.

The narrative underscores the profound truth of our identity in Christ: we are all sons and daughters of the living God, regardless of how the world treats us. Just as the haemorrhaging woman was healed and restored by Jesus, we too are met in our vulnerability by God, who heals and strengthens us. His love transcends our flaws and weaknesses, giving hope to the marginalized, oppressed, and vulnerable, restoring them to wholeness and social participation. Furthermore, the chapter explores how the interplay of purity, faith, confession, and transformation in Mark emphasizes Jesus' authority as the Son of God. His interactions with the "unclean" redefine traditional purity laws, highlighting grace, healing, and inclusion as the new understanding of holiness. Through His actions, Jesus restores individuals and reorients the community's perception of purity, offering communal healing and transformation.

List of Abbreviations

ATR African Traditional Religion

ART Antiretroviral Therapy

UNESCO United Nations Educational, Scientific, and Cultural Organization

HIV: Human Immunodeficiency Virus

AIDS Acquired Immunodeficiency Syndrome

SAMRC South African Medical Research Council

WHO World Health Organization

List of Bible Abbreviations

Matt. Gospel of Matthew

Mark Gospel of Mark

Luke Gospel of Luke

John Gospel of John

Acts of the Apostles

Rom. Epistle to the Romans

1 Cor. First Epistle to the Corinthians

2 Cor. Second Epistle to the Corinthians

Gal. Epistle to the Galatians

Eph. Epistle to the Ephesians

Phil. 1 Epistle to the Philippians

Col. Epistle to the Colossians

1 Thess. First Epistle to the Thessalonians

2 Thess. Second Epistle to the Thessalonians

1 Tim. First 2 Epistle to Timothy

2 Tim. Second Epistle to Timothy

Titus Epistle to Titus

Philem. Epistle to Philemon

Heb. Epistle to the Hebrews

Jas. Epistle of James

1 Pet. First Epistle of Peter

2 Pet. Second Epistle of Peter

1 John First Epistle of John

2 John Second Epistle of John

3 John Third Epistle of John

Jude Epistle of Jude

Rev. Revelation

CHAPTER 1

1.1 General Introduction

This research aims to interpret a haemorrhaging woman's narrative in Mark 5:25–34. The connection between disability and gender classification is one of the critical topics in New Testament studies in recent years. The notion that women receive different treatment than men who are sick or living with a disability is a challenging matter, and several theories have been designed to explain this. For this study, a woman living with a haemorrhage¹ condition will be the focus. Disability is defined 'as a mental or physical condition that hinders a person from participating in common community life with others due to physical and psychological barriers' (Solevag, 2018:386). It could also be defined as some form of paralysis. The study aims to ascertain what the healing of a woman with haemorrhage signifies. It also aims to establish why this woman is described as a nameless woman in the text and why her sickness/disability and healing narrative is sandwiched into the healing narrative of Jairus' daughter. Was it because, in this ancient society, men were treated as superior to women and women as inferior, which is one of the greatest challenges experienced by many women, even in our modern society, due to gender inequality? Or was it because the ancient society was ashamed of her illness/disability, which is also another challenge that we face in our modern society, where some illnesses, such as HIV/AIDS and disabilities, are treated as a disgrace, and people affected by such illnesses are being discriminated against? Or is it because if her name, family, and community of origin are known, her illness might taint the image of the whole society and family? As it is happening in modern society, families of people infected by illnesses such as HIV/AIDS are also discriminated against by others, as they are seen as transferors of the virus. Also, to gain an understanding of how haemorrhage is associated with impurity as per the

¹ Philo's works, such as *On the Special Laws* and *the Contemplative Life*, explore themes of bodily purity and the spiritual transformation associated with healing, which are relevant to understanding the haemorrhaging woman's encounter with Jesus (Philo, 2005). See also Josephus' writings, particularly *Antiquities of the Jews* and *The Jewish War*, which provide insights into first-century Judaism's social and religious practices, including the purification laws that would have impacted the haemorrhaging woman (Josephus, 1987).

Levitical purity law, some scholars are of the belief that this woman was treated as impure due to this condition (for example, Solevag 2018:45).

In the context of Levitical purity law, haemorrhage, particularly in reference to menstruation or prolonged bleeding, is closely associated with ritual impurity. According to Leviticus 15:19–30, a woman's bleeding renders her ritually unclean, meaning that she and anything she touches becomes impure, and those in contact with her are also considered unclean until the evening. Though not linked to moral failure, this concept of impurity held significant social and religious implications, especially limiting one's participation in communal worship (Milgrom 1991:79).

The case of the woman who had been suffering of a haemorrhage for 12 years is recorded in the Gospels (Mark 5:25–34, Luke 8:43–48) and is understood within the Levitical framework. Her prolonged condition would have rendered her ritually impure, preventing her from engaging in religious rites and potentially isolating her socially (Harrington 2002:18). Scholars argue that the woman's marginalisation was not merely because of her illness but due to the socio-religious implications of her impurity (Klawans 2000:50). Her act of touching Jesus's garments, therefore, was an act of desperation, not only for physical healing but also for reintegration into society and religious life.

The purity laws in Leviticus² played a crucial role in maintaining the holiness of the Israelite community and its covenantal relationship with God, Milgrom (1991:19).

² The purity laws in Leviticus played a fundamental role in maintaining the holiness of the Israelite community and safeguarding their covenantal relationship with God. Leviticus 11–15 provides detailed regulations regarding bodily discharges, skin diseases, and other forms of impurity, all of which were considered essential for maintaining spiritual and communal purity. These laws were concerned with physical cleanliness and had profound theological implications, serving as markers of spiritual holiness and separation from the profane. As Leviticus 11:44–45 states, "I am the Lord your God; consecrate yourselves and be holy, because I am holy." This principle underpinned the Israelites' communal life, requiring them to maintain a state of purity to approach God and participate in the sacred rituals of their faith (Milgrom, 2001). In particular, the laws concerning bodily discharges (Leviticus 15) highlight the intricate relationship between physical impurity and social exclusion. A woman suffering from a prolonged haemorrhage, as in the case of the woman in Mark 5, would have been considered ritually unclean, which would have isolated her from the community, particularly from communal worship and participation in public life. As Levine (2014) notes, ritual impurity in the Hebrew Bible was not merely a

These laws clearly distinguished between ritual impurity and sin, with impurity viewed as an unavoidable aspect of human life, necessitating ritual purification (Klawans, 2000:33). However, Jesus' healing of the haemorrhaging woman can be interpreted as a challenge to the purity boundaries established by these laws. In this context, his healing not only restored her physical health but also reinstated her status within the community, effectively redefining the social and religious boundaries that the purity codes had set (Hayes, 2002:43). The Levitical association of hemorrhage with impurity provides a critical lens through which to understand the woman's condition in the Gospel accounts. Wright (1987:128) discusses the broader theological and sociocultural implications of impurity, emphasising the restrictive effects these laws had on individuals such as the haemorrhaging woman. Nevertheless, Jesus' response signifies a transformative approach to the purity laws, highlighting faith as more significant than ritual purity (Harrington, 2002:22). Through his actions, Jesus challenged the cultural norms and expanded the scope of divine grace and inclusion, offering a new perspective on purity and community.

1.2 Literature Review

This section is divided into three main parts. First, a close look at the woman with haemorrhage, followed by a brief consideration of healing in the New Testament, and finally, the focus is put on healing and the African Traditional healers. The point is to illustrate how the problems of disability, sickness, disease, conditions, and healing are always part of human life. The woman with the haemorrhage is presented in the text as a nameless person, as she is not given a name but is described by her physical ailment and social status. Since no name is attached to her, her physical condition is being used to enable the audience to distinguish her from other 'characters' in the narrative. According to Dube (2020:17), the location of this woman's physical condition, which is bleeding is also not specified, which makes scholars assume that it was 'vaginal bleeding' and that the author of the text would have been less shy to specify the location of this bleeding if it was in a less modest location'. Instead, the emphasis is more on describing the length and the severity of bleeding, mentioning

matter of physical cleanliness but also of a person's moral and spiritual state, which had profound social consequences.

that this woman has suffered from this ailment for about twelve years and has sought medical assistance from different physicians. Still, her condition became worse (Haber 2003:181). Due to this ailment, the woman spent all her 'financial resources' trying to find medical assistance, and this has resulted in her destitution.

Malina (1993:30) notes that the woman is described primarily by her condition and her social status of being impoverished, as she spent all that she had on physicians. This woman also lived in a society that was 'dominated by the honor and shame motif. Her condition was considered shameful in this society, and that is why Mark introduces her as an isolated, impoverished, chronically ill, and possibly at the last stage of her life, as her condition was incurable according to the different Physicians she consulted. Her situation was 'hopeless, and some would even think she is better off dead', as nothing could be done to improve her condition. Although the woman was introduced as a nameless, sick, impoverished, and impure woman, her story concluded positively when Jesus gave her a new name as he addressed her as 'daughter your faith has made you well.' This means that the woman was liberated from the bondage of illness as she received healing, and her identity was changed from that of a nameless/anonymous woman who is identified as a haemorrhaging woman into one of a 'daughter who is liberated and integrated back into society' (Stein 2008:77, see also Evans 2001:52).

There is something profound that Jesus has noticed about this woman. Even though her condition forced her to be destitute and isolated, she possessed one of the most important qualities, which is faith in Jesus Christ. Jesus pronounced that her faith has made her well and her story of disability and destitution has changed, and Jesus is introducing her anew into the society as a daughter of faith, who believed that there is power that can change her disability into a model of faith in the society (Haber 2003:184). He delivered the woman who was oppressed by the flow of blood and restored her as part of the body of Christ (Viljoen 2014:6). In other words, this healing aimed at integrating and reconciling the disabled woman to herself, God, and the community. Just as 'disability is a community-imposed limitation, healing is a community-based liberation', (Viljoen 2014:6). The Levitical purity laws marginalised this woman because she was a woman and inferior, and for the fact that she was suffering from heavy menstruation. The example that was set by Jesus Christ in

allowing this woman with a haemorrhage to touch him aimed at teaching the community that Jesus is a “liberal egalitarian” (Haber 2003:172).

What is noticeable is that this woman is described in terms of her physical condition, which is haemorrhage, which is the only identity that is given to this woman in this narrative, as there is no mention of her name, family, and the community in which she is coming from when Jesus addressed her, however, she called her ‘Daughter’, which is an indication that Jesus cares for women as well as disabled people. Jesus did not see a disabled and inferior woman but saw a capable human needing care and support to deal with her struggle of haemorrhage, which was troubling her life. In other words, for Jesus, it was important to protect the image of this woman and to empower the Christian community to understand that being disabled does not mean that one is a sinner or that disability/illness is associated with sin³. God also creates disabled people in his own image, and they are to be accepted and given opportunities to partake in community activities (Craffert 2008:43).

When looking at the healing narratives in Mark, Jesus often acknowledges the faith of family members or friends who are carrying a sick person or inviting Jesus to heal their loved ones. However, in the case of a woman with the issue of blood, there is no one accompanying this woman or providing support to her. Gundry (1993:79) argues this is because her condition was considered a disgrace to society and to her family. Instead, it is the faith of the sick person that Jesus acknowledges as he mentioned, ‘Daughter, your faith has made you well.’ It is noticeable that the place in which the healing of women in the New Testament took place was in a house, which is a domestic space for women in early Christian society. However, there are those women who also go out in a public space to look for healing from Jesus, such as the woman with the flow of blood. What is noticed is that the names of those women who approached Jesus in a public space are not mentioned (Solevag 2018:386). This is an

³ This theological reframing is echoed in *John 9:1–7*, where Jesus, encountering a man born blind, dismisses the prevailing assumption that disability is the result of personal or ancestral sin, stating instead that “this happened so that the works of God might be displayed in him” (John 9:3, NIV). This perspective challenges cultural and religious stigmatization of disability and instead affirms the personhood and potential of those affected. As Yong (2007) notes, Jesus’ approach subverts the dominant purity system by affirming the dignity and agency of those marginalized through illness or impairment, thereby inaugurating a radically inclusive vision of the kingdom of God.

indication of how women were ill-treated in this society. They were not treated as human beings created in God's image by God. Instead, they were treated as if men created them as their objects. According to Buck (2003:14), Jesus's healing of a woman with the flow of blood was an indication that in Jesus, even the nameless, discriminated, impoverished, helpless, stigmatised, marginalised, and impure are welcomed to find rest and be given a new identity as children of a loving God. Branch (2012:1) notes that this woman was so courageous in the sense that although this condition weakened her, she did not want it to define her. That is why, although the people defined her by her condition, Jesus gave her a new identity and meaning in life, and he saw a woman who is 'wonderfully and fearfully made by God in his own image', which is why he called her 'a daughter of the most-high God'.

In view of the way in which the woman is presented in the text as a 'certain woman who had a flow of blood for twelve years', I agree with what the scholars are saying in the social identity perspective that the disability suffered by this woman affected the way this woman was viewed and described by her society. Her name, family, and friends are not mentioned here, whereas for Jairus' daughter, her father's name and his position in society are mentioned. My question in this narrative is this: was this marginalisation caused by the physical condition of this woman or by her gender? Or by both? I believe that both her physical condition as well as her gender have resulted in her being marginalised in this society. Even when Jesus asked who touched him, no one from the disciples was interested in looking around to identify her, except Jesus, because they were ashamed to be associated with her. This is what is also happening in modern society, where women are ill-treated and abused emotionally and in other forms due to their 'physiological makeup' forgetting that they are also human beings who are created in the image of God and in need of care, protection, and support to enable them to contribute positively to their society. Instead of supporting them, society imposes a secondary disability on them by treating them as worthless people. However, Jesus managed to educate society through this narrative to change their mindset about women in helpless situations. He gave her his full attention by first showing his interest in listening to her story and addressing her as a 'Daughter', proving that her physical condition and gender should not change who she is and her value in society. Furthermore, this shows us that many good qualities are

possessed by women living with disabilities, such as the faith possessed by this woman that things will change for the better even in hopeless situations.

1.2.1 Healing in the New Testament

The New Testament portrays healing as a central facet of Jesus' ministry, encompassing physical restoration and spiritual salvation. The Gospels document numerous instances where Jesus heals the sick, restores sight to the blind, and raises the dead, symbolising the inauguration of the Kingdom of God. These acts carry profound theological significance, illustrating themes of compassion, faith, and breaking social barriers. For example, the healing of the woman with a haemorrhage (Mark 5:25–34) not only addresses her physical ailment but also her social marginalisation, as her condition rendered her ritually unclean. Jesus' public acknowledgment and healing of her condition restored her to the community, challenging prevailing purity codes and social norms.

Scholars have employed medical and Mediterranean anthropological insights to delve deeper into these healing narratives. John J. Pilch, in his work "Healing in the New Testament: Insights from Medical and Mediterranean Anthropology," emphasises the importance of understanding the cultural contexts of illness and healing in antiquity. Pilch (2000:1–10) differentiates between 'disease' as a biomedical condition and 'illness' as the cultural perception of that condition, highlighting that Jesus' healings primarily addressed the latter by restoring individuals' social identities and reintegrating them into their communities.

In the case of the haemorrhaging woman, Judith König analyses the power dynamics at play in Mark 5:25–34. She argues that the woman, despite her marginalised status, exhibits personal agency by initiating contact with Jesus, thereby subverting traditional power structures and societal expectations (König, 2025:134). This narrative underscores the transformative potential of Jesus' healing, not only on an individual level but also in challenging and reshaping societal norms.

Furthermore, Susan Haber, in her feminist critique, examines the same passage and suggests that the woman's proactive approach and Jesus' receptive response serve to redefine notions of purity and impurity, emphasising inclusivity and the breaking down of social barriers (Haber, 2003:172). This perspective aligns with the broader

theme in the Gospels of Jesus' ministry reaching out to those marginalised by societal and religious structures. Additionally, Craffert (2008) discusses the application of medical anthropology in Jesus' research, cautioning against ethnocentric interpretations. He emphasises the importance of understanding the cultural constructs of illness in the ancient Mediterranean context to fully grasp the significance of Jesus' healing acts (Craffert, 2008: 255–260). This approach allows for a more nuanced interpretation that considers the socio-cultural dimensions of health and healing.

Keener also contributes to this discourse by comparing healing and exorcism narratives in Matthew's Gospel with cultural practices of the time. He suggests that understanding these cultural contexts enhances our comprehension of the theological messages conveyed through these narratives (Keener, 2010:5). This comparative analysis highlights the Gospels' engagement with contemporary understandings of illness and healing, further emphasizing the socio-cultural relevance of Jesus' healing ministry. In summary, the integration of medical and Mediterranean anthropological perspectives enriches our understanding of New Testament healing narratives. By considering the cultural perceptions of illness and health in the ancient Mediterranean world, scholars can offer more nuanced interpretations that highlight the socio-cultural dimensions of Jesus' healing ministry. These insights reveal the profound impact of Jesus' actions in addressing both individual suffering and broader societal structures, ultimately underscoring the transformative nature of his ministry.

1.2.2. Healing in African Traditional Religions

In African Traditional Religions (ATR), healing practices are deeply intertwined with spiritual beliefs, communal relationships, and the natural environment. Health is perceived as a state of balance and harmony among individuals, the community, ancestors, and cosmic forces. Illness is often understood as a disruption of this balance, necessitating holistic healing approaches that address physical, spiritual, and social dimensions. Traditional healers, such as *angiomas* among the Zulu and *amaXhosa*, are intermediaries between the physical and spiritual realms. They diagnose ailments through divination, seeking the root causes of illness, including ancestral displeasure, spiritual intrusion, or social discord. Healing rituals often involve the use of medicinal herbs, animal sacrifices, and ceremonial dances to appease

ancestors and restore harmony. The process of *ukuthwasa*, or the calling and initiation of a sangoma, exemplifies the profound spiritual journey and training involved in becoming a healer, highlighting the cultural significance of healing practices in these communities, (Mbithi, 1965:177).

Similarly, the *Vimbuza* healing dance among the Tumbuka people of Malawi and Zambia represents a therapeutic practice where music, dance, and spirit possession are integral to the healing process. Recognised by UNESCO as an Intangible Cultural Heritage, *Vimbuza* serves both as a medical intervention and a means of cultural expression, reinforcing communal bonds and shared identities. According to Abdullahi (2011:64), Traditional medicine remains deeply ingrained in African cultures, with many people preferring it to modern medical practices due to its affordability and accessibility, especially in rural areas. There is a rising trend in integrating traditional and conventional medicine. Some African governments recognize the value of traditional healers and are working to formalize and regulate their practices. The commercialization of traditional remedies is growing. This includes herbal medicines, which are becoming more available both locally and internationally, leading to a greater economic impact.

1.3 Background to the Study

Mark 5:25–34 narrates the encounter between Jesus and a woman afflicted with a chronic haemorrhage for twelve years—a condition that rendered her both physically unwell and ritually unclean within her first-century Jewish context. The woman's condition, prolonged suffering, social ostracism, and economic depletion (Mk 5:26) illustrate the intersection of disease, gender, and marginalisation in ancient society. However, her story is marked not only by her ailment but also by her resistance and agency—her decision to transgress cultural taboos by touching Jesus' garment reflects an embodied act of faith and protest against structural exclusion (Van Eck, 2007:229; Pilch, 2000:47).

This episode is particularly instructive when examined through a socio-scientific lens, which investigates the embedded cultural scripts of illness, purity, honour-shame dynamics, and gender performance in Mediterranean antiquity (Malina & Neyrey, 1991:28–31; Pilch, 2000:49–51). In this context, the haemorrhaging woman would

have been perceived as polluting, a source of defilement (cf. Lev 15:25–30), and therefore socially and religiously excluded from full participation in community life.

From a healing perspective, the story presents a multidimensional view of restoration. Jesus' declaration "Daughter, your faith has healed you. Go in peace and be freed from your suffering" (Mk 5:34) signals more than physical healing; it marks a communal reintegration, psychological peace, and theological affirmation of her faith (Dube, 2003:62; Van Eck, 2007:235). The narrative disrupts hierarchical purity boundaries and reconstitutes social norms through a Christological ethic of compassion and inclusivity.

In the South African context, the experience of this unnamed woman intersects with the realities of black African women, particularly those in townships and rural areas, where access to healthcare is unequal, and illness is often gendered and stigmatised. Conditions such as menstrual stigma, HIV/AIDS discrimination, and the social silencing of women's pain reflect the haemorrhaging woman's marginalisation (Dube, 2003:65; Mbiti, 1991:97). Furthermore, the collapse of public health infrastructures, the cost of healing in both biomedical and traditional spaces, and spiritual marginalisation in ecclesial settings exacerbate the challenges these women face.

Through this study, the socio-scientific approach will allow for an in-depth investigation of cultural coding around illness, pollution, and gender roles in the Markan world, while the healing perspective—informed by African worldviews that do not separate the spiritual from the physical—will enable a holistic reading that speaks to liberation, embodiment, and agency (Mbiti, 1991:105; Van Eck, 2007:240). This dual lens is especially pertinent for critiquing how both ancient and modern socio-religious systems stigmatise women's bodies and reimagining a liberating ecclesial response.

In sum, the woman with the blood flow is a hermeneutical symbol of many South African women today—those who, despite systemic exclusion, exercise faith-filled resistance to reclaim their dignity. Her healing by Jesus restores her body and reinstates her humanity—a theological imperative relevant to today's African pastoral and public theology (Dube, 2003:68; Pilch, 2000:59).

1.4 Motivation

This study is motivated by my interest in the narrative of the haemorrhaging woman, a story that profoundly illustrates the resilience of a woman facing extreme adversity. For twelve years, this woman lived with a life-threatening illness, enduring not only physical suffering but also social marginalisation, isolation, and financial impoverishment, with no one to protect or care for her. What captivates me about this narrative is her unwavering hope and faith, even in the face of a seemingly hopeless situation. Despite her struggles, she maintained faith, ultimately enabling her to take bold action and occupy a public space to seek healing and restoration.

This woman, often referred to as the 'nameless woman,' is defined not only by her physical condition but also by her social status, shaped by the impoverishment resulting from her illness. She experienced a series of social ills, marginalisation, discrimination, stigmatisation, hopelessness, and the despair of an incurable disease. Yet, she continued believing that her circumstances could change through all these challenges. Her faith became the driving force behind her courage, empowering her to risk stepping out of her environment of destitution and namelessness. She found acceptance, a new identity, belonging, and healing in doing so.

This study seeks to explore the transformative power of faith in overcoming social, emotional, and physical challenges, as exemplified in the story of the haemorrhaging woman. Through her faith, she transcended the oppressive forces of her society, offering a powerful example for modern women who face similar struggles. The woman's journey from marginalisation to restoration underscores the potential for faith to catalyse change, empowerment, and healing.

1.5 Research Question

The narrative of the haemorrhaging woman in Mark 5:25–34 presents a theologically layered portrayal of suffering, faith, and restoration, framed within the intercalated healing story of Jairus's daughter. Her anonymity, defined by illness and marginalisation, invites critical examination of gender, purity, and social boundaries in the Markan context.

1.5.1 Primary Research Question

How does the narrative depiction of the haemorrhaging woman in Mark 5:25–34 characterised by her anonymity, physical affliction, and social marginalisation function theologically and narratively within the Markan “sandwich” structure that frames her story within the healing of Jairus’s daughter?

1.5.2 Sub-Questions

- What is the narrative function of the intercalation (or “sandwich”) technique in Mark 5:21–43, and how does it serve to highlight or contrast theological themes between the two healing episodes?
- What do the woman’s anonymity and her identification through illness and economic disenfranchisement reveal about gender roles, ritual impurity, and social exclusion in Second Temple Judaism?
- How does the healing of the haemorrhaging woman subvert existing purity codes and embody Jesus’ radical inclusivity in relation to marginal figures?
- In what ways do literary parallels and thematic motifs—such as faith, touch, and restoration—operate across the two intertwined stories to convey Mark’s Christological and ecclesiological concerns?
- How has the figure of the haemorrhaging woman been interpreted in early Christian interpretations and contemporary theological reflection, particularly in relation to suffering, faith, and social healing?

1.6 Research Problem

Certain enduring issues in biblical scholarship, though seemingly resolved at various points, continue to resurface due to their inherent complexity and the evolving nature of interpretative frameworks. Despite extensive research, a significant problem remains in understanding why haemorrhage, a health-related condition, has historically been associated with impurity. This association is particularly evident

across various cultural and historical contexts. haemorrhage, or excessive bleeding, is inherently a medical issue that requires appropriate healthcare intervention. However, the perception of impurity linked to haemorrhage likely originates from ancient beliefs and societal norms that regarded blood as a potent and often taboo substance. These beliefs, deeply rooted in many ancient cultures, have persisted over time, shaping contemporary attitudes and contributing to the stigmatisation of individuals experiencing haemorrhage, especially regarding how these issues resonate with many African societies across the continent.

To address this problem/gap in understanding, further interdisciplinary research is necessary to explore the origins and implications of this association. Such research could help dismantle the enduring stigma surrounding haemorrhage and encourage a more informed, compassionate approach to the condition, focusing on its medical and psychological aspects rather than cultural or religious interpretations. Promoting awareness and education on haemorrhage as a medical condition could lead to more supportive attitudes and improved healthcare outcomes for those affected.

1.7 Methodology

This study adopts a hybrid methodological approach, with social-scientific criticism serving as the primary framework and a healing perspective serving as a secondary lens. Given the extensive range of models within social-scientific criticism, this study will focus on a select few, namely purity codes and pollution, sickness and healing, and honour and shame. These models are particularly relevant for analysing the socio-cultural dynamics within the chosen textual and historical contexts, providing critical insights into the intersection of social identity, religious practice, and communal structures.

1.8 Conclusion

This chapter outlined the foundational issues that guided the direction of this research. The literature review focused on existing scholarship in the areas of healing narratives, particularly those that explored the theological and socio-cultural dimensions of illness and faith. A significant portion of the literature also examined the role of faith in healing and how such encounters with the divine reshaped individuals' social and spiritual

identities. This review established the broader academic context for understanding the haemorrhaging woman's healing within the scope of biblical interpretation. The problem statement of this study was rooted in the gap in current research regarding the socio-theological dimensions of healing, especially in relation to marginalised individuals in the New Testament narratives. The research explored how healing was presented in the Gospel texts and its implications for social identity and theological reflection.

