Healing story: a bold woman in the crowd

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Introduction

The messages out there are ambiguous and even conflicting. Feminine hygiene products are big business. Commercials blatantly promote their sale on TV and in the press and they do so side by side with the day’s news of the world. And yet menstruation remains largely a subject to be whispered about and to be hidden away. High school girls are encouraged to use slim looking tampons that are easily concealed in their jeans’ pocket. Seldom do we talk in mixed company about menstruating women and even less frequently do we do so inside the walls of the church. Such mixed messages are confusing. Too often we find that a sense of covertness and shame continues to exist even among women themselves. As baby boomers give way to “menoboomers” (that is, women who are in menopause) perhaps we can begin to send more helpful messages concerning women and bodily functions. At least so one hopes.

For some time now I have been intrigued by the relationships in the Gospels between Jesus and women. As I began to study stories about people who experienced healing at the hand of Jesus, I started to develop a more particular interest in the Gospel accounts of the woman with the twelve-year long hemorrhage who pushes herself through the crowd. I have seldom heard this text preached on, nor have I experienced much discussion concerning this biblical character.

I would like to know more about the relationships between this woman and the people around her. Who is in her family system? Just what is the make-up of the communities in which she and Jesus live? Perhaps this woman is a unique figure in the New Testament or perhaps she has something in common with the Syrophoenician woman who also took matters into her own hands and sought out the help of Jesus. Did Jesus differ in the way he received each of these women? I want to explore the biblical texts and their context, as well as some
sociological factors at work in the story of the woman who reached out to touch Jesus.

From my perspective as a pastoral counsellor, I hope to lift up some further implications this healing encounter may hold for contemporary pastoral ministry. The experience of this woman raises wonderment in me about assertive behavior, sexuality, boundary crossing, and community attitudes towards people at the margin. What kind of support does Jesus offer this woman? The healing of the woman with the interminable flow of blood also raises some intriguing thoughts about women and men who are challenged anew to look at and to speak more openly about bodily processes, healthy human sexuality, and its place in the church generally. Such issues continue to assert themselves in the church. We can hope to gain further insight about integrating our faith convictions, our ethics, and our interpretation of the teaching of Jesus.

The Biblical Story
The story of the woman with the flow of blood is found in three Gospels in the New Testament, namely, Mark 5:21c, 24-34; Matthew 9:19-22; and Luke 8:42b-48. In Mark, the story of this woman is “sandwiched” into the encounter between Jesus and Jairus. At first glance it appears to be subsidiary to the Jairus story. It does not seem to exist for its own purpose, but only to advance the plot of the Jairus story by “taking up time” and so keeping Jesus from arriving at the house of Jairus before his daughter expires.

Mark informs the reader that on the other side of the lake a large crowd had gathered around Jairus, who requests that Jesus come and lay his hands on his dying daughter. Jesus starts to go with him, the large crowd following them. A woman moves closer to Jesus. She has been bleeding for twelve years. The medical profession has not been helpful to her, only making her poorer. She approaches Jesus from behind. The writer of Mark records her thoughts as she silently reaches out to touch Jesus. She makes no verbal request for intervention; it is her secretive action which serves to bring about a change in her life. She and Jesus are the only ones who are aware that anything has happened.

Jesus does not make any verbal response to her. The result of the physical contact is that immediately the woman’s bleeding stops and
she feels the suffering leave her body. Jesus, having felt power go out of him (Mark 5:30), questions the crowd as to who touched him. The disciples are surprised that Jesus should make something out of someone jostling him in a crowd. Jesus looks around for that person. The woman comes forward, falls at his feet, and tells everything to everyone around. Jesus makes a pronouncement: “Daughter, your faith has made you well. Go in peace. Be freed from your suffering.” And then men arrive and announce the death of Jairus’s twelve-year-old daughter. Jesus continues on to the ruler’s house where Jesus proceeds to restore Jairus’s daughter to life. Jesus raises the girl in a private setting requesting onlookers not to speak about it to anyone.

This no-name woman (in the Gospels she is only referred to as “a woman suffering from hemorrhages”) finds her own way to Jesus. Who, if anyone, is she connected to in the community? None are mentioned. Does she even have much of a family? No one is on the scene to walk with her. Medical treatments had not helped. Rather surreptitiously and deliberately, the woman set out to find another route to healing. She must have reflected long before moving out into the crowd and towards Jesus. One wonders, is her quest to find Jesus a last resort?