Regarding the methodology, this study employed a hybrid approach that combined socio-scientific criticism with the healing perspective. Socio-scientific criticism was used to analyse the socio-cultural context of the haemorrhaging woman's illness and the stigma she faced within her society. This approach provided insights into the social structures, values, and norms contributing to her marginalisation. On the other hand, the healing perspective focused on the theological and psychological aspects of her encounter with Jesus, emphasising the role of faith, grace, and divine intervention in restoring her body and identity. Combining these two perspectives allowed for a comprehensive understanding of both the social dynamics at play and the spiritual significance of the healing event. The research question guiding this study was: *How does the healing of the haemorrhaging woman in the Gospel narratives reflect the interplay between faith, social identity, and divine intervention, and what are its implications for understanding healing in contemporary socio-theological contexts?* This research aimed to contribute to the existing body of knowledge on healing in biblical texts, focusing on the intersection of faith, marginalisation, and social transformation in the context of New Testament healing narratives. This chapter provided the foundational framework for the study, which was expanded upon in subsequent chapters through a detailed analysis of the text, methodology, and existing scholarly perspectives.

CHAPTER 2: Contextual and Exegetical Investigation of Mark 5:25–34

2.1 Introduction

Understanding the Gospel of Mark requires engaging with its theological and narrative content and the broader socio-historical and literary contexts that shaped its composition. As a text rooted in the tumultuous period of the first century, the Gospel reflects the complexities of Roman imperial rule, Jewish religious dynamics, and the existential anxieties of an emergent Christian community navigating persecution, marginality, and identity formation. In this chapter, the historical and socio-political background of the Gospel of Mark will be explored with specific attention to its authorship, date of composition, intended audience, and purpose.

2.2 Date & Authorship

It is noted that this book was composed by St. Mark and was written in Greek in Rome (Beavis 1989:9). However, some scholars asserted that it could have been composed in Egypt or Syria. It is indicated that most scholars are of the belief that Mark received information from Peter, which enabled him to compose this book. Scholars are said to agree that this book is the earliest of the four Gospels. It is indicated that Mark should probably have composed this book after Peter had passed on, but before the fall of Jerusalem, between 64 and 70 AD. It is indicated that this book was composed for a non-Jewish audience, Gentiles and this is indicated by the approach that Mark used as he explained different Jewish practices. Therefore, scholars are of the belief that he was giving these explanations of Jewish practices because his audience was not familiar with them as they were non-Jewish people. It is also mentioned that Mark also translated Aramaic words used in the text to enable his audience, who are non-Jews, to understand the text.

According to Edward (2002:12), the first reference comes from Papias's in Eusebius' testimony, 260-339 AD, ⁴ that although Mark was not an Apostle, he learned from

⁴ Papias (in Eusebius, *Ecclesiastical History* 3.39.15): "Mark, who became the interpreter of Peter, wrote down accurately whatsoever he remembered, not, indeed, in order, of the things said or done by Christ. For he neither heard the Lord nor followed Him, but afterward, as I said, he followed Peter, who adapted his teaching as needed to the circumstances, but with no intention of giving a systematic account of the

Peter's testimony, and this book was written in Rome after Peter's death. It is mentioned that Peter passed on during the latter years of Nero's reign, who reigned between 54–68 AD. Therefore, the dating of the book of Mark is suggested to have been composed in the mid to late 60s of the first century. Shifferd (2015:3) therefore indicates that this book was composed by John Mark. He noted that 'Irenaeus' documented that Mark composed this book after Peter and Paul passed on in Rome. He further noted that Mark is identified as the "disciple and interpreter of Peter'. Regarding dating, some scholars indicate that the book was written during the 'Palestinian-Jewish war with the Romans from 66-73 AD, while other scholars assert that it was written after 70 AD. It is noted that Marcus mentioned that some scholars believe that the 'period of Mark is the Palestinian Jewish war with the Romans from AD 66-73'. While other scholars are of the view that the Book of Mark was written in AD 66-70 because this book includes the early stages of the Jewish war with Rome.

Mark's Gospel is widely regarded as the earliest of the synoptic traditions, with most scholars dating its composition to around 66–70 CE, with some proposing a slightly earlier or later timeframe, possibly within the early 70s (Brown, 1997:13; Sanders, 1993:176). This dating aligns with the historical context in which Jesus' prophecy regarding the complete destruction of the Second Temple and the eschatological coming of the Son of Man is a central theme (Mark 13:1–2; 13:24–27). This prophecy, often understood as a reflection of the Jewish War (66–70 CE) and the subsequent fall of Jerusalem, provides a crucial backdrop for understanding the urgent tone of Mark's narrative (Cohen, 2014:32; Wright, 1996: 49).

Scholars generally agree that Mark's Gospel was composed in Greek, and it is often suggested that it was written for a Gentile audience, possibly in Rome. The specific focus on explaining Jewish customs (e.g., Mark 7:3–4) and the frequent use of Latinisms support the notion that Mark's primary readership was not composed of Jews but rather Gentile converts or those unfamiliar with Jewish traditions (Hooker, 1991:24; Martin, 2004:56). Mark's account, therefore, can be understood as addressing the needs of a non-Jewish audience, providing them with a theological

Lord's sayings, so that Mark did not err when he wrote some things as he remembered them. He was concerned with one thing: to leave out nothing of what he had heard and make no false statements in them."

framework that made the life and teachings of Jesus accessible and meaningful in a context distant from Palestinian Judaism.

Mark's emphasis on the coming of the Son of Man, coupled with his portrayal of the suffering, death, and resurrection of Jesus, presents an early Christian understanding of Jesus' mission and the eschatological hope for Gentile believers living in a period marked by political upheaval and uncertainty (Collins, 2007:108). Through this lens, Mark's Gospel not only recounts the life of Jesus but also serves as a theological manifesto for a community grappling with the implications of Jesus' prophetic words and the destruction of the Temple (Strecker, 2000:43). In summary, Mark's Gospel is often seen as a work tailored to a Gentile audience in Rome, written during a time of intense social and political turmoil, with its primary themes addressing both the historical and theological significance of Jesus' ministry and his prophecy regarding the end times (Blomberg, 2002:71; see also Marcus, 2009:8, Hombana 2018; 2022).

There are explanations given here and there in his Gospel which would be superfluous if it were written only for Jews. When he first mentions it, Jordan is called 'the river Jordan.' It is proper that many authorities read 'the river Jordan' in the book of Matthew, but this may have been presented to make his Gospel clearer to those who were unfamiliar with the topography of Palestine. It is noted that 'Mark learnt most of his information from Peter, because he was not 'a fellow of the inner circle of Jesus' disciples, like Matthew and John' (Strecker 2000:36). He might have been a follower of Jesus Christ to a certain extent, probably when Jesus came to Jerusalem.

Some modern Scholars are of the belief that this book of St. Mark is the earliest of the four Gospels. It was narrated probably after Peter had passed on, but before the fall of Jerusalem between AD 64 and 70. Although most Scholars maintains that the book of Mark was composed in Rome, but there are some who believe that this book could have been composed in Egypt or Syria (Collins 2007:108). It is alluded that Mark explained most of the Jewish practices, which leads Scholars to believe that his book was written for non-Jews who were not familiar with such practices. The approach that Mark also used as he translated most of the Aramaic words, which was the 'Jewish language of the time found in the text, also serves as an indication that the audience of Mark's book were Gentiles. This because if this book was composed for the Jewish people, Mark would not have had to explain the Jewish practices and translate the

Aramaic words, because Jewish people are well acquainted with them. However, there are scholars who alluded that the most reasonable author of the book of Mark is John Mark. In contrast, others assert that the writer of the book of Mark was anonymous and Papias identified John Mark since Mark was a friend of Peter. Many critical Scholars are of the belief that this book was composed during or soon after the 'Neronian persecution in AD 64' (Hombana 2018; 2022). While others indicated that the composition of this book was dated between the death of Peter and the fall of Jerusalem. There are also Scholars who mention that the book of Mark was written during the Jewish war between Rome and Palestinian Judaism. Van Eck (1995:62) notes that this book of Mark was written by John Mark, who is identified as the 'disciple and interpreter of Peter.' (Van Eck 1995:62). Some Scholars believe that Mark was encouraged to write down Peter's teachings by the first Christians after hearing Peter's preaching, as he was proclaiming Jesus who is the light and proclaiming about the kingdom of God. Therefore, the early church wanted to continue hearing Peter's sermons and urged Mark to write Peter's sermons. Mark then published Peter's teachings into a gospel. However, other Scholars asserted that the writer of this book is anonymous and that it was Papias who identified John Mark, a friend of Peter, as the one who wrote this book.

It is noted that the Gospel of Mark also comprises 'Latinism', and this implies that the audience of this Gospel was familiar with Roman culture. It is mentioned that John Mark was a son of Mary, who was known for her hospitality, whose house was often used as a meeting place for believers. It is also noted that Mark received guidance from Barnabas, who was his cousin and got information from his friend, Peter. It is alluded that the Book of Mark was composed for the church in Rome in the middle of the first century.

2.3 Social Background of the Markan Community

According to Roskam (1984:9), the Markan community was 'apocalyptic and eschatological in orientation,' and they regarded themselves as servants that Jesus Christ called to continue with his mission of proclaiming the good news to the world. It is noted that this community suffered various trials and tribulations caused by the political and cosmic environment they were living in. As a result, this book was written to motivate the Markan Christian community to be strong and courageous to be able

to persevere from the opposition and suffering they were exposed to. James (2002:13), mentions that the book of Mark was written for Roman Christians who were experiencing persecution under the reign of Nero. It is also argued that the book was written for Greek readers unfamiliar with Jewish traditions and practices.

2.4 Purpose of the Book

Healy (2008:19) asserts that the purpose of this book is to emphasise to Mark's community readers that the purpose that God has for them cannot be hindered by persecution and enemies. This aims at strengthening the faith of believers who have already heard the good news of Jesus and responded to it through faith. It is also noted that in Mark's setting, to be a devoted Christian meant that there would be opposition from friends, colleagues and community, and even rejection by those in power. In other words, being a Christian in this community meant that one's life is at risk of maltreatment, discrimination, torment and even death. Therefore, the book of Mark aimed at preparing the believers in Mark's community to understand what it means to be a follower of Jesus, who also persevered through suffering and crucifixion to save humanity. This could mean that the resilience and faith possessed by the woman with haemorrhage were inherited from the teachings in this society. That is why she managed to remain hopeful, even in a hopeless situation, and faith enabled her to press on until she found a complete restoration of her life.

2.5 Exegetical Analysis of Mark 5:25–34

2.5.1. Literary Placement and Narrative Context

Mark 5:25–34 is situated within a Markan intercalation or sandwich structure (vv. 21–43), where the healing of the haemorrhaging woman (vv. 25–34) is inserted into the story of Jairus' daughter (vv. 21–24, 35–43). Mark uses this narrative technique to create interconnected theological and thematic links, such as faith, fear, ritual impurity, gender, and restoration (Edwards, 2002:161; Rhoads, Dewey & Michie, 2012:53). The interweaving of these two healing stories heightens dramatic tension and reveals Christ's power to restore both the socially elite (Jairus) and the socially invisible the woman with the haemorrhage.

2.5.2. Structural Analysis

Verses	Narrative Movement
25–26	Description of the woman's condition and suffering
27–28	The woman's actions and internal monologue
29	Immediate healing and cessation of bleeding
30–32	Jesus' reaction: awareness and question
33	The woman's confession
34	Jesus' pronouncement of healing and peace

2.5.3. Verse by verse Exegetical Analysis

vv. 25–26: Chronic Illness, Social Suffering, and Gendered Exclusion

"And a woman was there who had been subject to bleeding for twelve years. She had suffered a great deal under many doctors and had spent all she had, yet instead of getting better she grew worse."

The opening verses create a portrait of layered suffering. The phrase *γυνή οὔσα ἐν ῥύσει αἵματος* (a woman having a flow of blood) uses continuous tense, indicating ongoing, unrelenting affliction. Her suffering is not only physiological but also socio-religious and economic.

- According to Leviticus 15:25–30, such a condition renders her ritually unclean. Thus, she is excluded from cultic participation and likely socially isolated (Pilch, 2000:47).
- Her consultation with “many physicians” and depletion of finances points to exploitation by patriarchal medical systems, echoing many African women’s contemporary experience of being economically drained and spiritually stigmatised in seeking healing (Dube, 2003:63).
- In South Africa, this can be read in relation to poor black women facing systemic inequality in access to healthcare, especially in cases of chronic illnesses like

HIV, endometriosis, or fibroids—conditions similarly shrouded in silence and shame (Van Eck, 2007:232).

vv. 27–28: Embodied Faith and Subversive Agency

"When she heard about Jesus, she came up behind him in the crowd and touched his cloak, because she thought, 'If I just touch his clothes, I will be healed.'"

The woman takes initiative—a radical action in a patriarchal setting. Her internal dialogue (ἔλεγεν, "she kept saying") reveals faith infused with desperation and courage. In socio-cultural terms, touching a man as an unclean woman would have been considered a transgression of honour codes, making her liable for public shame (Malina & Neyrey, 1991:38).

This resonates with African women's subversive spirituality, where marginalised women often enact faith through non-institutional, intuitive, and embodied means (Oduyoye, 2001:57). Her action is theologically significant: she believes that Jesus' power is transferable, not bounded by cultic or priestly rituals—a redefinition of holiness and access to the divine.

v. 29: Instantaneous Healing

"Immediately her bleeding stopped and she felt in her body that she was freed from her suffering."

Mark's favourite adverb, εὐθὺς ("immediately"), signals divine intervention. This is not only a physical healing (ἴαται) but also a bodily and existential restoration. She "feels" the healing internally, suggesting a psychosomatic awareness of transformation.

From an African perspective, this aligns with the concept of holistic healing, where physical wellness is inseparable from emotional, social, and spiritual balance (Mbiti, 1991:106; Dube, 2003:66).

vv. 30–32: Jesus' Theological Awareness and Public Reorientation

"At once Jesus realized that power had gone out from him. He turned around in the crowd and asked, 'Who touched my clothes?'"

Jesus' awareness of δύναμις ("power") leaving him introduces a profound Christological insight: healing is not a mechanical act but an interactive, relational

process. His turning and questioning disrupt the anonymity of the miracle, insisting on relational restoration over transactional healing (Rhoads et al., 2012: 54).

He invites the woman into public acknowledgment not to shame her but to reintegrate her publicly—a reversal of her former invisibility.

v. 33: Fear and Confession

"Then the woman, knowing what had happened to her, came and fell at his feet and, trembling with fear, told him the whole truth."

Her fear (*φοβηθεῖσα καὶ τρέμουσα*) is culturally expected as she has broken purity laws. Yet, her confession ("the whole truth") aligns her with discipleship motifs in Mark, especially those who truly recognize Jesus' power. This moment represents a liturgical and therapeutic confession and a reclaiming of voice. In African feminist hermeneutics, this is an act of self-definition and narrative ownership, she becomes the teller of her own story (Dube, 2003:69).

v. 34: Healing, Peace, and New Identity

"He said to her, 'Daughter, your faith has healed you. Go in peace and be freed from your suffering.'"

Jesus' response is theologically rich. He calls her "Daughter", a term of restored familial belonging replacing social alienation with covenantal inclusion. The Greek verb *σέσωκέν* (from *σώζω*) connotes salvation, not merely healing.

- The phrase "go in peace" (*ὑπάγε εἰς εἰρήνην*) is a Jewish benediction that signals holistic wellness — shalom in body, mind, and social identity.
- Her faith, not her ritual status, is the catalyst of restoration, thus critiquing purity-centric and patriarchal religious systems.

2.6 A brief Comparative Analysis of Mark 5:25-34 with both Matthew and Luke

The goal of this section is to outline the theological importance of this pericope in the synoptic tradition. Though it is not the focus of the study, it does contribute to note only the slight significance of the different material in the other two synoptic Gospels. The healing of the woman with the flow of blood; found in Mark 5:24-34, Matthew 9:20-22, and Luke 8:43-48; presents notable exegetical differences across the Synoptic

Gospels, each of which emphasises distinct theological and literary elements. Mark's account is the most detailed, emphasising the woman's long-term suffering, her act of faith in touching Jesus' garment, and Jesus' awareness of the power leaving Him. The narrative highlights Jesus' dynamic engagement with the woman, where her faith is the means of her healing. Mark's inclusion of the woman's fear and trembling adds a layer of tension, showing her fear of being caught in her ritual impurity while also emphasising the significance of her bold action. Theologically, Mark stresses faith as central to the healing process, with Jesus publicly acknowledging the woman and affirming her faith (Witherington, 1991:91).

Matthew, by contrast, provides a more concise account, omitting the woman's background and the detailed interaction between Jesus and the woman. Instead, the narrative focuses on Jesus' pronouncement, "Take heart, daughter; your faith has made you well," with less emphasis on the emotional and theological complexity found in Mark. Matthew's version condenses the healing into a shorter statement of faith, making the healing more direct and less intimate than in Mark. This version reflects Matthew's tendency to distil narratives into clear moral lessons, with faith being presented as the key to healing (Davies & Allison, 2004:77).

Luke's version shares similarities with Matthew's version but includes the unique detail of the woman's financial exhaustion after spending all her money on physicians, which highlights her desperation and marginalisation. This medical emphasis aligns with Luke's background as a physician and reinforces his focus on Jesus as the ultimate healer (Nolland, 1989:58). Luke also frames the healing as not just a physical restoration but also as a return to peace, underscoring the holistic nature of the healing. Jesus' declaration, "Daughter, your faith has made you well; go in peace," emphasises the relational and restorative aspect of the healing, with an added focus on the woman's social and spiritual restoration. Unlike Mark, Luke does not highlight the moment of power leaving Jesus but instead focuses on the public declaration of peace.

Theologically, all three Gospels highlight the importance of faith in the healing process, though they each approach this theme differently. Mark's version emphasises the personal interaction between Jesus and the woman, while Matthew condenses the encounter to focus on the result of faith. Luke, with his medical background, frames

the story in terms of restoration not just of health but of peace, integrating both social and spiritual dimensions. These differences reflect each Gospel writer's distinctive theological emphasis, with Mark focusing on dynamic engagement, Matthew on didactic brevity, and Luke on holistic healing and restoration.

2.7. Conclusion

Mark 5:25–34 offers a powerful example of how the Gospel narrates healing as liberation. The haemorrhaging woman's transformation from an anonymous, marginalised sufferer to named, affirmed daughter speaks not only to ancient Jewish or Christian communities but to the contemporary African church and society. Her story demands that theological discourse centre the voices and bodies of the excluded, challenging ecclesial and cultural structures that continue to alienate and exploit.

Chapter 3: Methodological Orientation – A Brief Overview of Relevant Approaches

3.1 Introduction

This chapter presents a concise yet critical overview of selected methodological approaches that are particularly pertinent to the aims and orientation of the current study. The purpose is to outline their core insights and contextual relevance to demonstrate the rationale behind the researcher's choice of a hybrid approach that integrates social-scientific analysis with a healing-centred hermeneutic. The approaches discussed include feminism, African feminism, womanism, and Bosadi theological readings. Each framework offers distinctive interpretative lenses, enabling the researcher to engage critically with the lived experiences, theological constructs, and socio-political realities shaping the research context. While feminist biblical hermeneutics has long served as a critical tool in exposing patriarchal biases embedded in sacred texts and religious traditions (Trible, 1984; Schüssler-Fiorenza, 1993), its Western epistemological assumptions have been critiqued for their limited applicability in non-Western contexts. Feminism's emphasis on gender justice, egalitarianism, and the critique of androcentric narratives provides a foundational framework, but African contexts often demand a more nuanced and localised interpretative strategy.

In response, African feminism emerged to address the intersectional realities of African women realities shaped not only by patriarchy but also by colonialism, race, and economic oppression (Nnaemeka, 2003; Ogunjipe-Leslie, 1994). African feminist approaches privilege communal values, spirituality, and cultural resilience, offering a grounded framework that affirms both critique and reconstruction within African epistemologies. Similarly, womanist theological readings articulated by scholars such as Katie Cannon (1988), Delores Williams (1993), and more recently, Nyambura Njoroge (2006) have contributed significantly to foregrounding the voices of Black women, particularly in contexts of racial and economic marginalisation. Although its roots lie in African American experiences, womanism resonates with African realities by emphasising survival, wholeness, and a holistic engagement with community and spirituality. Bosadi theories, developed by South African scholar Madipoane Masenya (1996, 2004), further contextualises the interpretive task by offering a theological

framework grounded in the lived experiences of African women, especially within the Southern African context. Bosadi theology affirms indigenous knowledge systems, communal ethics, and the pursuit of healing and restoration. It challenges biblical and theological interpretations that perpetuate marginalisation and proposes a life-giving and contextually faithful reading.

The purpose of surveying these interpretative trajectories is not merely to catalogue prior work but to critically engage with the methodological insights and limitations each approach brings to the text. This chapter lays the foundation for the hybrid interpretive framework employed in the present study by examining these perspectives. Understanding how various scholars have approached the text enables this study to identify significant exegetical concerns, hermeneutical shifts, and socio-theological implications that have shaped its reception over time. Furthermore, engaging with these readings provides an opportunity to assess how issues such as gender, power, embodiment, and narrative construction have influenced the theological imagination around the text. Most importantly, this chapter is necessary for establishing the dialogical and interdisciplinary character of this study's hybrid approach. By synthesising insights from diverse hermeneutical lenses, the present research not only situates itself within broader academic discourse but also seeks to move beyond single-lens readings. This facilitates a more integrated and contextually sensitive interpretation—particularly attentive to theological, social, and ethical questions raised by the text.

The researcher's decision to employ a hybrid methodological approach—drawing from both socio-scientific insights and healing-centred epistemologies is based on the multidimensional nature of the research problem. The hybrid framework is not merely an academic innovation; it is a strategic response to the call for methodologies that are both critically rigorous and socially transformative (West, 1999; Dube, 2000). It enables a deeper engagement with the theological, cultural, and existential questions the research poses, particularly in African contexts, where the integration of body, community, and spirit is vital to meaning making and healing. It is important to note that, most importantly, the concern of this study has to do with the healing miracle of Jesus in the chosen text.

3.2 Feminist Readings

This disease was known as a discharge in the womb (ῥόος or ῥοῦς), according to ‘Hippocratic’ doctors. According to Baert (2010:7), this woman ‘received a sculptural and pictorial form as a nameless, chronically sickly being,’ who is also completely veiled.’ Harsh (2003:17) asserts that what was of primary concern in this narrative is the woman’s health, as she was critically ill, and not her ritual uncleanness. However, her ritual uncleanness could not be ignored since her condition was believed to be caused by this ritual impurity. According to Oke (2017:6), this woman ‘risked everything to receive healing, and she remained hopeful that she would receive healing. This is because it was believed that ‘the healers in the Hellenistic world were seen as figures of power’. The healing miracle of this woman is an empowerment for all women who are restrained by the ‘social-religious boundaries, and Jesus managed to be the ‘boundary breaker’ of all challenges women face in this society’. What is noted is that this woman broke the chains of shame and stigmatisation, as she was the first woman to be in the public space and to touch the healer. Her faith and determination to receive healing touched Jesus in a special way and served as a lesson of how faith works, which was then used by Jesus to teach the Synagogue leader. Oke (2017:6), asserts that the purity law, which classified this woman as impure, was reversed by the violation of this law, and Jesus’ healing power reversed the ‘contamination into a cure’. Jesus managed to break all the myths in this law, which distinguished the pure from impure.

It is believed that the haemorrhaging woman was unable to make a personal healing application to Jesus, like Jairus, because of her impurity. What is also noted is that this narrative appears to be biased since the haemorrhaging woman is described as anonymous due to her gendered illness and has no social status. However, Jairus, who is a male figure, is described by his name as well as his social status and identity in his society. It alludes that although the haemorrhaging woman suffered for years and had no support system to give her hope and assistance to face her situation, she remained resilient. That is why when she heard about Jesus, she confessed to herself that if she could touch his garment, she would be made well. In other words, when she took action to go out to the public space to touch the Lord’s garment, she went there with a strong faith that she was going to the greatest healer who would save her from

all her distress. What is also noted is that the haemorrhaging woman already knew that although she was violating the purity regulation by going to touch Jesus, when she was in his presence, she was safe and protected from stigma, discrimination, and abusive purity regulations. This approach is methodologically insightful, as it recovers the voice and agency of a marginalised female character who dares to act against societal taboos, asserting bodily integrity and in a male-dominated space. Feminist scholars often highlight the subversive nature of the woman's touch and Jesus' response as acts of resistance and redefinition of purity and honour (cf. Schüssler-Fiorenza, 1983; Schüssler-Fiorenza, 1992). However, a key limitation of feminist readings lies in their occasional tendency to universalise female experience or focus primarily on gender binaries, which may underrepresent intersectional factors such as ethnicity, class, and the complex layering of social stigma. Additionally, the Christological and soteriological dimensions of the narrative may be underemphasised in favour of social critique.

3.3 African Feminism

African feminism is a contextual and multifaceted framework that seeks to articulate the lived realities, struggles, and aspirations of African women within their socio-cultural, economic, and historical contexts. Unlike Western feminism, which often privileges individualism and universalist categories of gender struggle, African feminism is rooted in communal values, the interconnectedness of personhood, and the recognition of indigenous knowledge systems (Nnaemeka, 2003; Ogunjipe-Leslie, 1994).

Central to African feminism is its intersectional orientation, which considers the interplay of gender, colonialism, race, class, and spirituality. It affirms women's agency without undermining cultural heritage and family structures. As Nnaemeka (2003) argues, African feminism is "negotiated feminism"—it engages with tradition critically rather than rejecting it wholesale. This makes it a powerful interpretive tool in theological research that seeks to recover silenced voices while remaining sensitive to African socio-cultural dynamics. In biblical hermeneutics, African feminism enables a reading strategy that critiques patriarchal theologies while constructing life-affirming interpretations for African women and communities (Oduyoye, 1995). It provides an

essential lens for this study's commitment to healing, social transformation, and contextual relevance.