This woman’s ongoing menstrual condition hindered her full participation in community. It affected intimate relationships and reproduction. Because of her ongoing loss of blood, she could not meet the requirements involving cleansing rituals. This woman with a chronic condition experiences restrictions from personal intimacy, from sexual activity, and from her community of faith. For years she had been unable to birth a child. As long as she continued to menstruate, she had been unable to become pregnant. Such a situation would have been of considerable concern for a family at a time when reproduction and the raising of offspring for future generations were strong cultural and religious values.

Menstrual Blood and Ritual Purity
I remember a few years ago being invited to join a gathering of First Nations People. We came together as a group of Lutherans and Aboriginal People, first for a sacred ceremony, and later for food and discussion. Just as the ceremony began, one of the native elders made an announcement that any woman present who was menstruating should leave the circle. Some of us were taken aback until he explained...
that this request was not in any way intended as a put down of women, but as a recognition that menstrual blood is very powerful medicine. In this instance blood was considered to be a positive, powerful substance. It was a helpful lesson that day. The elder’s comments gave me something to think about.

Blood, particularly sacrificial blood, can play a central role in worship and ritual. In other contexts the contact with blood can render a person unclean.²

In antiquity, conflicting notions were also held about menstruation. Sometimes menstrual blood is seen as a source of impurity, sometimes as a source of power. Howard Clark Kee, citing Pliny’s *Natural History*, describes the powers possessed by various bodily substances. Of particular interest are Pliny’s comments about menstrual blood. Such blood was considered to have remarkable healing effects in the cure of various diseases.³

Pliny writes regarding menstrual flow, “there is no limit to its power” (XXVIII.22). He notes that hailstorms and whirlwinds are driven away if menstrual fluid is held up towards the sky. The very flashes of lightning and even stormy weather and the sea itself fall under its influence. It is so potent that he warns his readers, “do not make use of it during eclipse or the dark of the moon!”

Danger lurks for a man who has intercourse with a woman who is menstruating: he may die. Even the worms in a field will drop dead if a menstruating woman walks through it. One can neither wash away nor burn off the effects of this fluid. It can even bring on miscarriage in both women and mares. On the other hand, Pliny will assert, menstrual blood can be useful medicinal fluid for gout, runny eyes, boils, and fever.

People in antiquity lacked any real way of checking out the accuracy of such claims for themselves. Pliny does not think in terms of miracles, nor do the gods seem to play a major role here. It may be more accurate to describe his understanding of cause and effect as magical. He suggests that human ritual and incantations can bend the gods into conformity to the human will.

Jewish and Hellenistic tradition knows of many holy men. A holy man was expected to be able to heal the sick and sometimes even to raise a dead person. Miracles were not at all uncommon even in Jewish circles in the first century. It was understood that miraculous healings
could come about through a person’s appeal to the gods as well as through magical manipulations or incantations.

In the New Testament also, the word “miracle” seems to be used in a somewhat flexible way.⁴ The distinction between miracles and magic was never clear-cut. Kee suggests that even common folklore and superstition may play a significant role in this particular story of the woman with a hemorrhage. He wonders, for example, does Mark 5:30 contain residual elements of magical traditions? The effects of the woman’s touch do seem to be rather magical.

The Gospel story of the woman with a menstrual flow does not really have a medical theme. Certainly we are told that the woman had seen lots of doctors in the past. But Jesus does not offer diagnostic suggestions and he does not give prescriptions. There are no ritual baths called for. On the other hand, this is not an exorcism story. Jesus does not resort to incantations or exorcism formulae. Just check out some of the other miracle stories of Jesus for the sake of comparison.⁵ In the New Testament itself, the usual questions asked about sickness are not, “What” or “How.” More often the questions address the theological problem, “Why?”

The Book of Leviticus details the way of life and worship for the people of God. It contains a mixture of both legislation and narrative. Purity regulations are seen not just in terms of ritual taboos; they function more specifically as a means of preserving religious as well as ethnic identity. Leviticus 15:1-33 is particularly relevant to the story of this woman. Leviticus lists four bodily discharges that are considered problematic. They include male discharges caused by a disease such as gonorrhea, normal discharges of semen (vv. 1-18), normal menstruation (vv. 19-24) and pathological discharges (vv. 25-30).⁶ Menstrual periods were normally considered to be seven days in length during which time a woman was regarded as unclean. Direct or indirect contact with a menstruating woman was to be avoided if at all possible. This also meant that sexual contact during menstruation had to be avoided. Females with pathological discharges were viewed the same way as menstruants (vv.25-27) and like males who had discharges. But from a woman with a chronic blood flow, additional sacrifices were required. The appropriate laws were intended to protect the community. The sanctuary, the place of God’s presence among the people, must not be polluted. Ignoring these rules would incur God’s anger.
Thus the Hebrew Bible puts menstrual discharges in the same category as contact with dead animals or with lepers. It is not so much hygiene or dirt that is cited as problematic. Pollution affects the physical, moral, and ritual sphere. Jane Rachael Litman writes:

Menstruation, childbirth, and female sexuality are seen by the Bible as physiological processes that serve the vital social process of procreation, yet are difficult to control (particularly by men). This gives them a quality of danger and therefore, a need for exacting supervision.

A common misconception is that religious impurity or pollution associated with these disorderly states (translated in many Bibles as “uncleanliness”) is the same as physical dirt, lack of hygiene. Rather, ritual impurity was symbolic of disturbances in the harmony of the universe. It was caused by a contact point between the forces of life and death. . . . The pollution is symbolically rather than physically washed away through ritual immersion.

Maintaining purity commonly required the removal of all physical signs of impurity. The many complex purification requirements included set waiting periods and water as a cleansing agent. A menstruating woman was considered to be unclean until after she had been immersed in a “miqweh,” a ritual bath that marked the cycle’s end. Such rites call attention to the way society orders persons and space. They point out who or what is out of place, out of phase.

Although biblical specialists continue to debate the nature of purity rituals during the time of Jesus, we do know that Jesus frequently healed persons such as this woman in our miracle story, the lepers in Mark 1:40-45, and others who were considered unclean in terms of the purity laws of the day. If Jesus had not acted, this woman would have remained permanently isolated from the rest of humanity due to the chronic nature of her condition.

It was far from ordinary for a woman to take up her own case in public. This woman goes public only after being compelled to do so. "Initially, the woman only intended to touch the garment of Jesus but then she was challenged and the whole situation turned public." It is
striking that Jesus commends the woman for her faith when she acknowledges her disregard of the ritual purity law.

Since the woman with the flow of blood was considered impure, by touching Jesus she would have been viewed as having rendered him impure as well. But Jesus "obviously did not consider himself adversely affected by her touch." On the contrary, Jesus restores her to purity, wholeness, and holiness. In doing so, Jesus has reconnected her with the people of God. Radically changed in status, she has been transformed in body, mind, and spirit, and she is now a fully functioning member in her community. Jesus points to a new vision of priorities, and he exemplifies these priorities in his teaching and actions. He commends the woman and sends her on her way in peace.

In many parts of the world, even today, negative taboos around menstrual blood continue to make life difficult for women, when women are sent to separate places at the time of their monthly menstrual periods. The Greek Orthodox Church still prohibits women from attending the sacrament of confession when they are menstruating, for example.

Jesus, however, allows this "unclean" woman to touch him, and when she does, the source of her uncleanliness disappears. That healing touch has had a life transforming effect, a miracle of the highest order. The faith of this woman was not misplaced when she confidently reached out and so violated the purity rules of her day. On a deeper level she evidently understood that her physical condition was not a barrier. Just as God no longer looks for sacrifices in his temple, so God no longer requires purity rules to shut people out. To get that message across, Jesus paid a heavy price, of course. In the end they crucified him. It seems that when one disregards the rules of purity, one does so at one's peril.

Various Ways of Telling the Story

As indicated earlier, the healing story of the woman in the crowd is found in all three of the synoptic Gospels. The stories are not completely identical. It is evidently legitimate to tell the story in somewhat differing ways.

In all three versions of the story, Jesus is aware that a transfer of power has occurred. Whether we call it a "miracle" (the customary designation) or a "wonder story" (Kee's preferred term), stories of this
sort serve to demonstrate the extraordinary powers of the healer. Many people press against Jesus, evidently desiring to benefit from the power which is customarily associated with a holy man. As the story progresses, the reader is told that power has flown from Jesus. Kee notes that in Mark a central question is addressed to the readers: Who is this person who has such extraordinary powers?11

In none of the Gospels does Jesus condemn the woman who steps into his space. Even though she is universally regarded as impure, she finds full acceptance by Jesus. That in itself is most significant.

The Gospel of Mark, generally considered the chief source of the other two synoptic Gospels, collects several miracle stories into the fourth and fifth chapters. Within this dramatic section of the book, Mark includes the three stories of the demoniac, Jairus’ daughter, and the woman healed of hemorrhaging. The latter two miracle stories are "sandwiched" together. Both involve two anonymous females, identified only by relationship ("daughter") or affliction (hemorrhaging).