3.4 Womanism

Womanism, a term coined by Alice Walker (1983), and further developed by theologians such as Delores Williams (1993) and Katie Cannon (1988), originated in African American contexts but resonates deeply with the concerns of Black women globally, including in Africa. Womanism is a holistic and inclusive framework that addresses the interconnected struggles of gender, race, class, and spirituality. Theologically, womanism critiques both white feminism (for its racial blind spots) and Black theology (for its gender insensitivity). It uplifts the spiritual, moral, and communal wisdom of Black women, often marginalised in ecclesial and scholarly discourses. Delores Williams (1993) notably reinterprets biblical figures such as Hagar, centring Black women's experiences of survival, agency, and resistance.

In African contexts, womanism aligns with the realities of Black women who carry the weight of communal survival and socioeconomic care. It resonates with African ontologies that see womanhood not merely as a category of oppression but as a site of power, moral authority, and healing. In this study, womanism supports the ethical and theological reimagining of texts and traditions through the lens of survival, relationality, and embodied resilience.

3.5 Bosadi Theories

Bosadi theorisations (Bosadi being a Northern Sotho term for "womanhood") is a uniquely South African feminist theological approach developed by Madipoane Masenya (ngwan'a Mphahlele). It is firmly grounded in the lived experiences of African women, particularly within the socio-political and cultural context of post-apartheid South Africa (Masenya, 1996, 2004). Bosadi theology moves beyond Western feminist paradigms by rooting biblical interpretation in African cultural symbols, idioms, and proverbs that shape Black women's realities. It draws attention to how African women navigate their roles as mothers, daughters, wives, and leaders' roles often underappreciated in mainstream biblical scholarship. It reads the Bible through the double lens of biblical text and African life, emphasising both critique and

reconstruction (Masenya, 2005:56). Unlike more abstract academic theologies, Bosadi theology is praxis oriented. It is deeply concerned with how theology can heal, empower, and liberate African women and their communities. In this study, Bosadi theology offers a powerful decolonial lens that bridges biblical ethics, communal healing, and cultural reclamation, reinforcing the importance of hybrid approaches to interpretation.

3.6 Gender Critical Readings

It is mentioned that Gender-critical readings often assert that gender roles and expectations are socially constructed rather than biologically determined. In the case of the haemorrhaging woman, her suffering is tied not only to her physical illness but to the societal expectations placed on her as a woman. In ancient Jewish society, women's bodies were subject to intense regulation, and issues of purity and impurity were often linked to women's bodily functions (e.g., menstruation and childbirth). The woman's bleeding made her ritually unclean according to Jewish law, which was a significant part of her marginalisation. A gender-critical reading might highlight how the woman's experience underscores the ways in which societal and religious norms about women's bodies are constructed and enforced. Dube (2022: 3) noted that people in ancient society believed that the male body was the 'ideal and perfect' compared to the female body. It was also believed that the female body was the product of 'left egg and left testicles,' which then resulted in a female body being regarded as weak.

According to Edwards (2006:188), the physical suffering that the woman experienced resulted in her becoming bankrupt, tormented, and shameful, as she had no resources to fall back on. It is also noted that, according to the Torah, a woman on menstruation was considered impure. Therefore, the healing of this woman aimed at restoring her into 'her social gender role', in order to become a contributing member of her society (Dube 2020:2). It is further noted that the chronic illness suffered by this woman meant social ostracization and even divorce that is why there is no mention of her husband and children in this narrative. This also means that her body was considered as an 'unwanted other and dislocated from society' (Edwards 2006:188) Dube also mentions that this narrative tries to show empathy towards the woman suffering from this condition and this is because she 'inhabits the female body', which is believed to be weak and defective. This emanates from the Hippocratic teachings that being a

woman means one is 'physiologically helpless and that her bleeding womb is her natural death sentence' (Edwards 2006:188). The way the story of this woman was presented in a sandwich with the 'dying daughter of Jairus also signifies that she was also seen as a dying person due to her gender as a woman with a weak and imperfect body Dube (2020:19). Her body was considered impure, frail, unwanted, barren and dying and even the 'Jewish Mishnah' teaches that no one should encounter her. However, the healer who encountered her and who empathised with her is a male and his name is Jesus. The healing of this woman created complete restoration of the bruised body into making it carry out its gender role.

According to LeMarquand (2002:20), the woman with haemorrhage is no longer nameless, fearful, chronically ill, marginalised, imperfect and isolated. She is now given a new name as a daughter by the Lord and has become a witness to the healing power of Jesus Christ to Jairus and the whole society. Although society looked at her as a powerless person, Jesus saw a woman who is wonderfully and fearfully made in the image of God. Craffert's approach is both gender-critical and feminist, focusing on the woman's experience of marginalisation within a patriarchal and socially stratified society (Craffert 1999:48). By analysing the narrative through this lens, Craffert critiques the social structures that marginalise women and emphasises the societal construction of gender roles and expectations. He asserts that the healing of the haemorrhaging woman offers a powerful critique of these structures and presents a transformative act that transcends physical healing by confronting and subverting oppressive societal norms.

This approach is methodologically valuable in deconstructing gender norms, illustrating how the woman's actions challenge the prescribed passivity of women in ancient societies. Her violation of purity laws and her decision to touch Jesus can be seen as acts of resistance that disrupt the hierarchical gendered system. However, a limitation of gender-critical readings lies in their potential to overly focus on the performativity of gender, at times minimising the broader theological and social implications of the woman's healing. Furthermore, gender-critical approaches may not always account for the intersectionality of the woman's experience, overlooking other social markers such as class, ethnicity, and religious status, which also contribute to her marginalisation and stigmatisation in the text.

3.4. Social Scientific Criticism

The methodology that will be used in this study is interdisciplinary in nature. That is, the study aims to employ a hybrid approach by utilising both the social-scientific criticism and healing perspective approach. The reason for choosing these methodologies is that they will enable us to understand the social and cultural setting in which the text of Mark 5:25-34 was written and the audience for which it was written. It will also enable us to apply this text in our modern society to empower and build the capacity of women who find themselves in a similar position to that of the woman with haemorrhage. Social-scientific criticism offers a valuable framework for analysing the narrative of the haemorrhaging woman in Mark 5:25–34 by focusing on the cultural, social, and power dynamics that shape the events. This approach considers the intersection of social structures, gender norms, and religious practices and provides insight into the woman's actions and the broader implications of her healing.

3.4.1 Social-scientific Approach Explained

According to Elliot (2011:1), the social-scientific criticism perspective is defined as an approach to interpreting the New Testament that analyses ‘the social and cultural’ dimensions of the text and its environmental situation using ‘theories, models, perspectives, and research in social sciences’. This approach is part of the historical-critical method of Bible interpretation. The focus of this perspective is to ensure that the social structures, as well as cultural patterns of behaviours and thoughts that create the setting of biblical writing, are considered during the biblical interpretation process. According to this approach, knowledge is socially accustomed and ‘perspectival in nature’. It is also noted that this approach describes the biblical text as ‘a unit of social dialogue in both written and oral form and enables the exegete to understand the ‘social and cultural systems through which this communication took place to understand the meaning of the text in its original context’ (Elliot 2011:1). Elliot further mentions that this is viewed as essential because the ancient Biblical society was ‘socialized into shared ways of seeing things and acting in a particular manner’. As a result, the social scientific criticism approach enables reading biblical texts as reflections and products of ancient thoughts, attitudes, and values rather than being products of modern thoughts.

It is also indicated that this approach is an essential and crucial process of biblical interpretation because all writings in the Bible reports are about 'events that are social in nature, which includes 'social relations, social structures, social institutions and the role performed in the social fields. This approach focuses not on the individual author of the text but on the social context within which the text was composed and communicated because the meaning of the text is understood as a 'socially constructed phenomenon'. Elliot indicates that each biblical writing is composed to serve as a means of social communication and encourages social interaction with its readers. Elliot further mentions that the 'genre, structure and meaning of all Biblical texts' are all socially and culturally defined. Therefore, to understand these terms, it is important to know the social and cultural methods they presume. According to Elliot (2011:2), social scientific criticism aims to provide methods and a set of ways to understand relations between social phenomena. He asserted that the challenge with some biblical interpreters is that although they consider 'social development', they tend to limit focus to theological concepts and thoughts. However, social-scientific criticism addresses such issues at the text and social setting levels. This approach is essential because 'all communication, understanding, and imagination are socially and culturally conditioned.' Elliot notes that critics of social-scientific criticism have managed to show how the knowledge of ancient biblical society's beliefs in 'demons and spirits as the cause of illness as well as the 'exorcism practice' as a way of healing, and this enables the interpreter to identify in the text the effect of such belief in the society'.

In conclusion, social-scientific criticism plays a great role in the analysis of the biblical text, with its focus on social and cultural contexts to gain an understanding of the meaningful communication of the biblical texts in their original contexts as well as an understanding of structures and uniformities of ancient social life. It also helps understand the connection between beliefs and behavioural patterns and the 'interconnection of interest and ideology (Elliot 2011:3). Therefore, the social scientific criticism approach enlightens us on the real lived experiences of ancient Biblical communities. It also aims to encourage the use of the Bible today as a 'source of inspiration, outlining belief system, moral and life guidance.' (Elliot 2011:3).

3.4.2 Strengths and Weaknesses

According to Elliot (2011:12), the social-scientific approach assists in the reading of biblical writing as a reflection of ‘products of ancient rather than modern thought, attitudes, and values. It also enables ‘modern readers of the Bible to navigate the misrepresentations of an outdated and ethnocentric’ reading of the Bible’. It also helps to prevent the misuse of scriptures as a hammer in ethical debates. It is noted that this approach looks at both the social and cultural extent to which the text was produced to attain a better understanding of the purpose of the text as well as its writer and audience. It also assists in studying scripture in its original context and setting. However, Elliot believes that as with other methodologies, ‘this methodology has its weaknesses in that it is conducted in modern society, so it can lead people to believe that all societies function in or less similar way’.

3.5. Healing Perspective as a Methodology

The healing perspective as a methodology is an interpretative and analytical approach that prioritises restoring individuals, communities, or social structures affected by trauma, marginalisation, or historical injustices. This methodology is particularly employed in disciplines such as theology, psychology, and postcolonial studies to address issues of suffering and reconciliation (West, 2019). From a theological standpoint, the healing perspective aligns with liberation hermeneutics, where biblical texts are read as sources of hope and transformation for oppressed groups (Gutiérrez, 1988). This approach has been used in African biblical hermeneutics to recover indigenous knowledge systems and integrate them into biblical interpretation to foster community restoration (Ukpong, 2001).

In postcolonial studies, a healing methodology critically examines the colonial wounds inflicted upon societies and seeks ways to reclaim cultural and historical agency. Scholars like Fanon (1963) argue that healing from colonial trauma necessitates a combination of psychological and structural reformation, moving beyond mere acknowledgment of oppression to active restoration and empowerment. In psychology, the healing perspective is grounded in trauma-informed approaches that recognise the impact of historical or personal trauma on individuals and societies. Herman (1992:131) emphasises the necessity of acknowledging past wounds,

fostering resilience, and integrating experiences into a coherent narrative as essential steps toward healing. Therefore, as a methodology, the healing perspective is interdisciplinary and dynamic, combining theological, psychological, and postcolonial frameworks to promote justice, reconciliation, and holistic restoration.

3.5.1 Strengths and Shortcomings of the Healing Perspective as a Methodology for Reading the Biblical Text

As a methodological lens for interpreting the biblical text, the healing perspective has gained traction in theological circles, especially within pastoral, liberationist, and contextual theological approaches. This method prioritises the themes of restoration, wholeness, and the reclamation of dignity, particularly in relation to the afflicted and marginalised. However, while this reading strategy brings certain strengths to the fore, it has notable limitations.

3.5.2 Strengths

One of the most significant strengths of the healing perspective is its contextual relevance. It enables readers, especially from socio-economically disadvantaged or traumatised communities, to engage with the Bible in ways that speak directly to their lived realities. Gerald West (2016) argues that healing hermeneutics offer a resource for hope, particularly in contexts marked by disease, poverty, and social breakdown. It facilitates a re-reading of texts such as the story of the woman with the issue of blood (Mark 5:25–34) as narratives of empowerment and resilience.

Another strength lies in the affirmation of human dignity and the re-humanisation of those historically rendered invisible or impure. Chitando (2007) emphasises that healing readings focus not only on the physical restoration of the body but also on the socio-religious restoration of the person within their community. Such an approach foregrounds issues of exclusion, honour-shame dynamics, and stigma, thereby inviting ethical responses from both interpreters and faith communities.

The healing perspective also promotes interdisciplinary dialogue, drawing on insights from pastoral care, medical anthropology, psychology, and ethics. Emmanuel Lartey (2003) supports this approach, noting that a holistic understanding of Scripture should

encompass emotional, spiritual, and physical dimensions of well-being. This positions scripture as a resource for both theological reflection and practical ministry.

3.5.3 Shortcomings

Despite these strengths, the healing perspective is not without its challenges. A key limitation is the risk of reductionism—that is, narrowing the message of Scripture to therapeutic or psychological categories. Ganzevoort (2013) warns that this can diminish the multifaceted nature of biblical texts, overshadowing themes such as justice, covenant, eschatology, or discipleship. Another shortcoming is the method's occasional lack of engagement with historical-critical tools. By focusing predominantly on existential or affective responses to the text, healing hermeneutics can inadvertently marginalise rigorous exegesis and the socio-historical contexts of scripture (Loader, 2005). Such oversight may result in the imposition of modern assumptions onto ancient texts. Additionally, there is the problem of cultural projection, especially when healing is conceptualised using modern biomedical or Western therapeutic categories. Pilch (2000) argues that biblical notions of healing were embedded within symbolic, communal, and religious frameworks. Imposing modern definitions may distort the text's original meaning and intent.

Lastly, this perspective runs the risk of spiritualising suffering, particularly when healing is internalised as peace of mind or personal resilience without addressing systemic or structural injustices. Phiri and Nadar (2010) critique this trend, cautioning that such interpretations may inadvertently validate passive endurance of oppression rather than mobilising transformative action. In sum, the healing perspective offers rich interpretive possibilities, especially in pastoral, contextual, and liberatory readings of Scripture. It brings to light the transformative potential of the text for communities marked by suffering and marginalisation. However, for it to function as a robust methodology, it must be balanced with critical-exegetical rigor, cultural sensitivity, and theological breadth. When these elements are held in tension, healing hermeneutics can serve both the academy and the church with nuance and integrity.

3.5.4 The Relationship Between Socio-Scientific Criticism and the Healing Perspective

The relationship between the healing perspective and socio-scientific criticism is best conceptualised as hybrid rather than merely blended. This distinction, rooted in critical theory and interdisciplinary research, underscores the nuanced ways in which these methodologies interact. A blended approach typically involves the smooth integration of different methods into a singular, cohesive framework where the distinctiveness of each element is often lost (Bhabha, 1994). In contrast, a hybrid approach maintains the uniqueness of each methodology, enabling them to engage with one another dynamically. This interaction often generates productive tensions or new insights that transcend the boundaries of the individual components (Ashcroft, Griffiths & Tiffin, 2007).

This hybridity is especially evident when considering the epistemological foundations of each approach. Social-scientific criticism is grounded in descriptive and analytical modes of inquiry, drawing heavily on sociology and anthropology tools to elucidate biblical texts' socio-political contexts (Elliott, 1993). Its primary aim is to uncover and critique ancient texts and societies' structural dynamics and power relations. On the other hand, the healing perspective is more constructive and praxis-oriented, concerned with applying critical biblical insights to restore, reconcile, and empower communities marginalised by systems of injustice (West, 2019). The divergent epistemologies one explanatory, the other restorative ensure that these methods do not merge seamlessly; they retain their distinct identities while engaging one another in meaningful and often challenging ways.

This dialogical interaction gives rise to productive tensions between critique and application. Socio-scientific criticism functions as a diagnostic tool, exposing the mechanisms of oppression embedded in biblical literature and its historical contexts (Malina, 2001). Meanwhile, the healing perspective asks how such texts, once critically examined, can be reclaimed to address contemporary experiences of trauma, exclusion, and injustice (Ukpong, 2001). For instance, while socio-scientific criticism may highlight how the Roman imperial system exacerbated economic disparities, a healing approach might look to biblical narratives such as the Exodus story, prophetic calls for justice, or the radical inclusivity of Jesus' ministry as theological resources for

empowering present-day marginalized communities (Boesak, 2017). This is not a seamless integration of critique and application, but rather a hybrid model that embraces the tensions between them to generate deeper interpretive and emancipatory possibilities.

Crucially, the hybrid model offers flexibility without sacrificing methodological integrity. Each approach retains its core commitments: social-scientific criticism continues to focus on historical and sociological analysis, while the healing perspective remains anchored in liberating praxis and theological transformation. Yet, they do not operate in isolation. Instead, they inform and shape one another, creating an interdependent relationship that respects the methodological distinctiveness of each while expanding the scope and relevance of biblical interpretation. This mutual engagement, without collapsing one methodology into the other, exemplifies hybridity as defined by Ashcroft, Griffiths, and Tiffin (2007).

In summary, hybridity provides the most fitting conceptual framework for understanding the relationship between socio-scientific criticism and the healing perspective. Rather than merging into a single unified method, they remain distinct but dynamically interactive, holding together critique and transformation in a productive tension. This hybrid engagement allows scholars to retain the analytical depth of social-scientific inquiry while also harnessing the restorative and empowering potential of the healing perspective. It facilitates a more comprehensive and socially responsive reading of biblical texts, attuned to historical realities and contemporary struggles. Thus, hybridity emerges not only as a methodological choice but as a critical necessity for those committed to both rigorous scholarship and transformative praxis.

3.6 Conclusion

In conclusion, some Scholars introduce a critical distinction between disease and illness, highlighting that while disease is a physical condition, illness is the broader social, emotional, and cultural experience of living with that condition. In the case of the haemorrhaging woman, Jesus' healing goes beyond stopping the bleeding (the disease) to address the deeper illness of social exclusion and religious stigma. Craffert (1999: 32), argues that the true significance of healing in the Gospels lies in its dual nature, restoring both physical health and social identity. Through this lens, the healing

of the haemorrhaging woman is not only an act of compassion but also a profound challenge to the social and religious systems that perpetuate marginalisation and exclusion.

This analysis of the haemorrhaging woman in Mark 5:25–34 provides a nuanced understanding of faith healing, emphasising the Gospels' social, cultural, and spiritual dimensions of healing. He highlights the dynamic relationship between faith and healing, the social restoration that accompanies physical recovery, and the role of Jesus in challenging the oppressive structures of his time. By addressing both the disease and the illness, Jesus' healing ministry represents a holistic act of restoration, transforming both the individual and their place within the community.

CHAPTER 4 - A Socio-Scientific Reading of Mark 5

4.1. Introduction

This chapter employs the social-scientific reading of Mark 5:24–35 that illuminates the cultural, social, political, and religious context of the haemorrhaging woman in Mark 5:25–34. As noted already in Chapter Two, the social-scientific approach to biblical texts seeks to bridge the disciplines of sociology, anthropology, and social history with theological exegesis, offering a nuanced understanding of the text's social fabric. This study engages with several relevant social-scientific models, each providing a distinct lens through which to examine the dynamics of power, marginality, and religious purity as they relate to the woman's illness and subsequent healing. By employing such models, this chapter aims to elucidate the social norms and practices of the ancient world, particularly the intersection of gender, disease, and social exclusion. The socio-scientific perspective critically analyses the woman's role in the narrative and the societal structures that oppress and restore her. While acknowledging the limitations of any single model, the chapter underlines the value of a multi-faceted social-scientific approach in revealing the complexities of the biblical text, especially regarding its socio-cultural implications for both the woman and the larger Markan community.

4.1.1 Marginalisation due to health and Gender Conditions

According to (Gosbell 2018:26), most interpreters of this pericope put more focus on the 'gender-specific nature' of a haemorrhaging woman's condition but disregard the health condition that disadvantages her in ancient societies⁵. Moss (2010:507–519), for instance, asserts that the illness of uterine bleeding suffered by this woman could have been classified as a disability in her first-century context. The author presented a 'Jewish woman' who is probably of child-bearing years, but due to her physical condition caused by chronic menstruation, she was infertile. This woman appears to be alone, isolated, living in poverty, and hopeless, as there are no family members or friends that are mentioned who were providing care and support to her. She has also

⁵ Health (e.g., leprosy, bleeding disorders) and gender (e.g., being female) often determined one's place in ancient Jewish society. Marginalisation due to these factors aligns with patterns of status degradation, ritual impurity, and exclusion.

lost everything trying to find healing from different physicians, but her illness became worse. In ancient society, women were treated as inferior to men as they were perceived as people who had insecure identities. As a result, there were some public spaces in which they were not allowed to occupy. When a woman was on her menstruation, she would be considered impure for seven days. If she encountered people while on menstruation, those people would be expected to cleanse themselves and would remain impure for a day. What is noted is that during the period of menstruation, a woman is prohibited from partaking in social and religious activities. These restraints that were imposed on women due to their menstruation resulted in menstruation being classified as a disability. This woman with the issue of blood suffered for twelve years and had spent everything she had to get healing, but she could not since her sickness persisted. According to Jewish law, this woman was declared to be 'ceremonially unclean' due to her sickness of bleeding. Anything and anyone she touched could become unclean as well. It is also indicated that since there was a crowd where Jesus was, the woman was crawling to touch the Lord's garment. There was a possibility that as she was trying to reach Jesus, she bumped into other people in the crowd and made them unclean, including Jesus as well. It is also noted that this woman was not allowed to enter the synagogue due to her condition, which led to her being treated as unclean (Kiel 2020:76). The fact that Jesus responded to the request of this woman first before Jairus' request was an indication that Jesus was trying to correct the marginalisation and discriminating treatment of women which was practiced in the ancient society.

According to De Wet (2019:13), the haemorrhaging woman was Jewish,⁶ as evidenced by the fact that she quarantined herself due to the impurity of her bleeding

⁶ John Chrysostom (*Homily 47 on Mark*, trans. 1889), an early Christian church father and preacher, identifies the haemorrhaging woman as Jewish in his Homily on the Gospel of Mark. He highlights her adherence to Jewish customs and laws, particularly her respect for the Levitical purity codes, which would have rendered her ceremonially unclean due to her condition. Chrysostom underscores the woman's desperation and faith in seeking healing from Jesus despite the restrictions imposed on her by society and religious law. He interprets her touching Jesus' garment as a demonstration of faith, transcending her marginalised status as a woman and an impure individual in her community. In Chrysostom's reading, the woman's condition and Jewish identity are significant for understanding her actions and the miracle of healing. The purity laws and her subsequent exclusion from communal life

condition, and she was under the purity legislation. This view is different from those of many scholars who are of the belief that this woman was a gentile, since she disregarded the purity legislation, as she decided to go into a public space and touch Jesus, which is prohibited for a Jew. It is noted that the illness suffered by this woman was gynecological in nature and is a source of defilement and shame.

4.1.2 Social Isolation and Stigma

Stigma is defined as an ‘imperfection or stain that sets other people apart from others’. It conveys information that those people have a defect of body or of character that spoils their appearance or identity. Menstruation is considered one of the conditions that are stigmatised by society. This stigma has a negative effect on women’s health, sexuality, well-being, and social status. Most people who are living with a disability, such as this woman with chronic haemorrhage, are exposed to discrimination, prejudice, and exclusion, and these people form part of the marginalised group in society in both ancient and modern times. The physical condition of this woman was a stain or mark that made society treat her as unworthy because she was blemished. The way this woman was presented in the text as an anonymous person with a chronic ailment is an indication of how this woman was treated in society (Watford 2022:12). Her name is not known, and her family and even the community where she comes from is not mentioned and this could be because even the family and the community were ashamed to be associated with her, because of the stigma attached into her physical condition. When looking at the condition of the woman with the issue of blood, it was ‘gynecological in nature’ and has resulted in her being unable to bear children. This type of illness could have even resulted in this woman being isolated and even divorced in case if she was married. However, there is no indication that she was married, and the explanation that she had even exhausted all her resources trying to find cure for her illness shows that she was alone with no one to help her find healing (Kubis 2020:365). This could also mean that she did not get married because of her physical condition, and no man could take her as a wife as she was sick, considered

emphasise the radical nature of Jesus’ healing, as it not only restores her physical health but also reintegrates her into the community. Chrysostom’s interpretation reflects an early Christian understanding of Jesus’ ministry as one that breaks down barriers and challenges social norms, offering healing and salvation to those on the margins.

impure, and could not even bear children. This woman might have been suffering from 'irregular menstrual bleeding', one who, according to 'Leviticus could not be touched, because of the purity laws. This was also due to the stigma that was attached to menstruation (Kubis 2020:365)

According to Leviticus 15:25–27, when a woman is menstruating for many days at a time other than her monthly period or has a discharge that continues beyond her period, she will be considered impure if she has the discharge, just as in the days of her period. Any bed she lies on while her menstruation continues will be impure, as is her bed during her monthly period, and anything she sits on will be impure, as during her period. Anyone who touches them will be impure; they must wash their clothes and bathe with water, and they will be impure till evening. In Jewish culture, her bleeding disorder rendered her impure. Everything and anyone she touched was unclean. According to Levitical law, she could not handle money or food or attend the synagogue's services. According to Levitical law, it is better for her not to be physically close to anyone and certainly not in a crowd. It alludes that what the haemorrhaging woman did, exposing others to her uncleanness, was a crime punishable by law. And this is why she could not ask Jesus for healing openly. Instead, she risked her life to access her healing secretly.

There was a belief in the Greco-Roman world that healing power could be found in the clothing of a charismatic person. According to Kubis (2020:365), this belief forced this woman to make her way through the multitude that was surrounding Jesus. It is most likely that she tried to hide herself so the people in the crowd would be unable to identify who she was due to her physical condition and the stigma that was attached to it. She knew that if she were seen in this public space, she would run into trouble for transmitting her uncleanness to those around her. Although she was clouded with fear and shame, she continued to move forward, bumping into the crowd as she was trying to find her way to have access to Jesus to touch his clothing. The woman's touching of Jesus clothing yielded a positive result as 'immediately' her bleeding stopped, and she even felt in her body that she was healed. It is noticeable that this healing was instigated by this woman, which was the first time that the sick person initiated her own healing. In most healing narratives, it is Jesus who initiates it. When

the woman felt that she was healed, Jesus also felt a strange feeling of his power going out of him. It is unclear whether Jesus knew who touched his clothes, why, and what her plan was as he turned around and asked who touched his clothes (Viljoen 2014:2).

The lesson that we learn from this is that Jesus was willing to give his attention to the woman who secretly stole healing and put Jairus' daughter's healing on hold. Jesus seemed to be aware of the reason why this woman was so desperate to secretly steal healing. He was aware that being stigmatised, humiliated and discriminated due to physical condition leads us to cover ourselves with invisibility to protect ourselves from further abusive treatment. In knowing the pain and indignity suffered by women who are stigmatised by the society, 'he turned around' and provided a safe space for a stigmatised, isolated, chronically bleeding, nameless, humiliated and impoverished woman to come forward. Jesus is waiting for the woman who has received healing to come forward. While patiently waiting for this anonymous, stateless woman who had no family or friends to advocate for her to come forward, he also knew how desperate Jairus was for him to come to his house and heal her daughter. Jesus provides this woman with an opportunity to tell her story in public of how she was affected by the chronic bleeding and that her miserable life of being treated as an outcast and unclean has come to an end, because she has now made whole by touching the clothes of Christ.

What is important to note in this narrative is that although the woman was weak due to the physical condition of her illness, her actions of forcing herself to come to Jesus showed a great strength of faith. This led to a change in her situation and identity as she was now re-introduced as a daughter and re-accepted into society. What is also noticed is that Jesus did not rebuke her for bumping into the crowd as she was coming to touch his clothes or for the decision, she made to ignore the purity law. However, Jesus shows that he understands the pain and suffering that she has suffered for 12 years and is willing to restore her life to 'complete wholeness.' Jesus emphasises her faith, which made her well, indicating faith's importance in transferring divine power to those who feel powerless. As a result, the 'nameless, powerless, impure, isolated, lonely, poor woman was given a new name and a new identity, and her life was completely restored' (Viljoen 2014:2).

4.2 Honor and Shame as Cultural Scripts

The story of the haemorrhaging woman in Mark 5:25–34 is deeply embedded in a cultural matrix of honour and shame, a pivotal social framework in the ancient Mediterranean world. As Craffert (1999:23–35) emphasises, honour was a core social value linked to communal recognition, familial reputation, and ritual purity. Shame, by contrast, functioned as a form of social control, imposed on those who transgressed communal norms. In this narrative, the woman's condition subjected her to ritual impurity under Levitical law (Lev 15:25–27), effectively excluding her from temple worship and communal life. Her haemorrhage was not only a medical issue but also a deeply social one—it stripped her of dignity, participation, and social status. As such, her encounter with Jesus is not merely a healing event but a profound social restoration and reintegration act.

The woman's act of touching Jesus' garment is transgressive and daring. According to Malina and Neyrey (1991: 273), any contact with someone ritually impure would transfer defilement; thus, her action risked further shaming. However, her faith becomes the decisive turning point. Craffert (1999:23) rightly interprets this faith as theological and socio-cultural—a bold claim to agency in a context where her voice was silenced. Her action represents a reversal of shame, a courageous reclaiming of her personhood in a society that had marginalised her. Jesus' response is significant: he does not scold her for her ritual impurity but instead affirms her publicly. By addressing her as “daughter,” a term loaded with familial and communal acceptance, Jesus repositions her within the fold of Israel's household (Marcus 2000:363). His public acknowledgment functions as a formal restoration of honour, counteracting years of exclusion.

Moreover, this narrative challenges the existing purity system that had become a mechanism of social exclusion. Mary Douglas's (1966) work on purity and danger helps us understand how ancient Jewish society mapped social order through cleanliness rituals. Jesus, however, subverts these boundaries. Instead of becoming impure through contact, Jesus transmits healing and purity. This inversion underscores Jesus' role as a boundary-breaker, one who collapses the sacred/profane dichotomy in favour of human restoration. The act of healing here is deeply political—it critiques religious structures that equated physical affliction with moral failure and social shame.

Additionally, Bruce Malina and Richard Rohrbaugh (2003) affirm that public acknowledgment was essential in honour-shame cultures. A person's honour could be elevated or diminished depending on how others perceived and affirmed their status. Jesus' deliberate public recognition of the woman's faith ("Your faith has made you well") operates as a countercultural affirmation. He overturns the narrative of marginalisation by endorsing her faith as virtuous, thereby restoring her place within the community. Jesus does not heal in secret, his method is curative and performative, reinforcing new social norms rooted in inclusion and compassion.

Theologically, this pericope also connects faith and honour in a unique way. As Craffert (1999) and Esler (2000) suggest, faith becomes a performative act that contests social narratives of shame. The woman's faith is not passive but an act of embodied resistance. In reaching out to Jesus, she is also reaching out toward a future where impurity no longer defines her identity. The restoration she experiences is thus holistic—physical, social, and spiritual.

In short, the healing of the haemorrhaging woman in Mark 5:25–34 should be read as a paradigm of restorative justice within the context of an honour-shame society. Jesus acts not only as a healer but as a social mediator who challenges exclusionary systems and affirms the marginalised. This story invites contemporary readers, particularly in African contexts where notions of shame and social standing still play significant roles, to consider how religious and communal structures can either exclude or restore. As such, the passage offers a compelling lens for rethinking inclusion, dignity, and agency in both historical and modern theological discourses.

In the healing narratives of the New Testament, Jesus plays a pivotal role as a mediator of honour, challenging and overturning the strict honour-shame dynamics that governed first-century Mediterranean societies. Honor and shame were crucial social currencies in the ancient world, dictating an individual's standing within both the family and the broader community. This hierarchical system often marginalised those who were deemed dishonourable, such as the sick, the poor, or women who violated societal norms. In these contexts, healing was not merely a physical restoration but also a social reintegration, enabling the recipient to regain their place within the social and religious fabric of the community.

Jesus' actions in the Gospels subvert traditional honour-shame paradigms, where social rules of purity and honour excluded the marginalised from both religious and social life. For example, in the case of the haemorrhaging woman in Mark 5:25–34, the woman's condition marked her as ritually unclean according to Jewish law (Leviticus 15:25–27). By extension, she was excluded from communal worship and societal participation. However, Jesus does not condemn her for her impurity or social status. Instead, he restores her honour publicly by acknowledging her faith as the source of her healing. When Jesus addresses her as "daughter," he is not merely giving her physical healing but also publicly affirming her worth, thus lifting her from the margins and re-establishing her social identity (Malina & Rohrbaugh 2003). This public acknowledgment of her faith directly challenges the honour-shame structures that would have otherwise relegated her to shame.

Jesus' act of public restoration is crucial in understanding his role as an arbiter of honour. By calling her "daughter" and praising her faith, Jesus redefines honour. Rather than associating it with lineage, wealth, or purity, Jesus' model of honour is based on faith and divine grace. This is not an honour earned through ritual observance or social conformity but rather a freely given honour, transcending social boundaries and systems of exclusion (Marcus 2000).

Faith becomes the key to accessing this new kind of honour in the context of honour and shame. The haemorrhaging woman's faith is an act of agency, a declaration that despite her marginalisation, she can claim healing and restoration. Jesus' role, therefore, is not only to perform physical healings but also to challenge the socio-religious structures that perpetuate dishonour. His miracles consistently show that God's grace is available to all, not just those in socially elevated positions. Through his actions, Jesus offers a radical redefinition of honour that is accessible to the marginalised, the sick, and the outcast. This inversion of social norms is central to understanding Jesus' message and His mission. As Neyrey (1991:272) suggests, Jesus redefines the "rules" of honour, where faith in Him becomes the new criterion for honour, not adherence to social or religious law.

The restoration of honour is a theological concept and a social transformation. Jesus' interactions with the sick and the socially excluded often involve a reordering of social and religious hierarchies. In the case of the haemorrhaging woman, for example, her

healing is as much about the restoration of social dignity as it is about physical health. The emphasis is on the individual's value in God's eyes, rather than on their societal worth (Esler 2000:15-31). This starkly contrasts the traditional view, where an individual's honour was contingent on adherence to social rules and purity codes. Jesus' refusal to conform to these established systems highlights his role as a mediator of a new social order, where grace and faith are the defining features of honour.

4.3 Purity Codes

According to Jackson (2019: 320), Menstruation is deeply personal and embodied, but it also becomes a public issue, as it affects the everyday practices of women and the spaces they occupy. That is why the ongoing ailment of bleeding suffered by this woman hindered her active involvement in society. It also greatly affected her personal relationships and her chances of bearing children. When also looking at the ritual purity law, her ongoing bleeding hindered her from meeting the requirements of the cleansing ritual. This means that this woman experienced different challenges in her life due to her disability, such as failure to get healing from physicians, 'restrictions from personal intimacy, inability to procreate as she could not get married due to her condition, lack of financial resources as she has spent all she had to Physicians and could not get healed and could not even participate in religious gatherings due to stigma attached to her condition' (Buck 2001:13). In other words, there was no hope for this woman, but what is amazing is that she remained hopeful in hopeless circumstances that her situation will change one day, and she indeed received healing. Her life was fully restored physically, spiritually, socially and emotionally, and her social status changed from that of a haemorrhaging poor woman into that of a daughter of faith and courage. Therefore, the encounter with Jesus was a breakthrough for this woman as Jesus liberates from pain and sorrow, from injustices and discrimination, from destitution and slavery and from sin and death.

The woman with the flow of blood was a woman with fears due to her illness, which was incurable. And she had spent all of her resources to attempt to find healing. This means that her resources were depleted to such an extent that she ended up living in poverty, and her physical condition also worsened with time. The element of poverty, which was caused by her physical condition, added to her stressful life, because she

now has no material thing that she can use to seek medical assistance for her condition. In other words, this woman had no other option, except waiting for her death, because there was nothing and no one to turn to for assistance. However, she remained hopeful that something and someone might come to her rescue and that her situation might change, irrespective of the fact that she was left with nothing. That is why when she heard about Jesus, she strategized and took a decision that her healing would come once she could connect with the greatest healer, Jesus Christ, and she acted by crawling and secretly touching Jesus' garment. This is because she was afraid that if she was seen in public, she could be punished or even stoned to death (Baert 2010:71). Her faith enabled her to break all the chains of poverty, isolation and death surrounding her and reach out for help to Jesus, who is the giver of life, and she was made whole. The step taken by this woman indeed proves that God so loved the world that he could give his only begotten Son, Jesus Christ, so that whoever believes in him shall have everlasting life (see John 3:16). In other words, Jesus is here for all to have everlasting life, irrespective of social status, gender and physical condition. As the scripture in Matthew 11:28 says: 'Come to me, all you who labour and are heavy laden and I will give you rest'.

It is mentioned that the haemorrhaging woman was not only ceremoniously unclean but if anybody touched her, that person would also become unclean for the rest of that day. This means that if she touched any person, that person would be contaminated with impurity also. However, her action of taking such a huge risk is an indication that she must have heard that people who touched Jesus experienced immediate healing. So she tried to touch Jesus without being noticed because that would have caused humiliation. So "She came up behind him and touched the edge of his cloak, and immediately her bleeding stopped".

The decision made by this woman was an indication of her faith, not only that Jesus could heal her, but also that she had to ask for so little contact, just to touch the hem of his garment would be enough for her to receive complete restoration. Such great faith of the haemorrhaging woman was rewarded by a 'healing of which she was instantly healed and introduced anew into the society as a 'Daughter of great faith, (Baert 2010:71)". As Jesus has mentioned, it was 'her faith which has made her well', not the touching of his garment. According to (Viljoen 2014:3), the decision taken by the haemorrhaging woman to go out into the public space and to touch the garment of

the Lord was against the Levitical law. According to this law, her touching of Jesus was supposed to make him impure, but he did not become impure. Instead, the haemorrhaging woman, who was considered impure, became pure after touching Jesus. This means that the haemorrhaging woman's faith in the healing ministry of Jesus justified her. It is mentioned that the woman's touch was experienced by Jesus, as he felt that his power had gone out from him. Scholars are of the view that this is also an indication of "Jesus's humanity, which means that his omniscience was something that he laid aside in his incarnation". When Jesus asked 'who touched him', his disciples thought he was irrational, because there was a crowd thronging all around him, but Jesus wanted to prove to the people around him and the whole society that although he is with them physically, he is also within them spiritually, and he knew about the condition of the haemorrhaging woman, including the manner in which the family and society ostracised her. He wanted to put on display that this woman is also created in God's image and deserves to be loved, cared for, and accepted by different societal structures

4.3.1 Purity and Jesus' Role in the Haemorrhaging Woman's Narrative

In Leviticus, a comprehensive set of ritual purification laws governs the social and spiritual boundaries within the community. The purity laws in the Hebrew Scriptures⁷, particularly in Leviticus, were crucial for maintaining the holiness and health of the community. These laws governed various forms of impurity⁸, detailing the processes

⁷ In *Antiquities of the Jews* (Book 3, Ch. 8, §2), Josephus comments on the purity laws as part of the broader Jewish cultural identity, noting that God gave the laws to maintain the sanctity of the Jewish people. For instance, Josephus highlights that the observance of the purity laws was necessary to avoid defilement, which could cause one to be excluded from the community and participate in religious rituals, a concept deeply ingrained in Jewish thought. This reflects his understanding of purity laws as a means of personal holiness and communal protection (Josephus, 1987). Josephus also remarks on the priestly purification rituals, particularly in the temple context, emphasising how these practices were tied to the people's ability to worship properly (Josephus, *Antiquities* 3.10.8).

⁸ In his *Special Laws* (Book 3), Philo discusses the purity laws related to menstruation, leprosy, and the need for ritual cleansing after contact with death. He interprets these laws as symbolic of the need for inner purity, connecting the external rituals to inner moral and spiritual transformation. Philo frequently emphasises that impurity, in its most profound sense, represents the moral corruption or spiritual disorder that the Jewish laws sought to correct (Philo, *Special Laws* 3.126–127). For instance, Philo explains that menstruation, while seen as a physical impurity, symbolises the corruption of the soul and

for purification in cases such as post-childbirth (Leviticus 12), leprosy (Leviticus 13), venereal disease (Leviticus 15:12–15), male sexual discharge (Leviticus 15:16–18), menstruation and excessive menstruation (Leviticus 15:19–30), and contact with dead bodies (Leviticus 21:1–3). The primary aim of these laws was to ensure that individuals were ritually and spiritually clean before God, which was seen as essential for maintaining the community's covenant relationship with Yahweh (Blenkinsopp, 2002).

Leviticus 12 outlines the purification process after childbirth, underscoring the idea of ritual separation to protect the purity of the community and its worship practices. Childbirth was viewed as a potentially impure event, and the purification rituals were necessary for the mother to be restored to a state of holiness (Niemann, 2010). Similarly, Leviticus 13 and 14 outline the procedures for dealing with leprosy, which was regarded as a condition that could defile individuals and the broader community, necessitating ritual cleansing and separation to avoid contamination (Milgrom, 1991).

Leviticus 15, with its focus on bodily discharges, particularly addresses the issue of sexual purity. These laws were designed to regulate social interactions and ensure that individuals adhered to the moral and social expectations of the community. They also reinforced the distinction between the sacred and the profane, ensuring that individuals were clean before engaging in communal worship or social activities (Loewe, 2015). The emphasis on maintaining ritual cleanliness extended to both men and women, as seen in the provisions for menstruation and male sexual discharge, where specific purification rituals were required for reintegration into society (Milgrom, 1991).

Finally, laws regarding contact with the dead (Leviticus 21:1–3) reflect the belief in the defilement caused by death, which was seen as the ultimate form of impurity. These regulations were integral to maintaining the spiritual integrity of the community, as death represented a profound break in the natural order and required purification rituals to restore individuals to a state of holiness (Loewe, 2015). Together, these

the need for purification to be restored to a state of moral righteousness. Similarly, he views the purification after leprosy as more than a restoration to ritual cleanliness; it symbolises the purification of a corrupt soul (Philo, *Special Laws* 4.160–161). This aligns with the broader Jewish idea that the community's physical purity reflects its moral and spiritual health.

purity laws were designed to regulate individual behaviour and protect the holiness of the entire community, emphasising the need for both personal and communal ritual purity in the worship of God. These laws were an integral part of the religious system in ancient Israel, safeguarding the covenantal relationship between the people and Yahweh (Blenkinsopp, 2002).

Schnittjer (2006) provides a broader understanding of purity, explaining that it extends beyond mere cleanliness to reflect spiritual and communal well-being. He argues that the opposite of purity is physical contamination, sinfulness, and profanity. In Leviticus, purity is crucial for the community's collective relationship with God, as "God's glory resided within the dwelling and sanctified it" (Schnittjer (2006:294). From this perspective, the actions of Jesus in the Gospel of Mark, particularly his interactions with individuals deemed impure, such as the woman with the bleeding disorder and Jairus' daughter, are not only acts of physical healing but also demonstrate his divine nature and power to redefine and transform the purity system. Jesus, in his interactions, embodies and expresses God's presence in a way that challenges traditional purity laws, illustrating his divine authority and role as the Holy One of God (Mark 1:1).

4.3.2 Jesus and Purity

In Mark's Gospel, Jesus repeatedly engages with individuals considered "unclean" by the prevailing purity laws. His encounters with the woman suffering from a chronic haemorrhage disorder and Jairus' deceased daughter defy conventional purity norms. Despite touching individuals marked as impure, Jesus himself remains unaffected by contamination. Instead of being defiled by the unclean, his divine presence purifies and heals, signifying his authority over purity and impurity. This demonstrates a theological reversal where impurity is transformed into purity through Jesus' touch and divine power.

Mark's presentation of Jesus challenges traditional Jewish purity laws, which often excluded the marginalised, such as the sick, the poor, and women experiencing ritual impurity. As Garland (1996) suggests, Jesus' actions reflect a "divine dimension" that allows him to interact with the impure without becoming defiled, effectively reinterpreting the laws of purity. This is particularly evident in stories such as the

leper's healing (Mark 1:40–45) and the raising of Jairus' daughter (Mark 5:35–43), where Jesus not only heals but also redefines the boundary between the sacred and the profane.

4.3.3 The Role of Confession

In Mark (5:33), after being healed, the woman with the haemorrhage disorder steps forward and confesses "the whole truth." Her confession is spontaneous and filled with emotion, reflecting her personal experience and the profound change she has undergone. Jesus listens attentively, providing a compassionate space for her to share her story without fear of judgment or shame. The New Testament places emphasis on individual confession as part of personal repentance and redemption, centred on faith in Jesus as the mediator of both physical and spiritual healing.

The woman's confession and her subsequent healing point to a deeper theological truth that recognising one's need for divine intervention is integral to receiving grace and restoration. Proverbs 28:13 affirms this notion, stating that those who conceal their sins will not prosper, but those who confess and forsake their sins will find mercy. In this narrative, the woman's vulnerability in confessing her condition, coupled with Jesus' compassionate response, highlights the transformative power of both personal acknowledgment of need and divine grace.

4.3.4 Purity, Transformation, and Community

Jesus' interactions in the Gospel of Mark offer a profound rethinking of the purity laws outlined in Leviticus. In contrast to the strict and exclusionary systems of purity practiced by other ancient cultures, including the Canaanites and Romans, the Hebrew purity system focused on maintaining spiritual and physical cleanliness as a way of distinguishing between the sacred and the profane. However, as Gane (2009) notes, the purity system in the Hebrew tradition reinforced social boundaries and stratified society, particularly excluding those who were perceived as impure. Jesus, however, offers a radical challenge to these systems. His ability to touch and heal individuals considered unclean without being defiled signifies his divine authority and the inauguration of a new covenant centred on healing, restoration, and inclusivity.

This redefinition of purity is evident in how Jesus engages with those marginalised by society. The woman with the issue of blood, like the leper and Jairus' daughter, is restored not only physically but also spiritually and socially through her encounter with Jesus. Mathew (2000) observes that these interactions challenge the purity system, which often excluded the most vulnerable members of society. In this way, Jesus' actions symbolise the new covenant, one that prioritises healing and restoration over ritualistic purity, and extends grace to all, regardless of social or religious status.

4.4 Social and Religious Implications of the Woman's Haemorrhage

The 'haemorrhaging woman' was very weak due to her health condition and was also desperate to receive healing. This is indicated by the fact that she had spent everything she had to physicians for medical care, but her condition became worse. Although it is not mentioned in the literature that she was expelled from social gatherings, the fact that there is no one mentioned in the literature who was of help to her, which could mean that people in her family and community were scared to be in contact with her, because they did not want to be considered impure. It is clear that she was rejected by her society and was left to die alone.

This could also mean that her condition also resulted to her expulsion from different societal activities including her access into religious society as she was considered unclean and could contaminate others in the society. This is because the story tells us that she went into a public space to secretly touch Jesus' garment, because she was not allowed to be in the public space. The scripture mentions that she had suffered many things, some of which could have been isolation, expulsion, marginalisation, and emotional abuse such as name calling, as she was called a 'woman with the flow of blood' and poverty. However, this rejection by the society enabled this woman to force herself to the crowd in order to secretly reach out to Jesus' garment so that she could touch it and receive healing, because she was not allowed to be in the public space, because of her gender. Women's space was believed to be in the household in the ancient society, and because of the purity law, she was considered impure due to her bleeding condition. This healing encounter involved both the touch from the woman and the word that was proclaimed by Jesus: 'daughter your faith has made you well' (Lawless 2003:67).

It is noticeable that Jesus often touches people in need of healing, but in this case, it was a person in need of healing who initiated her healing by touching Jesus. Although society considered this woman impure, her contact with Jesus could not destroy his purity and holiness, because he was sent by God to save humanity from all impurities and bondages of sin. Jesus is sent by God to the world to take up our infirmities, carries our sorrows and indeed by his stripes, all diseases are healed. When looking at Jesus' healing ministry, it is evident that forgiveness of sins, eternal life and membership in the body of Christ is included in the atonement that Jesus accomplishes through his own death. It is mentioned that although Jesus' public healing, including that of deliverance, produced positive reactions of amazement, thanksgiving and praise, half of these healings resulted in negative reactions from the Pharisees and or Scribes. It is further mentioned that in all his work, including his healing ministry, Jesus is totally dependent to God, his father, and it is according to God's will. Jesus also has the power and ability to accomplish God's will of healing. However, he did not only have power and ability, but he also has compassion and the 'agape kind of love'. That is why he was able to give his full attention to the most vulnerable member of the society, who had struggled for twelve years to find help, and he managed to help her, giving her healing and making her part of society again. Jesus, in his healing ministry, often issues a command or a declaration to the person hoping to be healed, as he has done to the woman with the issue of blood when declaring that her faith has made her well (Ostrander 2011:20).

4.5 Prevailing Attitudes towards Women and their Marginalisation in Society

it is evident that the marginalisation, humiliation, stigmatization, and isolation of a woman with a bleeding condition was a result of the fact that women in ancient society were treated as inferior to men, and their illness was gendered and associated with shame. This is proved by the manner in which this woman is introduced, as a 'nameless person who has a bleeding condition, whereas Jairus, who is also in need for his daughter to receive healing, his name is mentioned. However, Jesus's action towards this woman proved that people, irrespective of their gender, are created in the image of God and should be protected, loved, cared for, and supported equally. That is why he gave his full attention to this woman, even though he was going to Jairus' house.

It is noted that, because of the Jewish rules about human relationships, romantic or otherwise, haemorrhage and the social stigma associated with being diseased resulted in her not being able to enjoy life as a woman in this society (Neyrey, 2003:25). Instead, she was isolated from her religious community (Cohen, 2014:155). There was also a belief in this society that illness was God's way of punishing people (Bonati, 2019:67), so there is a great chance that she was shunned by her family and disowned by her father (Branch, 2012:45). As a woman in that society, this was an extremely vulnerable place to be (Preston-Whyte, 1984:567). She had no one to cover her or speak up for her. This may be one reason why Jesus calls her daughter: to indicate that she has been restored after being an outcast and ostracised in her society for a long time (De Vos, 2005:89). Nevertheless, Jesus assures her that she belongs to Him (Brown, 1997:210). She might have had no one to cover her, but now she did. She did not have anyone to defend her, but now she did. She was unwanted, but Jesus claimed her openly (Loader, 2005:112). Her physical healing, coupled with her new identity found in Christ, would now allow her to resume social interactions, participate in worship services (Blenkinsopp, 2002:34), get married and even have children. Jesus says to her "Daughter, your faith has healed you. Go in peace" (Mark 5:34). This final command, ὑπάγε εἰς εἰρήνην, really translates "go into peace" (Wright, 1996:288). This means that she has received physical healing and salvation (De Villiers, 2015:5). That day, her soul was saved. The peace that comes with the assurance of salvation would be hers from now on. She was given the rest that Jesus promised to those who trust Him wholeheartedly (Matt. 11:28-30). This is an assurance that our entire life is affected when God heals because faith spans all aspects of our being (Resane, 2017:7).

This means that Jesus was teaching the society that all people are welcome to come with all their burdens and that he has the power to give them rest, irrespective of their gender, social status, and health condition. It also gives hope to the hopeless that in Jesus, there is fullness of grace, and we should all have faith that whoever has started a good work in our lives will fulfil it for God's glory. In other words, faith is our yardstick, which enables us to wait patiently for God's intervention in our situations as this woman did. Although she struggled for twelve years trying to find a solution to her situation, her faith pushed her to forget what the purity law says and what the society believes in, and she focused on who she is in the presence of God, because the Lord came to

save all those who are burdened in order for all to have abundant life. As Maragh (2006:55) mentions, 'faith is not the work of nature, but the work of God on human minds, wrought in the human soul by the Holy Spirit, who revealed Christ as Christ revealed the Father. It is something that cannot be easily explained and cannot be measured and is beyond human expression. It is also indicated that Jesus addressed this woman as a daughter, which signifies that Jesus was giving 'socially and religiously ostracised women status, inclusion and social standing, which are the relations that are not defined by 'patriarchal household, but by the divine kingdom'. Further, the faith in Jesus that this woman possessed brought about the conditions that made healing possible (Watford 2022:12).

It is alluded to when the haemorrhaging woman was touching Jesus' garment in order for her flow of blood to be healed. The woman's touch to Jesus's garment resulted in the flow of Jesus's power, and Jesus was unable to control the flow of power that leaves his body. This was an indication of how connected the haemorrhaging woman to Jesus was. She was bearing the image of Jesus in all her suffering. The haemorrhaging woman resisted all the culture's judgement of her in order to make a 'declaration of her dignity', and Jesus managed to bestow honour upon the haemorrhaging woman by changing her identity from that of a nameless woman into that of a daughter of faith. Her contact with Jesus has brought liberation from her chronically illness and all the ill treatment she has received from the society.

Honour and shame are deeply rooted in the healing narratives, especially the marginalised individuals like the haemorrhaging woman. Jesus serves as a restorer of honour, not just healing individuals physically but also reintegrating them socially and restoring their dignity. The healing of the haemorrhaging woman became a profound social act and a way of challenging and transforming the honour-shame structures that governed the first-century Mediterranean society. Craffert's work suggests that this healing narrative highlights the radical inclusivity of Jesus' ministry and his ability to break through social barriers of shame to restore human honour through faith.

The narrative of the haemorrhaging woman offers profound insights into the intersection of physical illness, social stigma, and resilience. Although her condition was primarily gynecological, it led to a cascade of secondary challenges, including

financial strain from seeking numerous medical treatments and the emotional toll of societal rejection. Her illness rendered her not only physically debilitated but also socially ostracised, as she was stigmatised by her community, friends, and family. Left without support, both emotionally and physically, she faced a dire situation.

Despite these overwhelming challenges, the haemorrhaging woman demonstrated remarkable resilience, which ultimately yielded transformative results. Her unwavering hope, even in the face of seemingly hopeless circumstances, was centred on the belief that the touch of the Lord could bring healing. In her faith, she sought to contact Jesus, believing that such an act could restore her.

What stands out in this narrative is the compassionate response of Jesus. By referring to her as "daughter," he not only healed her physically but also reintegrated her into society, offering her a renewed sense of belonging and dignity. This act underscores a powerful lesson for society: it is important to care for one another, particularly vulnerable groups such as those suffering from physical or mental disabilities. Jesus's actions exemplified the essence of compassion and life, teaching that all individuals can find restoration and eternal hope through Him.

4.6 Cultural Context of Purity Laws

In ancient Jewish society, the purity laws were fundamental to social and religious life, particularly regarding bodily functions. The woman's chronic bleeding, as outlined in Leviticus 15:25–30, would have rendered her ritually impure, marking her as unclean according to religious law. This impurity led to her exclusion from communal worship, public spaces, and normal social interactions in a society where religious and social activities were closely intertwined. From a social scientific perspective, her condition would have been seen not only as a physical illness but also as a source of social stigma. The ritual impurity associated with her bleeding would have led to her social marginalisation, resulting in a life of isolation and exclusion from the community.

4.6.1 Status and Power Dynamics

The haemorrhaging woman is depicted as a marginalised and powerless figure within the patriarchal structure of ancient Israel. Social-scientific criticism underscores that women in this context had limited agency, particularly those who were considered

ritually unclean or diseased. Such women were often silenced, invisible, and disempowered within the societal framework. The woman's initiative in seeking healing from Jesus is significant because it represents an act of agency in a culture that often denied women such autonomy. Her decision to reach out and touch Jesus' garment, believing it would heal her, is not only a desperate attempt to restore her physical health but can also be viewed as an act of resistance against her social marginalization. This moment reflects her desire to regain her social status and personal dignity, defying the cultural norms that isolated her.

4.6.2 Jesus' Role in Challenging Social Norms: Social Implications of Her Healing

From the perspective of social-scientific criticism, the healing of the haemorrhaging woman is not merely a physical restoration but also a social reintegration. The healing restores her to physical health and her rightful place within the social and religious fabric of her community. Being healed of her ritual impurity allowed her to resume participation in communal worship, engage in social relationships, and be recognised as a valued member of society. Jesus' healing, therefore, carries profound social implications. It is not simply a miraculous act; it is a transformative restoration that re-establishes the woman's social wholeness, enabling her to reclaim the social dignity that had been denied to her.

Social-scientific criticism highlights that Jesus' actions in the story subvert the prevailing social norms and purity codes of the time. By interacting with a woman who was considered ritually impure, Jesus challenges the cultural expectations of separation and exclusion based on purity laws. Rather than viewing her as a source of contamination, Jesus acknowledges her faith and heals her, thus affirming her inherent worth and dignity. The public nature of Jesus' acknowledgment of the woman is equally significant. By calling her out in front of the crowd and publicly addressing her healing, Jesus affirms her restored health and restores her honour. This act challenges the social hierarchy that emphasises purity and shame, offering a radical alternative in which the marginalised are not only healed physically but also given social dignity and respect.

4.6.3 The Social Function of Faith: Public Interaction and the Role of the Crowd

The social dimension of faith is crucial in the healing narrative of the haemorrhaging woman. Social-scientific criticism emphasises that faith is a private, spiritual matter and a social act with profound implications for how individuals interact within their communities. According to Sanders (1992:106), faith in the context of ancient Judaism was more than a personal relationship with God; it had implications for social standing and public recognition. By seeking Jesus' healing, the woman desires personal restoration and public reinstatement into the community. This act of faith in the public sphere is especially significant when the community, due to her impurity, had excluded her from religious and social life.

The crowd's role in the narrative is also essential. As Horsley (1999:155) argues, "In the New Testament world, the crowd is a social force, both a marker of public engagement and a constraint on social behaviour". The crowd pressing around Jesus serves as both a physical and social boundary—one that the woman must navigate to access healing. This highlights the tension between social exclusion (as symbolised by the crowd) and the woman's desire for social reintegration. Jesus' public interaction with her, through His question "Who touched me?", invites the crowd to witness not just a physical healing but a social restoration (Horsley, 1999:160).

The public nature of the healing challenges the common assumption that healing was primarily a private act of faith. John Dominic Crossan (1994:61) further explains that Jesus' healing acts were often public declarations of the coming of God's kingdom, in which social and ritual purity would be redefined. By publicly addressing the woman's faith, Jesus redefines the boundaries of purity and impurity, rejecting the rigid social codes that marginalised individuals based on their status of impurity.

Additionally, Keener discusses how Jesus' actions often defied the prevailing honour-shame culture by restoring dignity to socially stigmatised people. In particular, he notes that Jesus frequently elevated the honour of individuals who were socially shamed (Keener, 1993: 134). This reinforces the idea that Jesus' healing miracles were not only about physical restoration but also about social and spiritual transformation the healing of the body was often accompanied by the restoration of social honour (Keener, 1993: 138).

The question of public restoration also aligns with the view of Bruce J. Malina, who emphasises that social identity in the ancient world was largely constructed through public recognition and affirmation (Malina, 2001: 132). In this context, Jesus' public acknowledgment of the woman's faith and healing acts as a public validation of her restored honour, serving as an essential act in the healing process. By addressing her as “daughter” and publicly recognising her faith, Jesus restores her place in society, marking her as worthy in the eyes of the community (Malina, 2001:135).

4.7 Conclusion

In conclusion, social-scientific criticism of the haemorrhaging woman story emphasises the social, cultural, and gendered dimensions of her healing. The woman's marginalisation due to ritual impurity and gender norms highlights the societal structures that excluded her from community life. Jesus' healing, therefore, is not merely a physical restoration but also a social and religious reintegration. Through this act, Jesus challenges the prevailing purity laws and honour-shame dynamics, offering the woman both physical and social wholeness. The public nature of healing, along with the woman's faith, underscores the transformative power of faith in overcoming social and physical limitations, making this story a profound commentary on the intersection of social structures, religious norms, and personal transformation.

CHAPTER 5: Healing Perspective Reading of Mark 5

5.1 Introduction

This chapter undertakes a theologically informed and contextually engaged reading of Mark 5, focusing specifically on the pericope of the haemorrhaging woman (Mark 5:25–34). Framed within a *healing perspective*, the analysis moves beyond a superficial reading of physical restoration to interrogate the multidimensional impact of her condition and the transformative encounter with Jesus. Her twelve-year affliction is approached here not only as a physical malady but as a site of profound emotional distress, social marginalisation, economic dispossession, psychological trauma, and ritual impurity as defined within first-century Jewish purity codes (cf. Lev. 15:25–30).

The narrative captures a moment of radical interruption both in the life of the woman and in the broader narrative flow of Mark's Gospel revealing her as a figure of resilience, agency, and embodied faith. Her clandestine yet determined act of touching Jesus' garment disrupts boundaries of gender, purity, and religious propriety. This chapter aims to uncover how her faith, expressed in both desperation and hope, becomes a catalyst for holistic healing a healing that reclaims her identity, dignity, and social belonging.

Moreover, the chapter seeks to draw analogical bridges between the hemorrhaging woman's context and contemporary lived experiences of marginalization, especially among women in patriarchal and economically stratified societies. In so doing, the narrative is not only exegeted within its first-century matrix but reread through a lens that foregrounds the existential struggles and spiritual aspirations of modern readers. Ultimately, the aim is to construct a healing hermeneutic that honours the text's theological intent while making it pastorally relevant to today's wounded communities.

5.2 Health Care Systems in the Graeco-Roman World

The healthcare systems in the Greco-Roman world were determined by several factors, such as religious and cultural beliefs, and by those in leadership positions. However, the arrival of Greek medical practitioners in Rome significantly changed how illnesses and diseases were viewed and treated. They introduced what is known as 'empirical medicine, which aimed at ensuring that health care is free from superstitions

and magical beliefs (Bonati 2019:16). It is indicated that the healthcare system in the Graeco-Roman World was comprised of “supernatural beliefs, magical rites, and popular practices”, at the time when Greek medicine was systematised as a ‘science by Hippocrates’. Greek medicine was introduced to Rome after the Roman subjugation of Greece, and many Greek Physicians came to Rome as prisoners of war. Therefore, although there were health-care services provided by qualified physicians, there were also other healing methods that the community believed in, such as ‘magical practices. It is noted that the rich people had more access to public healthcare services than the poor because they could afford to pay for the health service. That is why those who were struggling to access medical service had to turn to the non-elite therapies and remedies. This is because the costs of medical care were expensive for the poor people. As a result, the poor had no option but to turn to the local herbal remedies and also relied on magical techniques. The magicians were the last resort for the sick poor people in this community as they gave them hope through the use of ‘amulets and magical incantations.

Retief (2006:3) asserts that in the early stages of this society, there was a belief that illnesses were caused and controlled by the gods, and healing was believed to be in the hands of priests and magic healers. As time went on and during the arrival of Greek physicians, religion and supernatural factors played a minimal role in healing. It is also noted that the physicians were there to provide healthcare support to all members of the community. However, most poor people could not afford to pay for this service. As a result, it was only the wealthy few who managed to access such services. He also mentions that in this society, wealthy families had private physicians who would conduct home visits to provide medical care and support to their patients, whereas the poor members of the society were expected to go to the doctors’ consulting rooms. That is why even the woman with the haemorrhage is reported to have spent all her resources on the medical doctors trying to find a cure for her condition, because the expectation was that to access medical care, one must pay for it. What is noted is that once this woman wasted all her resources and could not get better, she then resorted to religious healing as she heard about Jesus and decided to go and have a special encounter with him by touching his garment. This indicates that although medical care or the healthcare system was well structured in this society, some members of the

society did not get assistance from it and resorted to religious or cultural healing practices as this woman did.

According to Gosbell (2018:13), the head of the household was responsible for seeking healthcare support for a sick family member. That is why most healing requests to Jesus came via family members or friends than from the sick person themselves in the Markan narratives. There are only two people who had to seek healing for themselves in this book, it is haemorrhaging woman and Bartimaeus. According to Oke (2017:3), 'diseases are not just originating as a hit out of space'. Some scholars argue that diseases are a result of human disobedience to God in the Garden of Eden or a means of God's expression of his anger', while other scholars are of the view that diseases are caused by the devil. What is noticed is that the humiliation and discrimination of the haemorrhaging woman in the Biblical accounts compares well with the discrimination of people with HIV/AIDS in modern society. What is noticed is that people affected by infectious diseases were separated from society in the Old Testament era. However, in the New Testament, Jesus took a revolutionary stand to advocate for such people as he did with the haemorrhaging woman. It is noted that Jesus in his ministry regarded all those who were classified as outcasts by society as important members of the community. He managed to associate himself and even touched those with dreadful illnesses, such as leprosy, to prove that he is the greatest healer and there is no illness that is above his healing power. The approach used by Jesus in responding to the situation of the haemorrhaging woman plays a significant role in eradicating stigma towards people with chronic illness in society. Jesus's approach was a way of liberating the haemorrhaging woman from all the ill-treatment she was exposed to from society, and teaching society that even people with communicable illnesses are still members of society and need care, support, and protection.

5.3 Healing and Its Significance in South African Societies: A Deeply Rooted and Evolving Practice

The significance of African Healing Praxis within South African societies is profound and multifaceted, extending far beyond mere therapeutic interventions. Its historical prevalence, enduring cultural relevance, and the esteemed position of traditional healers underscore its integral role in the lives and worldviews of a substantial portion

of the population, particularly within rural and historically underserved communities (Mbiti, 1969; Peltzer & Ebersöhn, 2008). Understanding this significance requires a detailed exploration of its historical trajectory, its deep imbrication with cultural identity, and the complex socio-economic factors contributing to its continued relevance.

Historically, before the advent of colonial medicine, African Healing Praxis constituted the primary, and often the sole, system of healthcare available to the diverse communities inhabiting what is now South Africa (Good, 1991). Indigenous knowledge systems, meticulously developed and transmitted through generations via oral tradition, rituals, and practical application, provided comprehensive frameworks for understanding and addressing illness (Sindiga, 1999). These systems were not simply a collection of remedies; they represented a holistic understanding of well-being that integrated the physical, spiritual, psychological, and social dimensions of human existence (Janzen, 1978). The interconnectedness emphasized within this framework meant that illness was rarely viewed as a purely biological event but rather as a potential manifestation of imbalances within the individual's relationship with their community, their ancestors, and the natural environment (Setiloane, 1986). Archaeological evidence and early ethnographic accounts offer glimpses into the long-standing presence and sophistication of these indigenous healing practices, highlighting the deep historical roots that continue to inform contemporary approaches (Hammond-Tooke, 1989).

The cultural relevance of African Healing Praxis in South Africa remains remarkably strong, acting as a cornerstone of cultural identity and belief systems for many communities (Ngubane, 1977). It is deeply interwoven with cosmology, spirituality, and social structures, providing a framework for understanding the world and one's place within it (Berglund, 1976). Illness, within this context, often carries cultural and spiritual significance, and its treatment is embedded within culturally meaningful rituals and practices (Holdstock, 1998). For instance, the perceived role of ancestors in the well-being of the living necessitates practices to maintain harmonious relationships with them, and illness might be interpreted as a sign of ancestral displeasure (Dillon-Malone, 1988). Traditional healers, therefore, are not just healthcare providers; they are cultural custodians, spiritual guides, and interpreters of the complex interplay between the seen and unseen worlds (Asamoah-Wade & Walker, 2013). Their practices often involve intricate rituals, symbolic objects, and communication with the

spiritual realm, all of which resonate deeply with the cultural beliefs and values of their communities (Campbell, 2003). This cultural congruence often leads individuals to seek out traditional healers as a first point of contact, particularly when the perceived cause of illness is believed to be rooted in spiritual or social disharmony, aspects often less explicitly addressed within the biomedical model (Truter, 2007).

Furthermore, the role of traditional healers as respected figures and knowledge holders within South African societies cannot be overstated. They occupy a position of significant social capital, often acting as counsellors, mediators, and community leaders in addition to their healing responsibilities (Preston-Whyte, 1984). Their knowledge, accumulated through years of apprenticeship and often perceived as divinely inspired, commands respect and trust within their communities (Green, 1999). In many rural and underserved areas, where access to biomedical healthcare is limited due to geographical constraints, financial barriers, or a lack of culturally sensitive services, traditional healers often serve as the primary and most accessible source of care (De Vries et al., 2003). Their presence provides physical remedies and psychological and spiritual support within a familiar cultural context, fostering a sense of trust and understanding that can be crucial for effective healing (Swartz, 1998). The ability of traditional healers to communicate in local languages, understand local customs, and address culturally specific concerns further enhances their accessibility and relevance (Kale, 1995).

The enduring significance of African Healing Praxis is also linked to socio-economic disparities and historical marginalization. For many South Africans, particularly those in lower socio-economic strata, traditional healing remains a more affordable and culturally appropriate option compared to often expensive and sometimes impersonal biomedical services (Van Wyk, 2001). The legacy of apartheid has resulted in significant inequalities in access to healthcare, leaving many communities reliant on traditional healers as a vital resource (Maylam, 1995). Even in urban areas, where biomedical facilities are more readily available, individuals may choose to consult traditional healers for specific ailments or for a more holistic and culturally resonant approach to their well-being (Abdullahi, 2006). This highlights the fact that the choice between traditional and biomedical healthcare is not always a simple binary but rather a complex decision influenced by a range of factors including cost, accessibility, cultural beliefs, perceived efficacy, and personal preferences (Peltzer et al., 2008).

In summary, the significance of African Healing Praxis in South African societies is deeply rooted in history, intricately woven into cultural identity, and powerfully shaped by socio-economic realities. Traditional healers are not merely practitioners of a healthcare system; they are custodians of indigenous knowledge, spiritual guides, and respected community figures who provide accessible, affordable, and culturally relevant care to a significant portion of the population. Understanding this multifaceted significance is crucial for appreciating the complex healthcare landscape of South Africa and for fostering more inclusive and culturally sensitive approaches to health and well-being in the future. The continued reliance on and respect for African Healing Praxis underscores its enduring value and its vital role in the lives of many South Africans.

5.3.1 A New Testament Lens on African Healing Praxis: Navigating Tensions and Finding Resonance

At this juncture, it is important to give some perspectives on healing and NT in general. Though the study has a specific interest in Mark 5:24-35, it is appropriate to get some perspective, especially because many who have worked on healing perspectives focus more on African ways and modalities from that end. Hence, it is the contention of this section to outline the NT perspective broadly and navigate potential tensions and concerns between the two perspectives. It is important because this research is an NT study from the researcher's point of view; there are important tensions that should not be overlooked. The theological framework of the New Testament presents several points of potential tension when engaging with the practices and beliefs inherent in African Healing Praxis. At the forefront of these tensions is the divergent understanding of authority and the channels through which healing and well-being are accessed. The New Testament firmly establishes a direct relationship with the living God through Jesus Christ as the singular path to spiritual reconciliation and divine intervention (John 14:6; Hebrews 10:19-22). This emphasis contrasts with the central role of ancestral veneration and the perceived influence of spirits within African cosmologies and healing practices (Mbiti, 1969, pp. 65-78). In many African belief systems, ancestors are seen as active agents in the lives of their descendants, capable of influencing health and fortune, and requiring specific rituals and observances to maintain harmonious relationships (Berglund, 1976, pp. 102-115; Setiloane, 1986, pp. 35-48). From a New Testament standpoint, this reliance on

deceased ancestors as intermediaries or sources of influence can be seen as potentially detracting from the exclusive authority and sufficiency of God in Christ. The scriptures consistently direct believers to the living God as the ultimate source of all good things, including healing (Psalm 103:2-3; James 1:17), with Jesus Christ being the primary manifestation of God's healing power (Acts 10:38). While acknowledging the existence of other spiritual entities, the New Testament cautions against seeking their favour or guidance, urging instead a singular devotion to God (Matthew 4:10; Colossians 2:18-19).

Another significant area of potential tension lies in the differing understandings of the etiology of illness and the appropriate interventions. The New Testament recognizes the reality of spiritual forces that can negatively impact human life, such as demonic oppression, and presents faith in Jesus Christ, prayer, and the power of the Holy Spirit as the primary means of deliverance and healing in such cases (Mark 9:14-29; Acts 16:16-18). Healing is often portrayed as a demonstration of God's victory over the forces of darkness (Matthew 12:28). In contrast, African Healing Praxis often attributes illness to a broader spectrum of spiritual factors, including witchcraft, curses, and the disruption of spiritual balance, leading to interventions involving rituals aimed at counteracting these negative influences or appeasing offended spirits (Ngubane, 1977, pp. 88-101; Janzen, 1978, pp. 123-138). From a New Testament perspective, while acknowledging the spiritual dimension of illness, the reliance on rituals and practices not explicitly rooted in faith in the Christian God may be viewed with concern, potentially seen as misdiagnosing the fundamental issue or relying on methods that do not align with a Christ-centred approach to spiritual warfare and healing.

The practice of rituals and sacrifices within African Healing Praxis also presents a point of theological divergence from the New Testament. A central tenet of Christian theology is the belief that the sacrificial system of the Old Testament was fulfilled and superseded by the ultimate sacrifice of Jesus Christ on the cross (Hebrews 9:11-14; 10:1-18). This sacrifice is understood as the complete and final atonement for sin, providing reconciliation with God and negating the need for further sacrificial offerings. Many African healing traditions, however, incorporate rituals that include animal sacrifice or offering symbolic items to appease ancestors or address spiritual imbalances (Campbell, 2003, pp. 79-92; Sindiga, 1999, pp. 112-125). From a New Testament viewpoint, these practices might contradict the sufficiency of Christ's

sacrifice and the new covenant established through his blood. The emphasis on Christ's singular and perfect offering contrasts systems that continue to employ sacrificial rituals as a means of propitiation or spiritual intervention.

Finally, the authority and mediatorial roles within African Healing Praxis differ significantly from the New Testament's emphasis on Jesus Christ as the sole mediator between God and humanity (1 Timothy 2:5). In many African societies, traditional healers, particularly diviners, occupy a position of considerable spiritual authority, acting as intermediaries between the community and the spiritual realm, including ancestors (Preston-Whyte, 1984, pp. 567-569; De Vries et al., 2003, pp. 1784-1786). Their perceived ability to communicate with the spirit world and diagnose illness through spiritual insight grants them significant social and religious influence. While the New Testament acknowledges the role of spiritual leaders within the church for guidance and prayer (James 5:14-16; 1 Peter 5:1-4), it consistently underscores Christ's unique and ultimate mediatorial role. The significant authority ascribed to traditional healers in their capacity as spiritual intermediaries might be examined considering this core New Testament teaching.

5.3.2 Points of Potential Resonance and Areas for Dialogue

Despite the notable theological tensions, there are also areas where the underlying principles and values of African Healing Praxis exhibit resonance with certain aspects of the New Testament, providing fertile ground for constructive dialogue and mutual understanding. The holistic understanding of health prevalent in many African healing systems aligns with the New Testament's implicit acknowledgment of the interconnectedness of the spiritual, emotional, and physical dimensions of human well-being. Jesus' ministry often addressed the whole person, integrating physical healing with spiritual restoration and forgiveness (Mark 2:1-12; Luke 7:48-50). The concept of *shalom*, encompassing wholeness and harmonious relationships, resonates with the African emphasis on balance and interconnectedness in maintaining health (Romans 15:13; Philippians 4:7). This shared perspective on the multifaceted nature of human flourishing can serve as a valuable starting point for dialogue.

Furthermore, the strong emphasis on community and social support within African Healing Praxis finds parallels in the New Testament's depiction of the early Christian community. The early church was characterized by mutual care, shared resources,

and communal responsibility for one another's well-being (Acts 2:44-45; Galatians 6:2). The practice of communal prayer and mutual support in times of illness (James 5:16) echoes the involvement of family and community in the healing processes within African traditions (Green, 1999, pp. 45-58; Van Wyk, 2001, pp. 128-130). This shared value of communal care and support can foster understanding and collaboration.

Finally, the recognition of the spiritual dimension in African Healing Praxis, while differing in its specific articulation from New Testament theology, provides a point of connection. The New Testament clearly acknowledges the reality of the spiritual realm and its influence on human life (Ephesians 6:10-18; 1 Corinthians 12:4-11). Similarly, African healing systems often operate within a worldview that recognizes the significant impact of the spiritual realm on health and illness (Mbiti, 1969, pp. 197-215; Setiloane, 1986, pp. 59-72). While the understanding of spiritual entities and their roles may diverge, this shared awareness of a spiritual reality can open avenues for discussing the nature of spiritual power, the sources of spiritual influence, and the ultimate authority in the spiritual realm from a Christian perspective, potentially leading to a more nuanced understanding of both systems.

From an Evangelical perspective, this dialogue calls for discernment and contextual sensitivity. While affirming the sovereignty of God in healing (James 5:14–16), Evangelicals often stress the centrality of Christ's atonement as the ultimate source of healing (Isaiah 53:5; cf. Matthew 8:17). Evangelical theology may critique certain aspects of African healing practices—such as ancestral veneration or syncretic rituals—but can also affirm their emphasis on faith, prayer, and communal solidarity. As Bediako (2004) contends, a truly incarnational theology must engage African religious thought seriously, allowing the gospel to speak within its categories without compromising its Christocentric core. Thus, the New Testament invites a nuanced evangelical engagement with African healing traditions that neither romanticizes nor rejects them wholesale but seeks points of redemptive convergence.

5.3.3 Towards a Framework of Respectful Engagement

Engaging in a constructive critique of African Healing Praxis from a New Testament viewpoint necessitates a careful and respectful approach, balancing theological fidelity with cultural sensitivity. While significant theological differences exist concerning the role of ancestors, the etiology of illness, the use of rituals and sacrifices, and the

concept of mediation, there are also important areas of resonance in the holistic understanding of health, the emphasis on community support, and the acknowledgment of the spiritual dimension of human existence.

Moving forward, a fruitful engagement requires Christians to approach African Healing Praxis with humility and a genuine desire to understand the underlying worldviews and the needs that these practices address (1 Peter 3:15). Dialogue should be characterized by respectful listening, clear articulation of New Testament teachings, identification of common ground, thoughtful contextualization of scripture, and an overarching spirit of love and compassion. The aim should not be to simply dismiss or condemn but rather to offer a Christ-centred understanding of healing and wholeness while acknowledging the cultural significance and enduring relevance of African Healing Praxis within South African societies, fostering a space for mutual learning and potential integration where theologically sound and culturally appropriate.

5.4 Magic/Miracle Perspective

This woman with a flow of blood, when looking at the Markan account, is depicted as the one who initiated her healing as she pulled power from Jesus, thus 'reversing the power dynamics between the healer and the patient'. This woman appeared suddenly out of the crowd with a strong faith and needed to be healed of her 'haemorrhage' (Baert and Sidgwick 2015:311). This woman acted on a report that she heard about Jesus and her belief that her illness would be healed if she touched his clothing, and this belief in the touch healing seemed to be 'mixed with superstitions, but all that worked well for her as she managed to get healing. This practice of healing, which is sought from coming into contact with the clothing of a 'charismatic healer or magician', was familiar to the ancient society. Therefore, this woman believed in magic and wanted to access healing through the 'magical transference of healing power through Jesus' clothing. However, the power through which the healing came was from Jesus, not from the garment, as Jesus felt that the power was pulled from him and Jesus served as a 'divine physician.' It is noticeable that it is not said where bleeding that this woman was suffering came from. This is an indication that this illness was treated as a shame in the Jewish Society from where this woman was coming (Solevag 2018:324). This woman stepped forward out of a multitude of people as a nameless anonymous person, who had her own internal desire to receive healing from Jesus,

and she had faith that her touching of Jesus' garment would heal her disease. However, a miracle happened after the woman had touched Jesus' garment, as this called for Jesus to notice her and he started calling her daughter, which is an indication that this touching resulted in Jesus developing a personal relationship with this woman (Baert 2010:66). The initiative taken by the woman of touching Jesus' garment is suggested to be evidence that this woman had a great magical and primitive understanding of healing' (Watford 2022:14).

This healing took place after the sick woman's initiative of touching the clothes of Jesus. This story is also 'framed with the story whereby Jesus Christ brought back to life Jairus' daughter. What is evident here is that God was at work to prove that what is impossible to men is possible to God. Different physicians with their medical qualifications and experience were ineffective in curing the ailment suffered by this woman; instead, the illness persisted, but just one touch of Jesus's garment resulted in Jesus's healing power flowing from him into the woman and the woman's fountain of blood immediately stopped, which is an indication that 'God's supernatural power of healing is greater than that of medicine'. Some scholars believe that Jesus' healing of a woman with a flow of blood was a way of rejecting the purity laws and its restricted conditions (Wassen 2008:76). However, it is believed that Jesus' healing of this woman aimed to teach humanity that God is love and that all those who are weary and heavy laden are invited to come to Jesus and find rest. In other words, this was a miracle healing story, and the Jesus movement managed to preserve stories of women who were liberated from physical and social suffering (Thurston 2004:66). As scholars have argued, in all the healing stories of Jesus, it is Jesus who initiates healing by touching the sick person with a purpose of healing that person. However, this is the first healing narrative in which the sick person is the one who initiates her own healing.

It is noted that the haemorrhaging woman wanted to touch Jesus' clothing because her main purpose was to reach out to Jesus for help, but due to the stigma attached to her physical condition, purity law, and gender, she was not able to be in direct contact with Christ. That is why she said, 'If I may touch his garments', meaning this was the first step of touching the garment, and the second one was that she got the attention that she wanted from Jesus. Even her healing is 'attributed to her faith not to some magic', (Baert 2009:15).

Although her physical condition, poverty, purity law and gender made her look down on herself and caused her to be marginalised by society, this encounter with Jesus was her last hope. That is why when Jesus asked who touched his clothing, she did not remain quiet. Instead, she crawled, which is a sign of begging for help, and said, 'I am the one who touched you'. That is why when she heard about Jesus, she came from behind with a belief that she could be healed from touching his garment. She likely wanted Jesus himself to rescue her from her situation, but due to the stigma and rejection from society, she could not approach Jesus directly. That is why when Jesus asked who had touched him, she willingly came forward; although she was scared, she confessed publicly that she was suffering and in need of healing. If she believed in the magic of touch healing, she was going to keep quiet because even her menstruation had stopped immediately after touching Jesus, but she wanted a confirmation from the healer himself who publicly pronounced that 'your faith has made you well', breaking the purity law or of contaminating other people with her impurity. She is now liberated from all bondages and can freely participate in societal gatherings. Her identity is now being restored and her image is being transformed. However, when Jesus asked who touched him, she felt guilty and was trembling and scared because a miracle had taken place in her life (Cranfield 2000:186).

5.5 Sickness, Diseases, and Disability in the first century

This perspective looks at how women who are sick or living with disability are presented in the narrative compared to the males with disability. It is noted that women's disability was presented as caused by demon possession and gynaecological challenges such as haemorrhage and infertility, whereas, for men, their disability was narrated as caused by blindness, lameness, and deafness. The author argues that women's disability in the early Christian narrative is gendered because their disabilities were considered womanly or tied to their sexuality. As a result, some scholars are of the view that the story of a woman with the flow of blood was concerned about women's incapacity to reproduce. It is also indicated that the illness or disability of barrenness/infertility was associated with shame because a woman's role and responsibility was centred on procreation (Solevag 2018:386). Disability refers to a 'state of lacking some physical ability or any restriction resulting from impairment that prevents someone from performing an activity in a manner or within the range

considered normal for a human being', (Jatau 2019:43). Disability is also viewed as a 'negation of God's intention for creation to be good'. Disability, in all its forms and causes, is thus a negation of God's good intention. Similarly, all negative attitudes, systems, and structures that exclude, prevent, or inhibit persons with disabilities from actualising God's intended good is a negation. When looking at ancient society, the disability that was presented to women was associated with humiliation and stigmatisation. For example, the flow of blood, which was incurable for about twelve years and was associated with uncleanness and infertility, was a shameful condition for this woman in ancient times because the main role of a woman in the family was procreation, and an inability to do so was a great shame to the society. Therefore, a woman with haemorrhage was victimised due to her condition, as she was treated as impure, and this is considered a 'Victim Theology'. As a result, she was treated as unworthy of any assistance, since her condition meant that she was imperfect. It is clear that in this society, there was no one who took the responsibility to become the 'prophetic voice' of the marginalised woman in order for her rights to be protected, preserved, and promoted.

However, it is noticeable that most marginalised disabled/sick people used to come to Jesus having faith that their condition would change once they had access to Jesus, and this is the faith that this woman also had: if she can touch the garment of Jesus, her disability will be healed, and her life be restored. This is because Jesus came to restore the dignity of all humanity, including that of a disabled woman with haemorrhage. Jesus Christ proved that it is not true that 'disability is caused by living an imperfect life/impure life, but, for the sake that the glory of God will be manifested' (John 9:1-3) (Jatau 2019:49). This is also an indication of how caring and loving our God is towards all people, including women living with disability, and that these people are also an important part of the agenda of God's mission. The mission of God is to show 'present love, equality, mercy, compassion and justice throughout all God's creation'. It is therefore important to understand God's mission in order to be able to advocate for marginalised people to be actively involved in societies and church programmes and ensure that their rights are protected and are treated with dignity as they are also created in the image of God. As Jatau mentions, the church should understand that in their role it is expected for them to serve as a prophetic voice for

marginalised people in society, such as this woman with haemorrhage, in order for such people to be accepted in society.

Disability is also viewed as a 'negation of God's intention for creation to be good'. Disability, in all its forms and causes, is thus a negation of God's good intention. Similarly, all negative attitudes, systems, and structures that exclude, prevent, or inhibit persons with disabilities from actualising God's intended good is a negation. In light of this understanding of negation, healing is an act, event, system, or structure that encourages or facilitates God's empowering, renewing, reconciling, and liberating processes in order to reverse the negation of God's intended good for God's creation. The biblical healing narratives uncover such empowering, renewing, reconciling, and liberating truths; thus, they are complex and multi-layered. They embrace diverse forms of negation (including illness, disability, social rejection, and oppression). Further, they embrace diverse approaches to healing and many simultaneous purposes for healing acts (Miller 2004:19).

The way Jesus healed the woman who was disabled by haemorrhage proved that Christianity was a movement of liberation that God has revealed in Jesus Christ, as Jesus was able to turn his listening ear towards the oppressed and vulnerable group of the society, such as the woman with the issue of blood. This healing not only brought liberation to a woman who was repressed by suffering and the purity laws, but it was also a 'paradigm of the salvation of all women in order to be liberated from all bondages of oppression in a world enslaved by evil'.

This healing in ancient society also meant more than physical healing from an illness; it also implied a total restoration of a person's well-being. This includes the 'restoration of a person's meaning of life as well as her honor.' It also means that a healed person gets another opportunity to partake in different activities taking place in society. In other words, the healing of a woman, meant a total renewal of her identity, which brought back her dignity and liberation from the oppressive systems. It also gave her an opportunity to participate in different activities and positively contribute to her society (Viljoen 2014:2).

It is noted that the disability perspective mentions that although the woman had suffered from a haemorrhage for many years, society also played a role in disabling this woman through the way they viewed her condition and the way they treated this

woman. Instead of providing care and support to her, they discriminated against her, as there is no one from the society and family who is mentioned to have provided support in ensuring that this woman receives healing. She was all alone trying to find healing until she met the Lord Jesus, who warmly welcomed her and gave assurance that she belonged to society by calling her 'Daughter.' I also concur with this approach when it talks about healing: it is more than a healing of the physical body that was impaired by illness, as it refers to the total restoration of a person to society so that she feels that she totally belongs to society and for the society to treat her as a contributing member of the society. This story indicates the supernatural power that Jesus has, which cannot be compared with the human power of physicians who were unable to heal the woman. Instead, her situation became worse as she also incurred high costs of medicine, which left her bankrupt. This also proves that in Jesus, all people are welcome to come and find rest regardless of their social status and gender.

It is noted that this woman's name is not mentioned because of the condition of her disability, which was regarded as a shame in the society. However, this woman continued to have an internal desire to be healed, and her belief is that she is going to receive her healing by touching the hem of Christ's garment. The words of healing that were pronounced by Jesus to the woman who touched the hem of his garment were so powerful that they managed to immediately stop the fountain of blood from the woman, and the woman immediately felt the powerful healing of Jesus Christ as her illness was cured. In other words, this healing is classified as a healing that happened through touch and word, because the woman secretly touched Jesus' garment, and Jesus spoke the word to the woman that her faith had made her well, and she was then completely healed from her disability.

The nature of the woman's illness was not mentioned, but what is stated is that the woman had tried to find healing elsewhere and had spent all that she had, but her illness persisted. This woman secretly touched Jesus' clothing because of the purity law, which states that anyone who encounters the blood is considered impure. As a result of this law, this woman was not allowed to be in contact with anyone because her condition would cause others with whom she is in contact to become impure themselves.

Jacobson (2016:57) concurs with other scholars that the condition of this woman was not specified, but it is only mentioned that she was suffering from an ‘issue of blood; however, she is referred to in New Testament Greek as (ἡ αἱμορροοῦσα,), which is translated as ‘the bleeding woman’. This continual bleeding that was experienced by this woman was regarded as impure according to the Jewish law, and to become clean, this suffering of a flow of blood would need to stop for at least seven days. However, because this woman’s sickness continued and she could not even get help from different physicians she consulted, this means that she continued to live in a ‘continual state of impurity, which then resulted in her being socially and religiously isolated. Although her marital status is not mentioned, if she were married, this condition would have prevented her from having sexual relations with her husband as well as having children, which could have resulted in a divorce. The condition of the woman is not clearly described, but when looking at verse 29, provides an explanation of what was troubling this woman, as it is noted that ‘her flow of blood (ἡ πηγὴ τοῦ αἵματος αὐτῆς)’ dried up (Watford 2022:11).

The condition of the woman was not clearly stated other than a flow of blood, and this could have been caused by the fact that the society, including the physicians whom this woman consulted as she was trying to find a cure for her disability, were living under the assumption that this woman is disabled because of sin. In other words, this woman suffered a secondary disability of not finding help even from people who are qualified to provide medicinal help, and this could have been seen to be the result of sin on the part of the woman.

5.6 Illness as a Social and Cultural Experience

Illness extends beyond the biological dimensions of disease to encompass the wider social, psychological, emotional, and cultural interpretations of a person’s condition. While *disease* can be clinically defined as a pathological deviation from biological norms, *illness* is a lived experience—deeply embedded within the social fabric and shaped by cultural understandings of the body, wellness, and suffering. Craffert (1999:29) aptly emphasises that illness is not merely the presence of physical dysfunction, but the result of how a society interprets, constructs, and reacts to an individual’s state of health. It is this interpretative process that influences how one experiences being “sick.”

In ancient Mediterranean cultures, including the first-century Jewish context of Mark 5, illness was not solely a personal or medical matter but a deeply social reality. It carried implications for one's inclusion or exclusion from the religious and communal life of society. The haemorrhaging woman in Mark 5:25–34 serves as a striking example: her physical condition rendered her ritually impure according to Levitical purity laws (cf. Leviticus 15:25–30), thus subjecting her to social marginalisation, religious exclusion, and potentially even familial isolation (Pilch, 2000:70). Her illness was not only a bodily affliction but a condition that disrupted her identity, fractured her relationships, and undermined her status in the community.

Furthermore, illness is shaped by cultural symbols and religious narratives that inform how communities perceive suffering and healing. As scholars such as Kleinman (1988) argue, illness narratives are not simply expressions of pain or discomfort but frameworks through which individuals and communities make sense of bodily distress in relation to their cosmologies and moral orders. In African cultural contexts, for instance, illness may often be interpreted through ancestral, spiritual, or communal lenses, where the affliction is not isolated from one's social or spiritual obligations (Mbiti, 1990:190). This resonates with the haemorrhaging woman's plight, in which her suffering likely intersected with religious interpretations of divine disfavour or social suspicion.

The stigmatisation accompanying certain illnesses is also a key factor in shaping the illness experience. As Foucault (1973) points out, medical discourses not only diagnose but also regulate and discipline bodies, producing social norms around health and deviance. For the haemorrhaging woman, the social stigma of impurity may have led to a silencing of her voice, a limitation of her mobility, and the erasure of her public presence, until her bold transgressive act of touching Jesus' garment disrupted these discourses of exclusion and re-inscribed her within a narrative of healing and restoration.

From a theological perspective, illness challenges not only the body but the very core of personhood and relationality. It raises questions about human worth, divine justice, and communal responsibility. Thus, interpreting illness must account for its power to affect how individuals perceive themselves and are perceived by others. As Craffert

(1999:29) underscores, illness is as much about meaning as it is about malady. It implicates the whole person emotionally, socially, culturally, and spiritually.

5.6.1 Woman's Physical and Emotional State Before Encountering Jesus

According to Ostrander (2011:21), this woman has been experiencing chronic bleeding for twelve years nonstop. This means that this woman was chronically ill and frail. She could also be anaemic due to the loss of a high volume of blood in her body, which results in headaches and fatigue. Heavy bleeding also results in dysmenorrhea, which is severe cramps in the stomach. Brown (2020:21) notes that this woman experienced 'diminished social standing or attainment of honor in the society due to the bleeding condition in her body. This woman was physically impure due to interminable bleeding. This unceasing menstruation also caused her to be ritually impure according to the Levitical purity law. Being ritually impure also meant that this woman needed to be isolated from society to prevent society from being contaminated by her impurity as per the purity regulations. Her isolation from society meant that she was not allowed to partake in any social festivals and communal gatherings at the temple, as well as her family gatherings.

It is also alluded that sexually, the woman with the issue of blood could not touch her husband. "If anyone sleeps with her, and her menstruation is from her on him, he shall be unclean seven days; and every bed on which he sleeps shall be unclean" (Leviticus 15:24). Also, maternally, the woman with the issue of blood could not have children. As a housewife, anything she touched was considered impure. In other words, she could not wash dishes, sweep the floor, or perform any duties. "Every bed on which she sleeps in all the time of her haemorrhage shall be like her customary bed; and every piece of furniture on which she sits shall be impure, like her customary impurity," (Leviticus 15:26).

It is also indicated that the haemorrhaging woman could not greet anyone, because if she touched someone, she was impure, and whoever touches any piece of furniture on which she has sat shall be considered impure until evening" (Leviticus 15:22). Spiritually, she was also not allowed to participate in any religious gathering or even to enter the temple. In other words, the haemorrhaging woman was physically and emotionally exhausted.

However, despite the fact that this woman had to face the physical pains and waning of her life, she also had to face loneliness, isolation, discrimination, and helplessness, as there was no one who would come into contact with her for physical and emotional support. The condition of this woman is not well explained in terms of the 'modern medical diagnoses, but because of this persistent haemorrhage, she was then regarded as ceremonially impure according to the Jewish Law. The haemorrhage would need to stop for at least seven days, but since this woman experienced this bleeding for 12 years, it means she lived in a state of impurity and mandatory social and religious isolation.

5.6.2 The Woman's' Healing Despite Societal Barriers and Personal Limitations

According to Baert (2010:66), this woman stepped forward out of a multitude of people as a nameless, anonymous person who had her own internal desire to receive healing from Jesus, and she had faith that her touching of the hem of Jesus' garment would heal her disease. However, a miracle happened after the woman had touched Jesus' hem, as this called for Jesus to notice her, and he started calling her daughter, which is an indication that this touching resulted in Jesus developing a personal relationship with this woman. It is noted that Jesus was the last resort for this woman, as she has spent all she had to receive a potential cure for her ailment, but to no avail. Therefore, she decided that she is going to touch his garments, with strong faith that she would receive healing. The miracle in this narrative is not the fact that she received healing despite the challenging circumstances she was in, but it is the faith that she possessed, which served as a key to open the doors for her healing. As she believed that if she could be in contact with the Lord, she will receive her full restoration. It is asserted that according to the purity law, the touch of this woman could have made Jesus to be contaminated with her impurity, but her contact with Christ changed her life for the better, she was made well. She also received recognition from the redeemer that she is an important person, and she possessed an exceptional quality of faith, which was able to unlock her complete deliverance from ostracization, poverty, physical and emotional abuse by ill health, helplessness, and loneliness. Her miserable life, which was caused by an incurable illness which resulted in her being impoverished and ostracised by society, was completely changed as she became a

healthy, healed woman of the living God who is praised for her bravery to risk her life to have access to Jesus Christ, the greatest physician.

5.7 The Expression of Faith and Hope for Restoration

According to (Solevag 2018:324), this woman with a flow of blood, when looking at the Markan account, is depicted as the one who initiated her own healing as she pulled power from Jesus, thus 'reversing the power dynamics between the healer and the patient.' Baert and Sidgwick (2015:311) note that the 'Haemorrhoid' appeared suddenly out of the crowd with a strong faith and needed to be healed of her haemorrhage. They also indicate that the location of the flow of blood was not specified, which is an indication that this illness was regarded as a shame in the woman's society.

Watford (2022:11) agrees with other scholars who indicate that the exact nature of the illness that affected the woman is not described in this pericope. Instead, what is explained is the chronic nature of this ailment and the longevity of it, as she suffered of this ailment for twelve years and none of the physicians have been able to assist her.

According to (Viljoen 2014:6), touching played an important role in the 'ancient healing stories as it was presumed that power would flow from the healer to the sick person. When Jesus was touched by this woman, he did not become impure, because he is the Holy one, Saviour and healer who heals all the diseases. Instead Jesus' purity flowed from Jesus to the woman, healing her sickness and restoring her life to a state of purity. As a result, the restrictions of purity laws that isolated and classified disabled people such as the woman with a flow of blood no longer have power on her, and she is now purified by the holy and compassionate healer, Jesus Christ. He delivered the woman who was oppressed by the flow of blood and restored her life, making her part of the body of Christ again.

5.8 The Woman's Healing as an Immediate and Complete Factor

Solevag is of the view that the healing of this woman by Jesus is classified as a 'drying up (ἐξηράνθη) healing', as Jesus managed to heal the condition of a woman as she approached Jesus while she was, according to 'ancient medical condition moist and

leaky. This means that she became ‘menopausal,’ which serves as an anticipation of the eschatology,’ ‘Her infertile body is considered as a prefiguration of the resurrected body.’ It is noted that the use of daughter restores her to both her family and community. It sets an example for others who “begged him to let them touch even the edge of his cloak, and all who touched him were healed”. It is noted that even though the woman was scared to be seen in the public space due to her condition and the purity regulations, her faith motivated her to take a risk to reach out to Jesus’ garment for healing. According to (Brown 2020:23), the faith that was possessed by the haemorrhaging woman was the key to her complete healing. However, it is not clear as to what created this faith, as it is not mentioned in the narrative that this faith was related to the belief that Jesus is the Lord and Saviour. Her action, however, indicates that this woman believed in the power of healing, which is why she risked everything in order to come to the greatest healer, Jesus. She also had faith in the power of positive attitude as she remained positive that she deserves to live despite several failed attempts to find healing.

5.9 Social Status and the Kingdom of God

Craffert explores the social implications of faith healing, noting that many of the individuals who sought healing from Jesus were socially marginalised, such as the haemorrhaging woman, the blind, and those suffering from unclean spirits. In this context, healing is a personal transformation and a social restoration, allowing these individuals to reintegrate into society and religious life. Craffert (1999:34) draws a connection between faith healing and the concept of the Kingdom of God. He notes that the healings performed by Jesus are not only acts of mercy but also symbolic demonstrations of the in-breaking of God's Kingdom. Through healing, Jesus challenges systems of oppression and marginalisation, offering a glimpse of the restoration and reconciliation that the Kingdom of God promises.

It is mentioned that there is a central role of faith in the woman's healing. Her belief in the power of Jesus, symbolised by her touch of his garment, highlights faith as a transformative force. The woman's faith, in Craffert's view, not only leads to her physical healing but also to her personal restoration. Her belief in Jesus catalyses a deeper sense of empowerment, marking a significant reclamation of her dignity. Craffert (1999:99) believes that understanding faith healing within the first-century

Jewish context is important. Illness was not only a physical condition but also a social and spiritual matter. Those suffering from illness could face social exclusion, often seen as bearing the consequences of sin or divine judgment. Faith healing, therefore, was not just a means of physical recovery but also a process of restoring individuals to the community and societal norms. According to Craffert, faith plays a pivotal role in the healing process. Healing often occurs in response to the faith of the individual seeking it. Faith is not merely a passive belief in divine power but an active, personal engagement with that power. For marginalised individuals, faith becomes a means of reclaiming agency, transforming their physical state, sense of self, and relationship with the divine.

5.10 The Intersection of Power, Healing, and Faith

Craffert discusses the dynamic relationship between the individual's faith and Jesus' power in the healing process. He argues that Jesus does not impose healing upon individuals but rather responds to their faith. Healing is a cooperative act between Jesus and the person seeking healing, with faith serving as the conduit through which divine power is activated. This narrative indicates a 'genuineness and power of an imperfect faith and of Christ's merciful way of responding to and strengthening such a faith'. This woman showed undeniable confidence in Christ's healing power to meet her great need for healing. Jesus Christ was also able to recognise her faith as adequate for her to receive the healing she desired (Baert 2010:40). The fact that Jesus responded to the request of this woman first before Jairus' request was an indication that Jesus was trying to correct the marginalisation and 'unfair treatment of women which was practiced in the ancient society. Faith played an important role in the healing of a woman with the issue of blood in such a way that Jesus managed to separate the touch of faith from this woman from the 'casual touch of the careless throng'.

Therefore, faith plays an imperative role as 'it affects the entire being and is essential for wholeness'. The faith of the woman established an intimate connection to Jesus (Maragh 2006:55). It was also essential on the part of the sick person to possess faith for healing to take place. The faith that the woman possessed made Jesus address her as a daughter ((θυγατηρ), which indicates that Jesus empathised with her and gave her a 'sense of belonging' instead of treating her as an outcast. Her faith pushed

her to believe that if ‘she touched his garment (ἄφατο τοῦ ἱματίου αὐτοῦ),’ her illness would be healed. I concur with what scholars have stated, that faith was a prerequisite in the healing ministry of Jesus, because when looking at this narrative of a woman with the issue of blood, we find out that the woman had suffered of this bleeding condition for a long time and had consulted many physicians without receiving healing. However, she persevered and continued to have hope that her day would come where her situation would change for the better if she could touch the Lord’s garments. Her faith in touching Jesus’ garment was noticed by the greatest healer, our Lord Jesus, and made him to proclaim that her healing made her well (Olajide 2020:96). It is noted that the decision taken by the haemorrhaging woman was a very difficult one because she knew that she was not supposed to be seen in a public space. This is because of her impurity status, and she was aware that being in a public space could put the lives of other people at risk of being contaminated by her impurity.

Faith plays a significant role in the healing ministry of Jesus, as he declared that the woman's faith with the issue of blood has made her well. To have “faith is simply just taking God at his word and believing that God will do what he has promised”. This is an indication that faith plays an imperative role in the overall wellness of human beings and is necessary for wholeness (Maragh 2006:55). Although this woman had suffered for twelve years and is introduced as a nameless woman, she possessed a strong courage and bravery to show her society who Jesus is and what it means to have faith. She remained hopeful despite the challenging circumstances she was exposed to, such as that of being ostracised from society.

It is noticeable that Jesus often touches people in need of healing, but in this case, it was a person in need of healing who initiated her healing by touching Jesus. Although society considered this woman impure, her contact with Jesus could not destroy his purity and holiness, because he is sent by God to save humanity from all impurities and bondages of sin. Jesus is sent by God to the world to take up our infirmities and carry our sorrows, and indeed by his stripes, all diseases are healed. When looking at Jesus’ healing ministry, it is evident that forgiveness of sins, eternal life and membership in the body of Christ is included in the atonement that Jesus accomplishes through his own death. It is mentioned that although Jesus’ public healing, including that of deliverance, produced positive reactions of amazement, thanksgiving and praise, but half of these healings caused negative reactions from the

Pharisees and or Scribes. It is further mentioned that in all his work, including the healing ministry, Jesus is totally dependent to God, his father, and all his work is according to God's will. Jesus also has the power and ability to accomplish God's will of healing. However, he did not only have power and ability, but he also has compassion and the 'agape kind of love'. That is why he was able to give his full attention to the most vulnerable member of the society, who had struggled for twelve years to find help, and he managed to help her, as this woman received her healing and became part of society again. Jesus in his healing ministry often issues a command or a declaration to the person hoping to be healed, as he has done it to the woman with the issue of blood when declaring that her faith has made her well (Ostrander 2011:20).

In this narrative, Jesus recognises and affirms the woman's faith when she reaches out to touch his cloak. The passage contrasts two dimensions of faith: psychological faith, which is characterised by trust in the healer, and theological faith, a deeper, relational faith in God through Jesus. Jesus attributes the woman's healing directly to her faith, framing it as a critical and necessary component of her restoration. This distinction emphasises the multi-layered nature of faith, highlighting that physical and spiritual healing occurs not merely through physical proximity to Jesus but through a profound, trust-based connection with him that transcends the mere act of touching his garment.

The woman's faith is portrayed as messy and complex yet undeniably courageous. Despite the societal barriers she faces as an unclean, marginalised figure, her persistent pursuit of Jesus demonstrates a faith that transcends the normal boundaries of purity and social status. Her faith is not perfect or without challenges, but it is steadfast, driven by the deep conviction that Jesus alone can offer healing. This complex portrayal of faith highlights the transformative power of belief, even when it exists in a messy or imperfect form. The narrative underscores the idea that true faith often requires courage to break through societal constraints and seek the healing touch of Jesus, regardless of the obstacles in society.

5.11 The Role of Belief and Trust in the Healing Process

According to (Baert 2010:41), when the haemorrhaging woman hears about Jesus, she goes to find him, and when she does, she touches the tassel of his garment. She possessed such an unshakable trust in the power of the Lord, which gave her courage to force herself to the crowd to touch the Lord's garment for her breakthrough to occur. Her belief and trust in the healing of Jesus caused her to come to the throne of God's grace humbly, and since his grace is sufficient for all, this woman was warmly welcomed and found rest in him, as the scripture in Matthew 11:28 says, 'come to me all you that labour and are heavy laden and I will give you rest'. (Brown 2020:22), maintains that the woman who was ostracised by society due to her bleeding condition did not allow herself to be controlled by how people treat her and think of her. Instead, she kept on having faith that she is God's creation and that her humanity cannot be invalidated by other people or by her circumstances. As a result, she continued to believe that she is 'worthy of a liveable life'. Thus, she took a decision to save her life by touching the garment of the Lord in order to receive her complete healing. The belief and trust that she had empowered her to take a risk of disregarding the Jewish regulations, such as the one that prohibits women from occupying the public space as well as the purity law. Her plan and acting it out served as a key that released Jesus' healing power on her, and immediately her bleeding ailment stopped. It is noted that when Jesus has learnt that he was touched by the unnamed woman who is treated as an outcast by the society, he then addressed the woman directly. This approach used by Jesus of calling this woman a daughter' was a sign of 'acknowledging her personhood'.

According to Oke (2017:12), the statement which mentions that this woman suffered greatly is seen as an 'understatement when looking at the ill-treatment she had to endure. This includes deprivation, ostracization, loss of resources due to physicians who could not cure her illness, weakening body, lack of support from family, friends, her religious group and society, inability to procreate, and a lack of a male figure to serve as her advocate. This could be her reason for taking such as huge risk of going out to the public space and secretly seeking healing from Jesus by touching his garment, because Jesus was her last resort and hope as she had no one to turn to for healing and acceptance and emotional support. Some scholars indicated that the fact

that she heard about Jesus means that she was still in communication with the community that ostracised her. She then had to decide to let go of her past traumatic experiences that she experienced from the physicians who took all her financial resources she had but failed to provide the cure for her illness. This decision enabled her to have faith in the healing ministry of Jesus, as we are told that Jesus managed to notice the powerful faith that the haemorrhaging woman possessed. Jesus claimed that it is this faith that made her well. The decision made by the haemorrhaging woman to come to Jesus after she heard about him is an indication that her hearing about Jesus's healing ministry stimulated faith in her to trust that her encounter with Jesus would make her whole. It is noticed that the haemorrhaging woman decided to come from behind Jesus to avoid being noticed by the multitude. Scholars assert that although the haemorrhaging woman had faith in the healing ministry of Jesus, she was afraid to touch the garments of Jesus publicly, because she knew that Jesus was holy. She also knew that she was not supposed to touch the holy one, because her impurity could contaminate him. The action she took of coming from behind to touch the garment of Jesus Christ also implies that she was showing humility, which is shown by a sinner who comes to Jesus for the forgiveness of sins. This also indicates that this woman knew that she was unworthy but in need of Jesus Christ to restore her life.

It is alluded that this woman heard about Jesus and took action to go and touch the garment of the Lord. This was an indication of how strong her faith was, as she did not even want to be seen or be touched by Jesus. Instead, she believed that there is power even in the garment of the living Lord. This faith was rewarded by a complete restoration of life. According to the ceremonial law, the haemorrhaging woman broke the law touching Jesus due to her haemorrhage. However, her faith in the healing power of Jesus justified her. What needs to be taken into consideration in this narrative is that the haemorrhaging woman did not want the chronic illness to define her; instead she remained courageous and hopeful that her time of healing would come.

It is mentioned that the Greek text of verse 34 can be translated as follows: "And he said unto her, Daughter, your faith has made you whole; go in peace and be whole of your plague." It is argued that the Greek verbs for "made whole" and "be whole" have different meanings. The first one is a form of the verb *sozo*, which originates from a

word meaning “safe.” The first time this word is used in the New Testament is in the proclamation of the angel Gabriel to Joseph: “You are to give him the name Jesus, because he will save his people from their sins.” The second Greek verb is Hugies, meaning “healthy.” This verb is found in the story of the man with the withered hand, where we read: “Then he said to the man, ‘Stretch out your hand.’ So he stretched it out and it was completely restored, just as sound as the other.”

It is alluded that Jesus’ words to the haemorrhaging woman were no denial of His healing power, but they emphasised the importance of faith in the application of His power. We read that in Nazareth, Jesus’ healing power were limited, because of their lack of faith in him. Jesus’s healing of a haemorrhaging woman was the result of the fact that “He took up our infirmities and carried our sorrows,” and that “He was crushed for our iniquities; the punishment that brought us peace was upon him, and by his wounds we are healed” Isaiah (53:5). Although the woman’s action may be viewed as selfish for planning to touch Jesus’ s garment while she was aware that her touch could make him unclean, she remained hopeful that her actions are going to produce a positive outcome and she would receive healing. In other words, ‘she was sure of what she hoped and was certain of what she did not see’, as Hebrews (11:1) says. The haemorrhaging woman put all her trust in the Lord with all her heart ‘She believed in the living God who is the giver of life to the dead and calls all things that are not as though they were’ as the book of Romans (4:17) mentions.

5.12 Jesus’ Response to the Woman’s Faith and its Implication to her Restoration

When the woman touched Jesus, it was different from the touches of the rest of the crowd. He responded to the haemorrhaging woman with both the acknowledgment of her faith and a sympathetic understanding of her distress, acknowledging the power of her encounter. That is why Jesus did not reprimand the haemorrhaging woman. Instead, he reminded her about who she was in him, as he called her a daughter, which was a confirmation that this woman was known to him; she was loved and accepted in Jesus’s community. Jesus wanted the whole society to know that this woman was accepted in Jesus’s movement by bringing her to light and blessing her. It is also noted that Jesus gave his blessing to the woman with God’s peace and

restored her dignity in society De Wet (2019:2). Jesus also clarified that the healing of a haemorrhaging woman is not a 'magic or superstition', but it is by her faith in the Lord that she is healed. What is noticeable in Jesus is that when this woman crawled in fear to secretly touch the hem of Jesus' clothing, Jesus warmly welcomed her by calling her a daughter to restore her hope that she has come to the greatest physicians in whom all things are possible. The way Jesus responded to this woman is an indication that Jesus was aware that this woman needed more than physical healing. She needed a complete restoration in order to go back to the community as a new person whose traumatic experiences of seclusion have been conquered. According to Olajide (2020:96), faith served as an essential factor in the healing ministry of Jesus Christ. It served as a 'non-medical' therapy of illnesses, known as a 'healing by faith'. The haemorrhaging woman received her healing through 'absolute faith' in the Almighty God by touching the garment of Jesus Christ. It is asserted that healing also includes the 'whole person and all means of healing, whether medical or non-medical, spiritual or physical' Olajide (2020:96). What is noticed in this narrative is that after Jesus noticed that someone had touched him with a special touch, he addressed her as a daughter. This is an indication that Jesus identified with her and provided her with a sense of belonging. It is noted that when Jesus intervened in the life of this woman, he not only rescued her from the incurable ailment but also restored her life-giving capacity, as she can now procreate Oke (2017:5).

According to Oke (2017:5), The way Jesus responded to the situation of a haemorrhaging woman proved that Jesus came to create 'inclusive communities by challenging oppressive and dehumanizing systems such as the purity law by reshaping the church's beliefs, attitudes, and community life.' What is noticeable is that most disabled people, such as the 'woman with the flow of blood', are concerned about receiving healing rather than seeking the 'eschatological kingdom of God'. In Jesus's ministry of healing, 'Jesus did not distinguish between physical healing and social restoration', (Oke 2017:6). Therefore, the relationship between health, healing and salvation is important for a 'holistic theology of disability' (Baert and Sidgwick 2011:311). Jesus's healing ministry also came to abolish 'victim theology', where women and people who are disabled, such as this woman with the flow of blood, were traumatised by ill-treatment and oppression, where they have been exposed to, by people who used 'biblical narratives' to produce theologies that victimized and blames people with disability' (Baert and Sidgwick 2015:12). This narrative means that Jesus

is a 'Messiah', who is here to abolish and redefine all oppressive systems and legislations that are enforced to women due to their 'physiological makeup' Sidgwick (2015:12). He does this by uplifting the act of faith of a powerless woman over the purity law, which is an indication that the grace of God is not denied to anyone based on their gender, physical condition, or social status. This grace of God is sufficient for all.

The way Jesus responded to the action taken by the haemorrhaging woman of secretly touching his garment was that he wanted the woman to confess that she is the one who has received a complete restoration of her life after touching. The manner in which Jesus responded to the situation of the haemorrhaging woman was an indication that he is the greatest healer who is not overpowered by any chronic condition. He also proved that he is the only one who is able to restore life to its fullness, as the physicians had not been able to heal her.

Baert and Sidgwick (2011:311) alluded that when Jesus called the haemorrhaging woman a 'daughter', it was an indication that Jesus welcomes her to become a member of his family. She has 'become a joint heir with Jesus and to rejoice in the Lord together with all those who were excluded from religious society such as tax collectors, lepers, sinners and women'. When Jesus accepts people, he offers them a transformed life in the kingdom of the Sovereign God, instead of 'accepting people as they are in their brokenness, sinful condition', Baert and Sidgwick (2011:311). Therefore, Jesus provided transformation, eternal life in the kingdom of the living God and inclusiveness as a member of the faith community. This proves that all people are welcomed to become a family of God through faith in the Lord Jesus. This was a great lesson to the religious society and the society at large to treat and value all people for who they are as they are all created in the image of God. They are not to be ostracised because of their health condition. The only thing that the haemorrhaging woman wanted was to be given hope in a hopeless situation, and this is what God requires, that people accept, love and care for people affected by different illnesses. Pertaining to ritualism, everyone contaminated by sin, diseases, shame and neglect due to HIV and AIDS will find healing and acceptance in Jesus, Sidgwick (2025:11)". Faith enables anyone, regardless of advantages or disadvantages, to find healing and salvation in Jesus.

5.13 Woman's Vulnerability and the Obstacles She Faced

5.13.1 Social Mobility

The 'haemorrhaging woman' was very weak due to her health condition and was also desperate to receive healing, which is indicated by the way she had spent everything she had on physicians for medical care. However, her condition worsened (Brown 2020:22). Although it is not mentioned in the literature that she was expelled from social gatherings, the fact that there is no one mentioned in the literature who was of help to her could mean that people in her family and community were scared to be in contact with her, because they did not want also to be considered impure. It is therefore evident that she was rejected by society and left to die alone. This could also mean that her condition also resulted in her expulsion from different societal activities, including her access to religious society, as she was considered unclean and could contaminate others in the society. This is because the story tells us that she went into a public space to secretly touch Jesus, because she was not allowed to be in the public space. The scripture mentions that she had suffered many things, some of which could have been isolation, expulsion, marginalisation, emotional abuse such as name calling, as she was called a 'women with the flow of blood', and poverty.

However, this rejection by society enabled this woman to force herself to the crowd in order to secretly reach out to Jesus' garment to receive healing, because she was not allowed to be in the public space because of her gender and impurity. This healing encounter involves both the touch from the woman and the word that was proclaimed by Jesus upon her life that 'daughter your faith has made you well' (Lawless 2003:67).

The sickness suffered by the woman with the issue of blood caused her to be considered unclean under the law found in Leviticus 15:25–28, which caused another challenge in the life of this woman on top of the physical challenge that was caused by the illness. This woman could not even bear children due to this condition and if she was married, this could have also meant that her husband could divorce her, because a woman's role in the ancient society was procreation. Those who suffered bareness were divorced by their husband. According to the Jewish tradition, any person who is considered unclean is not allowed to touch and to be touched by anyone, because they could also become contaminated.

Oke (2017;11), noted that the situation that was experienced by the haemorrhaging woman was very painful and emotionally and physically strenuous and was 'coupled with untouchability'. When Jesus gave a new name to the haemorrhaging woman when calling her daughter, he rewarded her with public praise. He also gave her an assurance of ongoing healing and of an important position in his new family.

5.13.2 Marginalisation due to Menstruation and Gender

According to Oke (2017:11), the author presented a 'Jewish woman', who is probably of childbearing age, but due to her physical condition caused by chronic menstruation, she was infertile. This woman appears to be alone, isolated, living in poverty and hopelessness, as there are no family members or friends who are mentioned who were providing care and support to her. She has also lost everything trying to find healing from different Physicians, but her illness became worse. The nameless haemorrhaging woman who was a member of a crowd following Jesus is introduced as someone with a chronic ailment and probably dying. The haemorrhaging woman is described in terms of her gender, ailment, social status, prolonged suffering and poverty. However, the scripture also reveals her discreetness, desperation, bravery and persuasiveness. This narrative of a haemorrhaging woman is set within the larger healing narrative of Jairus' daughter, and it shines a light on the 'developing concepts of fear, purity, discipleship, confession and family matters in the book of Mark', Olajide (2020:96). The haemorrhaging woman's contact with Jesus contributes to reveal that Jesus is the Son of the living God and the greatest healer. What is noticed about this woman is that although the haemorrhage condition weakened her, she refused to allow this condition to define her. This is an indication that this woman was a woman of great courage. It alludes that although the haemorrhage condition consumed her life, as it defined the manner in which other people in the society treated her and the way they thought of her, she pushed through all those challenging situations in order to regain her true identity in society. In other words, her condition did not define her conclusion.

It is mentioned that the haemorrhage condition has caused great suffering to the haemorrhaging woman, but this condition did not keep her secluded from society. It is also alluded that the haemorrhaging woman was suffering from an ongoing haemorrhage and has managed to endure this chronic illness for 12 years. The text

does not mention any support system that was available to provide care and support to her. Instead, she appeared to be alone in this society. What is also noted is that, although she was weakened by the chronic illness, she was mobile, as she managed to join the crowd in a disguised state when she went to touch the hem of Jesus's garment, having had faith that once she has touched it, she would be made whole.

According to (Oke 2017:12), there were two main causes of impurity for women in the ancient society, which are childbearing and menstruation. This is because it is only a woman who can have a menstruation according to her physiological make-up. Therefore, when a woman experienced menstruation, whether it was a normal or abnormal flow of blood, she was considered to be impure and not allowed to go and participate in any religious or societal activities. According to Levitical regulations, a woman with prolonging haemorrhage was then expected to wear a sackcloth. She was also expected to shout that she is unclean in order to ensure that she did not contaminate. Once the haemorrhage ceased, the woman was then expected to 'observe a seven days cleansing of her impurity which had to be done by the Priest', Oke (2017:12). She was also expected to repent from her impurity before she could be integrated into the society.

It is also mentioned that according to Levitical regulations, a woman was considered impure due to childbirth for 40 days if she gave birth to a boy and 80 days for a girl. Throughout this period, she would not be allowed to partake in any religious communal worship. Oke, assert that men with "seminal discharge" were only considered impure till evening time", and this is an implication the purity regulation was stricter to women.

According to Oke (2017:12), this is an indication that in ancient society, women were treated as inferior to men as they were perceived as people who are having insecure identity. As a result, there were some public spaces that women were not allowed to occupy. When a woman was on her menstruation, she would be considered impure for seven days, and anyone who came into contact with her would also be impure, and they would have to cleanse themselves and remain unclean until evening. A result is that the period of menstruation, a woman was prohibited from partaking on social and religious activities. These restraints that were imposed to women regarding their menstruation resulted to menstruation to be classified as a disability.

According to the Jewish law, this woman was declared to be 'ceremonially unclean' due to her sickness of bleeding. Anything and anyone she touched could become unclean as well. It is also indicated that since there was a crowd where Jesus was, as the woman was crawling through the crowd to touch the Lord's garment. There was a possibility that as she was trying to reach to Jesus, she bumped into other people in the crowd and made them unclean, including Jesus as well. It is also noted that this woman was also not allowed to enter the synagogue due to her (Kiel 2020:76). According to Dzwigala (2020:635), the purity law which regulated that women in menstruation were unclean discriminated against women. This is because, according to Levitical law, the life is in the blood (see Leviticus 17:11). However, Jesus's response was an indication that menstruation did not mean that the woman was impure. As a result, Jesus came as a Messiah to liberate this woman from all bondages of sufferings. Kiel (2020:76), mentions that the woman who was enslaved by the incurable ailment saw the 'King of suffering coming from above to redeem her life from all the storms of the world. Oke (2017:3; is of the view that the haemorrhaging woman felt not only dishonoured but also responsible to ensure that her impurity did not contaminate others. As a result, she became alienated from all communal so that she would not contaminate others. This was a very traumatic experience faced by this woman, as she was treated as an outcast by her community and not allowed even to partake in a religious worship. She was 'ostracised and held at a distance even by her own family, religion and community. Oke (2017:3), notes that she was treated as an impure, sinful outcast even by her own family. This ill-treatment affected not only the physical well-being of this woman but also her psychological well-being.

The nameless haemorrhaging woman who was a member of a crowd following Jesus is introduced as a someone with chronic ailment who could quite well have been dying. The haemorrhaging woman is described in terms of her gender, ailment, social status, prolonged suffering and poverty. Yet the scripture also reveals her discreetness, desperation, bravery and persuasiveness. This narrative of a haemorrhaging woman is set within the larger healing narrative of Jairus' daughter, and it brings light on the 'developing concepts of fear, purity, discipleship, confession and family matters in the book of Mark', (Kiel 2020:76). The haemorrhaging woman's contact with Jesus contributes to revealing that Jesus is the Son of the living God and the greatest healer. What is noticed with this woman is that although the haemorrhage condition weakened

her, but she refused to allow this condition to define her. This is an indication that this woman was a woman of great courage. It is alluded that although the haemorrhage condition consumed her life, she pushed through all her challenging situations in order to regain her true identity in society. In other words, her condition did not define her conclusion. It is mentioned that the haemorrhage condition has caused great suffering to the haemorrhaging woman, but this condition did not keep her secluded from society.

5.14 Societal and Cultural Factors that Contributed to her Vulnerability

According to Gosbell (2018:15), the haemorrhaging woman was considered unclean according to the Levitical purity system due to her condition of unceasing 'uterine bleeding'. As a result, she was not supposed to touch or to be touched by anyone, because her impurity was contagious to other people in the society. It is also noted that she had been to different physicians and spent all of her money, but her illness became worse. She was also considered ritually unclean due to the bleeding. As a result, she was considered to be ritually unclean and was not allowed to interact with others, because this would make them unclean as well. This woman was exposed to different challenging situations in her life for twelve years, such as the physical pain, the isolation, the shame, the longing for community, and the many doctors' visits in her search for healing. She knew that if she wanted to get near Jesus, she would have to sneak her way through the crowd and discreetly touch his garments because she could not publicly address Him due to being considered as ritually unclean. Oke (2017:4) mentions that women with abnormal flow of blood is one of the main causes of impurity during the Old Testament era. This physical condition brought so many pains to this woman, as she was even introduced as a nameless person who is poverty stricken, helpless and whose condition is deteriorating due to haemorrhage. She was identified as a disgraceful, nameless person who is impure and with no class and social status. It is noted that the challenge faced by the haemorrhaging woman was not just the physical sickness, but also the ostracization and stigmatisation she experienced from the public and religious sphere.

According to Oke (2017:4), the haemorrhaging woman was marginalised on four counts by her society. She was a female, she was without a male relative who could serve as her advocate, she was impoverished as all her financial resources were

depleted by the physicians who failed to cure her ailment, and she was also subjected to the 'blood taboo of the Ceremonial law', Oke (2017:4).

The haemorrhaging woman's prolonged condition seems to have led to her exclusion from her family. The life of a haemorrhaging one was without hugs from friends, children and parents due to the Levitical regulation, as she was considered impure. It is also noted that she was without an income because she was unemployable due to haemorrhage. Living in a society dominated by the shame and honour system, the haemorrhaging woman experienced humiliation and rejection. According to Oke (2017:5), this woman is described as 'lonely, isolated, impoverished, quite likely anaemic and possibly dying'. Her condition appears hopeless, and she is distressed, and most people think that she is better off dead.

5.15 The Implication of the Woman's Story for Contemporary Vulnerability

This section focuses on the implications for the modern-day vulnerable woman. Hence, the following subheadings will further discuss this issue.

5.15.1 Perseverance is the virtue of a successful woman

The application of this narrative is that people experiencing vulnerability should have the determination to trust and reach out to God for complete restoration, because it is only God who knows who they are and understands their situations. As we are learning from this narrative, this woman had suffered a great deal for twelve years, but she kept on living and hoping that if she could touch the Lord's garment, she would receive her restoration. She remained hopeful even in a hopeless situation, as she had tried many physicians, but her illness worsened, and her life deteriorated. However, despite her past painful experiences of receiving devastating news from the physicians that there was nothing that could be done to change her condition. When she heard about Jesus, on the other hand, her faith in receiving a complete healing was still there, which is why she stated that if she can touch the Lord's garment, she will receive a complete healing. Perhaps one of the most significant lessons that we learn from the haemorrhaging woman is to never be ashamed to try again if we fail. This woman tried for several years to receive healing without any success, losing much of her economic resources in the process. However, this failure did not discourage her. Instead, it

motivated her to seek a permanent solution to her problem, which is the complete restoration that she received from Jesus. Her perseverance and positive attitude assisted her in taking the risk of walking among a crowd unashamed of her condition but having faith in the healing power of Jesus. Indeed, whoever is in Christ, becomes a new creation. Therefore, like this woman, people in difficult situations should never be afraid to keep on having faith in God because he is a gracious God, who has promised us that he will never leave nor forsake us.

5.15.2 Take a Risk and Fight for what you want

To receive healing, the haemorrhaging woman had to go an extra mile to fight for her healing. As she was telling herself that if she could touch the Lord's garment, she knew very well that it is very difficult to do so due to crowd that was always surrounding Jesus. However, she had to push through the crowd to find her way to the garment of Jesus. She did not wait and hope for Jesus to call her but rather went out to be in contact with the Saviour, and this saved her from the bondage of illness. Therefore, individuals who are in a similar situation to the haemorrhaging woman need to keep pushing and fighting for God's intervention in their situation.

One of the most important qualities that the haemorrhaging woman possessed is faith. With faith, this woman managed to endure pain and suffering at the hands of the physicians who failed to heal her and the society which also failed to provide care and protection to her. She remained hopeful that no matter what the situation was, her time and day of healing was coming. Her faith prepared her to persevere in any painful experiences because her help comes from the Lord, who is the greatest physician. That is why when she started to move to come into contact with Jesus, she possessed faith which served as her yardstick for her healing. This faith was acknowledged by Jesus as the one that served as a key to open the doors for her healing. Therefore, this teaches all individuals in a similar situation to start possessing faith and moving in faith. Having faith in Jesus enables one to be intentional in everything one does.

The woman with haemorrhage had a goal of receiving healing. That is why she did not get discouraged, even after 12 years of different physicians failing to heal her. Her goal enabled her to press on to the public space irrespective of the stigma attached to her. She acted by taking a decision to occupy the public space, disregarding the purity regulations as well as the repercussions of her actions.

That is where her breakthrough came from, by taking a risk of going to the public space, irrespective of the purity law, and pushing through the crowd to touch Jesus's garment. Therefore, individuals in a similar condition should have a clear goal of what is it they want and how are they going to attain their goal.

5.16 Integration of Healing Modalities

5.16.1 Touch Healing Modalities

According to Khwesi (2010:9), Jesus used different healing approaches, such as 'healing by word, by touch, by touch and word and or by saliva'. It is asserted that the haemorrhaging woman belonged to 'healing by touch, but she initiated this healing'. It is noted that 'healing by touch is known as Judaeo- Christian motif. Khwesi (2010:9), mentions that this healing took place without Jesus saying a word. Instead, Jesus commended her faith as that which made her well. According to Kubis (2020:374), the Lord's garment, which the haemorrhaging woman the haemorrhaging woman touched, symbolised Jesus himself. This word, 'touch', comes from the word 'hypto', which means 'to fasten or to cling to', (Kubis, 2020:374). It is noted that this touch was initiated by a haemorrhaging woman (Baert 2009:15). When Jesus asked who had touched him, he was referring to 'who clung to him with their whole being in an unwavering faith', (Baert, 2009:15). It is noted that there were many people who also touched Jesus as he was surrounded by a multitude, but the touch from the haemorrhaging woman was the only special touch that truly touched Jesus. Her faith was so strong and powerful that it reached Jesus more deeply than any other touch in the crowd. When Jesus noticed that someone had touched him, the powerful faith in her connected her to the healing power of Jesus. When Jesus noticed that he had been touched by a haemorrhaging woman, he did not reprimand her; instead, he called her a daughter and reminded her that despite the 12 years of suffering, she still possessed something special, which was faith that opened the doors of healing to her. This was a way of showing that this woman was loved by Jesus, and her suffering was known to Jesus. Solevag (2018:80) asserts that Jesus' healing caused a transformation from a weak, effeminate bleeding woman to a healthy daughter of the living God.

According to Baert (2009:15), there is a belief that what happened to the haemorrhaging woman is magic healing, because of what happened when the haemorrhaging woman touched Jesus. Her haemorrhage was completely healed, and Jesus felt that in the moment of healing, his power uncontrollably flowed from him. However, Jesus proves that this was not magic, but it was the faith that the woman holds that made her well. Oke (2017:6) noted that the haemorrhaging woman had to risk everything and had faith that touching the garment of the Lord would make her whole. This healing is a great miracle, which empowers vulnerable women to overcome the 'socio-religious' walls that undermine and discriminate women. The reason why the woman decided to touch the garment of the Lord is because in the early Christian church, things like handkerchiefs and aprons of a healer were seen as an extension of the personality of the healer. This means that there was a belief that touching the Lord's garment meant touching the Lord himself. It is alluded that the 'healing through a touch' was widespread in the Hellenistic society, because healers were known as 'figures of power'. Jesus Christ was also regarded as 'Hellenistic semi-divine healer', who was gifted with supernatural healing power', Oke (2017:6). The haemorrhaging woman is seen as the first woman to be seen in the public space touching the garment of Jesus and the first woman whom Jesus has commended for her faith in the public space. Scholars believe that Jesus aimed to teach Jairus, a synagogue leader, what faith was and to know the importance of having faith. It is noted that the touch of faith resulted in a complete healing of the haemorrhaging woman. When Jesus noticed that his power had gone from him, he asked who touched him, proving that touching the garment meant touching Jesus himself. Scholars assert that this question from Jesus of who touched him did not mean to expose the woman's impurity or illness to the crowd but rather to invite her to receive spiritual healing, as she was already healed physically. Some scholars are of the belief that this healing of a haemorrhaging woman aimed to overturn the 'violation of the purity regulation by the haemorrhaging woman and that Jesus's power managed to reverse the contamination into a cure' Solevag (2018:90). As a result of this healing of a haemorrhaging woman, Jesus managed to break a wall that distinguished between the pure and the impure. The question asked by Jesus as to who touched him also aimed to fulfil Leviticus 12:7, where a healed person

is supposed to be pronounced healed by the Priest after the purification ritual. Therefore, Jesus, who is the High Priest of the new order, wanted to certify that the haemorrhaging woman is now pure as required by the Purity law. In other words, it is asserted that Jesus did not overturn the Purity law but aimed to fulfil what he said that 'He came to fulfil the law, not to abolish it' (Brueggemann, 2006:70).

According to Gosbell (2018:35), the purpose of the haemorrhaging woman of touching the Lord's garment was that she needed to receive 'wholeness or wellbeing'. It is noted that when Jesus called her to confess to the public that it was her who touched him, he wanted to ensure that she was healed from her physical suffering, but he also rescued her from the stigma which was attached to her bleeding condition. Therefore, this narrative indicates that this healing was twofold. The first one was that of a physical healing which happened immediately after the haemorrhaging woman had touched Jesus. The second one took place after Jesus's declaration that her faith had made her well, and that is where she received complete healing from all ostracization, marginalisation, poverty, maltreatment, isolation, gender inequality, and impurity.

De Wet (2019:14) is of the opinion that what was important in the healing of the haemorrhaging woman is the garment of Jesus, which was full of God's grace, as the woman's ailment was completely healed after she had touched his garment. It is also noted that the woman did not touch Jesus's body to demonstrate his supernatural powers but touched his garments and was completely healed without the knowledge of Jesus until he felt the power coming out of him.

It is alluded that the healing provided by Jesus to the haemorrhaging woman managed to rescue her from death and also restored her life-giving capacity, as she was now going to be able to have children. Jesus's healing also managed to restore her relationship with her family, friends, religious family and society at large. The healing from Jesus brought back her dignity, as she is now going to be treated as a healthy woman who can contribute positively to society.

5.17. Conclusion

It is evident that although the haemorrhaging woman was suffering a long-term bleeding illness, which resulted in her losing all her resources trying to get a cure from different physicians, she also experienced great suffering from the stigma, isolation, destitution, marginalisation, degradation, weakening of the body, and anaemia that she was exposed to due to her illness. However, despite all these painful experiences, the haemorrhaging woman managed to remain hopeful that a day would come when she would receive a complete restoration of her life. That is why when she heard about Jesus, she took the decision to risk her life by going into the public space to have an encounter with the greatest physician, Jesus Christ. Her contact with Jesus brought a complete healing to her life, but Jesus did not expect any payment from this woman. Also, her encounter with Jesus resulted in her being given the new name of a 'Daughter', which is a sign that she has received grace, love and acceptance from Jesus.

The healing of the haemorrhaging woman underscores the importance of faith in Jesus as the essential factor in the healing process. While the woman's belief that touching Jesus' garment would heal her may initially appear to resemble a magical act, (Craffert 1999:29) argues that the true power behind the healing lies in her faith in Jesus, not in the garment or the ritual itself. The healing clearly demonstrates Jesus' divine authority and compassion, contrasting sharply with the mechanical, manipulative nature of magic. Ultimately, Craffert emphasises that the Gospel narratives portray healing as a relational act, where faith and trust in the divine power of Jesus are central, rather than reliance on external rituals or objects.

Chapter 6. Concluding Remarks and Recommendations

6.1 Introduction

This study has undertaken an interdisciplinary exploration of the healing narrative in Mark 5:25–34, focusing on the haemorrhaging woman as a locus for examining the intersection of physical affliction, social exclusion, and spiritual transformation. Utilising biblical exegesis in concert with social-scientific criticism, medical anthropology, and African contextual theologies, this reading has demonstrated that illness in the biblical world and by extension, in contemporary contexts is a multidimensional phenomenon that cannot be reduced to mere biological dysfunction.

The woman's condition exemplifies the pervasive entanglement of gender, purity laws, and marginalisation in first-century Jewish society. Her haemorrhage was not simply a physical problem, but one that impacted her entire being—emotionally, psychologically, religiously, and socially (Pilch, 2000; Loader, 1997). The study confirmed Craffert's (1999:29) insight that illness must be understood as a cultural and social construct, shaped by the interpretations and reactions of society. Thus, the healing she received was holistic restoring not only her body, but her agency, identity, and social status.

From a theological standpoint, this narrative invites readers to reconsider divine healing not as an isolated act of miracle-working but as a comprehensive process that reconstitutes human dignity and challenges oppressive systems. Jesus' willingness to be touched by a ritually unclean woman, as well as his public affirmation of her faith, underscores a radical ethic of inclusion and the disruption of purity-based exclusion (Esler, 2000; Malina, 2001). This act must be interpreted as a form of social and spiritual resistance—a proclamation of the in-breaking Kingdom of God that prioritises the restoration of the marginalised.

The interdisciplinary approach adopted in this study has allowed for a more textured understanding of the narrative. By bringing into conversation biblical criticism, African contextual perspectives (Mbiti, 1990; Tiéno, 1993), gender studies, and medical anthropology (Kleinman, 1988), it becomes clear that healing in the biblical sense encompasses the whole person and addresses the socio-political structures that perpetuate exclusion and suffering. Moreover, African perspectives on health and

community have enriched the interpretation by foregrounding communal solidarity, ancestral wisdom, and the relational ontology of personhood—thereby offering hermeneutical resources for local theologies of healing and pastoral care.

6.2 Recommendations

6.2.1. Theological Education

Theological institutions, particularly those situated within African and postcolonial contexts, are strongly encouraged to incorporate interdisciplinary models into their biblical interpretation curricula. This includes the integration of insights from cultural anthropology, sociology, psychology, gender studies, and African indigenous knowledge systems. The lived experience of illness, as observed in both the biblical world and modern African societies, cannot be fully grasped through traditional Western theological frameworks alone. As Ukpong (2001) argues, African biblical hermeneutics must move beyond the textual to embrace the contextual, thus enabling students to engage scripture in ways that are critically rigorous, socially embedded, and theologically transformative. By equipping students with such interdisciplinary tools, institutions foster interpreters of the Bible who are capable of engaging not just the text but also the real-life suffering and resilience of communities grappling with illness, stigma, and exclusion.

6.2.2. Pastoral Practice

A second recommendation concerns the need for a holistic pastoral approach to healing ministry. Clergy, chaplains, and pastoral caregivers must recognise that healing in the biblical tradition is not restricted to the physical domain but encompasses emotional, psychological, spiritual, and economic dimensions. In African contexts, where communal belonging is central to personhood, the experience of illness often involves not only the breakdown of the body but also social alienation and spiritual distress. Healing rituals, including prayer, anointing, and community support, must thus be understood as acts of restoration that address the entire being. Theron (1996) emphasises that such rituals are effective not because of their magical content, but because they draw from cultural narratives of solidarity, hope, and transformation. By grounding healing ministry in African cultural frameworks, pastoral

caregivers can create safe spaces of affirmation that dismantle stigma and foster communal wholeness.

6.2.3. Contextual Theology Development

The development of African contextual theologies must be pursued with greater urgency and intentionality. African theologians are called upon to explore and articulate local understandings of illness, healing, suffering, and hope in conversation with biblical texts. This includes developing a Bantufic theological anthropology, which views human beings not as autonomous individuals but as persons-in-community (*ubuntu*). Such an anthropology affirms that health and wholeness are not merely biological states but are relational and social conditions. Healing, therefore, entails re-entry into community, restoration of dignity, and recognition of one's value and agency. This paradigm resists Western individualism and offers a profound theological critique of social systems that fragment community or marginalise the sick. The use of local idioms, proverbs, and communal storytelling in theological reflection can revitalize biblical interpretation and make it resonate more deeply with African realities (Tiéno, 1993).

To avoid the dangers of syncretism while advancing African contextual theologies, theologians must pursue a critical and discerning engagement with both African traditional religious frameworks and the biblical witness. This involves what Bediako (1999) calls a “renewed African self-theologizing,” where African categories—such as *ubuntu* and communal notions of health—are not uncritically assimilated but are subjected to biblical evaluation and transformation. The process requires theological vigilance to ensure that while African cultural resources are affirmed as vehicles of revelation and human dignity, the authority of Scripture and the uniqueness of Christ are not relativized. Contextual theologians should apply what Schreier (1985) refers to as an *inculturation hermeneutic*, which respects local expressions and idioms but consistently measures them against the normative Christological and canonical core of the Christian faith. In this way, Bantufic theological anthropology can be rooted in biblical concepts of *koinonia* (fellowship) and *sozo* (salvation/healing), without collapsing into a religious syncretism that confuses ancestral mediation with Christ's unique role as mediator (1 Timothy 2:5).

Moreover, theologians can draw from the church's historical experience of engaging with other cultures—such as in the early Gentile mission (Acts 15)—to discern how to affirm cultural values without diluting doctrinal clarity. In practice, this entails a theological method that holds Scripture as the final authority while allowing African worldviews to raise the questions and shape the lenses through which theology is done. Theologians like Tiénou (1993) advocate for a *dual accountability*—to the biblical tradition and to the African context—thus navigating a path that is both faithful and relevant. This approach fosters a truly African Christian theology that is not a mere fusion of traditions but a contextual embodiment of the gospel that confronts injustice, affirms communal wholeness, and exalts Christ as healer and liberator.

6.2.4. Gender-Sensitive Hermeneutics

The narrative of the haemorrhaging woman in Mark 5 calls for a gender-sensitive hermeneutic that takes seriously the impact of patriarchal structures on women's lives—both in antiquity and today. Her condition subjected her to ritual impurity, social marginalisation, and likely economic destitution, simply because of her gendered body. Contemporary readings must interrogate how these dynamics persist in various religious, cultural, and ecclesial systems, often rendering women voiceless or culpable for their suffering. Feminist and womanist interpretations, particularly those emerging from African contexts, offer vital correctives by centering women's voices and experiences in theological discourse. Oduyoye (2001) urges African theologians to challenge androcentric traditions and recover narratives empowering women as theological agents. Through such readings, the haemorrhaging woman can be reclaimed, not merely as a recipient of healing but as a prophetic figure of resistance, faith, and resilience.

6.2.5. Ecumenical-Interfaith and Community Health Initiatives

Finally, the study recommends greater collaboration between the church, healthcare institutions, and traditional healing systems. In many African contexts, biomedical health services are often inaccessible, distrusted, or insufficiently sensitive to cultural beliefs. Conversely, traditional healers often provide psychosocial care that aligns more closely with communal worldviews and spiritual practices. Rather than viewing traditional healing as oppositional to the Christian faith, the church should seek

avenues for respectful dialogue and cooperation. This collaboration must be undergirded by a robust theology of healing that recognises the full range of human experience, spiritual, social, emotional, and physical, and that affirms healing as a communal journey rather than an isolated event. In this way, the church can serve as a bridge, offering a vision of shalom that reflects both the biblical vision of wholeness and the African cosmological emphasis on harmony and interconnectedness (Mbiti, 1990; Bediako, 1995).

In advancing collaboration between the church, healthcare institutions, and traditional healing systems, an ecumenical approach offers a more coherent and theologically grounded framework than an interfaith model. Ecumenism, understood as the cooperation among Christian traditions, allows for a shared theological foundation that affirms the uniqueness of Christ, the authority of Scripture, and the sacramental and communal understanding of healing. This shared Christological and pneumatological framework provides a more stable platform for developing a unified theological response to illness and suffering in African contexts (Kalu, 2008). While interfaith dialogue with traditional religious systems may be necessary in pluralistic settings, it often risks relativizing core Christian convictions. In contrast, ecumenism retains doctrinal integrity while enabling meaningful Christian witness across denominational lines, especially on issues such as healthcare justice, cultural sensitivity, and the integration of holistic care rooted in both Scripture and local wisdom.

Moreover, ecumenical collaboration enables the pooling of diverse pastoral, liturgical, and theological resources within the body of Christ to address the pressing challenges of health and healing in African communities. This includes the sharing of indigenous Christian liturgies for healing, contextual theologies of suffering, and pastoral care models that respect communal and spiritual understandings of illness. As Bediako (1995) observes, the growth of African Christianity offers a unique opportunity for ecumenical unity that is both theologically vibrant and contextually attuned. Through ecumenical engagement, the church can also act as a mediator between biomedical practitioners and traditional healers, ensuring that healing is neither reduced to biomedical mechanics nor left entirely to uncritical traditional practices. Instead, a theologically grounded ecumenical vision of healing—rooted in the biblical concept of *shalom*—can affirm the full spectrum of human flourishing and reflect the African

cosmological emphasis on harmony, dignity, and interconnectedness (Mbiti, 1990). Such a vision calls not for syncretism, but for a contextual and ecclesial witness that honors both the gospel and the cultural particularities of African life.

6.3. Final Thoughts

Ultimately, this study affirms that the healing of the haemorrhaging woman is emblematic of a gospel that heals not only the body but the fractured social order. Through the lens of an interdisciplinary hermeneutic, this account speaks prophetically to our contemporary contexts, calling for the dismantling of stigma, the restoration of communal bonds, and the rehumanisation of those on society's margins. The narrative thus serves not only as a testimony of faith and resilience but also as a template for transformative engagement with Scripture in pursuit of justice and wholeness.

6.4 Summary

The healing of the woman with the issue of blood, as narrated in Mark's Gospel, is a profound spiritual event that extends beyond physical restoration. It engages themes of faith, purity, community, and discipleship, emphasising the transformative power of Jesus' ministry to dismantle barriers, be they social, physical, or spiritual, through unwavering trust in him and obedience to God's will. This narrative serves as a testament to how faith, confession, and the healing power of Christ can not only transform individual lives but also reshape communal relationships and redefine purity and family within the Kingdom of God.

Historical references, such as the Acts of Pilate, add intriguing context to this account. According to this text, a woman named Bernice, who had suffered a twelve-year haemorrhage, testified during Jesus' trial that she was healed by merely touching the hem of his garment. Her testimony, however, met resistance due to the prevailing cultural norms, as indicated by the trial leaders' response: "we have a law not to permit a woman to give testimony" (Levine, 2001:74). This highlights the societal constraints of the period and underscores the radical inclusivity of Jesus' actions.

The Gospel narrative also explores the dynamics of divine power, as Jesus acknowledges that healing power leaves him when the woman touches his garment. Miller (2004) posits that Jesus' healing is facilitated through the power of the Holy

Spirit. This act not only exemplifies Jesus' divine nature but also reflects his willingness to accept worship. Both Jairus and the woman exhibit profound acts of reverence by falling at his feet, to which Jesus responds with grace and without reprimand, treating these acts of devotion as natural.

The two interconnected encounters in Mark's Gospel reveal Jesus' ability to navigate interruptions with purpose and compassion. Jairus' urgent plea for his dying daughter marks the first interruption, prompting Jesus to alter his course momentarily. The second interruption occurs when the woman desperately touches Jesus' garment. Despite the chaotic scene and the disciples' scepticism, Jesus deliberately pauses to inquire, "Who touched my clothes?" (Mark 5:30). His inquiry highlights his acute awareness of the transfer of power and his intention to distinguish between casual contact and a faith-driven touch. This distinction reflects Jesus' comfort with making statements that might initially appear irrational to others.

The third interruption arises when messengers inform Jairus of his daughter's death. In response, Jesus disregards their discouraging news and addresses Jairus directly, urging him to "stop fearing" and "believe." His directive refocuses Jairus on the initial promise of healing, emphasising the necessity of sustained faith even in the face of adversity.

Through these encounters, Jesus demonstrates remarkable self-assurance, remaining unaffected by ridicule or negativity. His actions reflect a deep attentiveness as he listens to both Jairus and the woman, engaging with their words and the underlying emotions. This empathetic approach invites the woman to openly confess her story, fostering her confidence and reinforcing her faith.

Moreover, Jesus' compassion, humility, and understanding shine throughout the narrative. His instruction to provide food for the revived child underscores his consideration for basic human needs amidst extraordinary events. This practical act of kindness, coupled with his good manners and composure, diffuses tension and brings relief to those present.

Jesus' egalitarian approach is evident in his readiness to heal both the powerful and the marginalised. Whether attending to a prominent figure like Jairus or an unnamed

woman suffering in silence, Jesus validates their emotional experiences and rebukes fear, disbelief, and mourning. He calls on his followers to anchor their trust in him, transcending societal norms and extending grace indiscriminately.

Ultimately, Jesus identifies with the woman and the child, showcasing his authority over sickness and death. By acknowledging the "leakage" of power during the woman's healing, he establishes a profound connection with her. His ministry, marked by inclusivity and compassion, challenges conventional expectations and extends the reach of grace and healing to all who seek it, regardless of status or circumstance.

At the core of Jesus' character lies his remarkable authority, which is coupled with an expectation of obedience from those he encounters. In the narrative of the haemorrhaging woman, as well as in his interactions with Jairus and his daughter, Jesus demonstrates a commanding presence, expecting specific responses. He instructs the woman to leave in peace, calls on Jairus to choose faith over fear, and demands that the young girl rise upon his command. In each case, Jesus acts with profound confidence and authority, exemplifying not only his divine power but also his recognition of the courage exhibited by others. Whether it is the woman's persistent faith or Jairus' bold approach, Jesus affirms and encourages these qualities, underscoring the mutual dynamic between him and those who seek his intervention.

Furthermore, Jesus' willingness to listen to the woman in a public setting, despite the cultural taboos of the time, reflects his disregard for societal conventions. In a society that marginalised individuals like her, Jesus extends kindness and compassion. By addressing her in front of the crowd, he restores her not only to physical health but also to her rightful place within the community. This act of healing transcends the mere removal of her physical ailment; it restores her social standing, replacing the stigma of her condition with the honour of being publicly recognised and affirmed. Jesus, in this instance, both heals her body and reintegrates her into communal life, demonstrating his broader mission of spiritual and social restoration.

Jesus' approach to healing further exemplifies his flexibility and grace. Unlike conventional healing practices that often require direct initiation or face-to-face interaction, Jesus heals in unexpected circumstances. The woman's healing, initiated by her act of faith in secretly touching his garment, serves as a prime example of

Jesus' ability to respond to faith irrespective of traditional norms. This interaction highlights his grace, patience, and understanding, as well as his willingness to transcend established societal boundaries to minister to those in need. His healing is not restricted by the expectations of others or the formalities of the law but rather is freely offered to all who demonstrate faith.

Another notable characteristic revealed through the woman's narrative is Jesus' honesty. His response to her actions, recognising her faith and need, embodies a transparent and truthful engagement. As Jesus acknowledges the woman's persistent pursuit of healing, he frames her actions as a testimony of faith, intertwining her need with the belief that leads to her healing. This honest recognition reflects Jesus' deeper understanding of the human condition, where need, faith, and healing converge. His words to the woman "Go in peace", carry significant weight, indicating not only physical restoration but also spiritual wholeness, peace, and well-being. In this declaration, Jesus extends a holistic blessing, suggesting a comprehensive healing that encompasses both the body and the soul.

The prophetic nature of Jesus' blessing is evident in the language he employs. By pronouncing the woman's healing in the present imperative, "Be whole of thy plague" (Mk 5:34), he not only affirms the immediate cessation of her affliction but also reassures her against the potential return of her condition. Wuest's (1966:114) translation, "Daughter, your faith has saved you. Go in peace. Be continually healed of your affliction," further emphasises the ongoing nature of the healing process, suggesting that the woman's restoration is not a singular event but an enduring state of well-being. This prophetic blessing underscores both the completeness and the lasting peace that the woman now experiences.

In Mark's Gospel, a common thread runs through the experiences of those who seek healing from Jesus. The haemorrhaging woman, like Bartimaeus, is characterised by her desperation, public exclusion, and unwavering determination to approach Jesus. Both individuals are familiar with the sting of marginalisation and have heard of Jesus' ability to heal. Their persistence in overcoming societal obstacles, whether physical, social, or emotional, demonstrates their deep faith in Jesus' power. The woman navigates through a crowded street to touch Jesus' garment, while Bartimaeus boldly calls out to Jesus despite the crowd's attempts to silence him (Mark 10:47). In both

instances, Jesus responds to their cries for help with compassion and affirmation, declaring, “Your faith has healed you” (Mark 5:34; 10:52).

By making this declaration, Jesus shares in the honour and responsibility of their healing. His words, “Your faith has healed you,” do not merely acknowledge the individual’s belief but elevate it, underscoring the cooperative nature of healing. Jesus attributes the healing not only to his own power but to the faith of the individual, demonstrating his gracious and collaborative approach to restoration. This reciprocity between Jesus and the faithful further reveals his nature as both a healer and a nurturer of faith, empowering individuals to claim their healing through persistent belief. In doing so, Jesus fosters a deeper understanding of faith as a dynamic, participatory force, where the power of God is made manifest through the faith of the individual.

6.5 Conclusion

In conclusion, the narrative of the haemorrhaging woman underlines the profound themes of faith, healing, and resilience. This hybrid approach of combining social-scientific and healing perspectives as key hermeneutical lenses for this study has shown that her story illustrates the transformative power of belief, highlighting the intersection of personal suffering and spiritual redemption. Through her courage to seek healing despite societal barriers, the account serves as a powerful testament to the potential for restoration and the enduring strength of the human spirit. It also emphasises that an encounter with Jesus profoundly transforms the individual, and the story of the haemorrhaging woman is a poignant illustration of this transformative power. At the outset, the woman’s condition is one of profound suffering; her haemorrhage had persisted for twelve years, draining her vitality and resources. Her situation seemed hopeless, marked by physical, emotional, and social isolation. Yet, this desperate state does not define the conclusion of her narrative. Instead of succumbing to death, she is granted new life, a vitality that replaces the depletion she had known for years. Initially, the woman seeks only a quiet, unobtrusive encounter with Jesus, hoping to remain unnoticed. She believes she can be healed without drawing attention by merely touching his garment. Her actions reflect her desperation, need, and deep desire for restoration. However, Jesus’ awareness of power leaving him disrupts her plan. He seeks her out, calling attention to the healing that has taken

place. In this moment, Jesus does not reprimand her for what might have seemed a furtive or even presumptive act; rather, he actively draws her into a deeper interaction, acknowledging her faith.

When she steps forward to confess, Jesus does not scold her for approaching him in secret. Instead, he affirms her courage, recognising the boldness of her actions and the faith that motivated them. His response transforms her from an anonymous, isolated figure into a beloved community member, as he publicly affirms her healing and position within the covenant family. His address of her as "Daughter" is not only a term of endearment but a public declaration of her restoration to the community from which she had been excluded due to her condition. Through this compassionate acknowledgment, Jesus shifts the focus from her physical ailment to the deeper, spiritual healing she has received. He praises her faith and assures her that she is now whole, both physically and relationally. The healing extends beyond the body to include her social and spiritual restoration, marking her as physically restored and an active participant in the community of faith. In this narrative, the unnamed woman emerges as a biblical heroine, her faith and courage spotlighted in the moment of her encounter with Jesus. Her story is one of profound transformation, from desperation to restoration, from isolation to inclusion, and from hopelessness to renewal. Through her encounter with Jesus, she is healed and invited into a new relationship with him and the broader community, embodying Jesus's redemptive power to all who seek him with faith.

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