It is characteristic of Mark to tie two stories together by inserting the one into the other. The story of Jairus’ request that Jesus heal his feverish daughter is interrupted. Suspense builds as Jesus allows himself to be detained by the interference of the woman. Meanwhile, the daughter of Jairus dies.

When Mark “sandwiches” the woman’s story into that of the daughter of Jairus he compels the reader to interpret one in the light of the other. That this is indeed Mark’s objective is further illustrated by the fact that the story of both females deals with a period of twelve years. The net effect of the continuation of these two stories is that Jesus is presented not only as one who cures diseases, but also as one who overcomes death. The parallelism of these two stories suggests that when Jesus stops the flow of blood in the woman it is as though he has raised her from the dead.

This story also has something to say about discipleship. The woman with the flow emerges out of the great crowd following Jesus (Mark 5: 21, 24, 27, 30, 31). She is one of Mark’s women characters who provide a more positive example of discipleship than do the Twelve. Women like her appear to supplement and complement the picture of what it means to be one of Jesus’ disciples. A helpful role model for would-be-followers, her active faith is for Mark a sign of
being a follower of Jesus.\textsuperscript{12} Of course, not all women followers fit this positive image (note the example of Herodias).

It seems that bold faith, rather than bodily purity, is a criterion of being a follower. This woman alone in the crowd is risking a lot by taking things into her own hands and going behind the scene straight to the source of power. She does not (could not?) approach from the front like the ruler did. Rather she approaches Jesus as unobtrusively as she can, and in silence. Her action needs no words. The only words she speaks in this story are the words that she addresses to herself. Taking the initiative, not by chance, she touches Jesus’ garment. A follower does not always simply obey commands. A faithful follower may on occasion take hold of a situation and “push” the boundaries.

Elizabeth Struthers Malbon notes this woman is unlike others in the crowd: she is bold,

For her faith is strong, the account of the hemorrhaging woman emerges from the account of Jairus and his daughter, and this woman’s faith is a model for the faith that Jairus will need for what lies ahead....\textsuperscript{13}

In the Gospel of Mark, after the woman touched the hem of Jesus’ garment, she falls down in fear and trembling. She feels obliged to explain why she did what she did. Was this some kind of acknowledgement on her part that she had indeed stepped over the line? But there is no rebuke. Jesus’ words speak instead of faith, healing, and peace. Jesus feels the outflow of his power that stops her flow of blood (5:30) and confirms what she has already experienced. “Daughter, your faith has made you well, go in peace.” The woman’s persistence is rewarded by a cure (Mark 5:28-29). “Daughter,” he calls her, and so establishes a relationship of kinship with her.

There is one further feature of this story that catches my eye. This woman had started out on her journey not seeking public attention. But then things got out of hand. Detected by Jesus, she can no longer hide. She feels she must make a public confession and tells all. There may be some hidden significance in the fact that the woman who had hoped to deal with her affliction in a discrete manner ended up drawing public attention to it. Almost as a matter of course, this woman had accepted the cultural taboos. She had bought into the conspiracy of silence.
Now, she needed to be pushed to mention the subject in public. Is there something to be learned from this?

Matthew presents the story of the woman in a much-abbreviated form, including it in a rather large collection of miracle stories plucked out of Mark. Interspersed in this collection Matthew has two pericopes which focus on discipleship (Matthew 8:18-22; 9:9-13). For Matthew, then, miracles and the call to discipleship are tightly interwoven.

This connection is enhanced when one observes how Matthew emphasizes that Jesus’ own ministry includes healing as a prominent aspect of the Kingdom (e.g., 4:23; 9:35), and that Jesus sends out his disciples to emulate his own healing ministry (10:1). Is it not appropriate, then, to conclude that the disciples are called to be healing agents themselves by allowing themselves to be “touched” by this woman and by others like her?

Matthew also shows less interest in the parallels between the twelve-year-old girl and the woman with twelve years of hemorrhage. Here the action of the woman does not delay Jesus on his journey to the house of Jairus, as it does in Mark. In Matthew’s version the girl is already dead when Jairus makes his initial request (Matthew 9:18). The woman’s story is not secondary to that of Jairus. It stands on its own. In Matthew there is also no indication that the woman has any experience of fear. In Mark and Luke fear seems actually to arise only after Jesus asked, “Who touched me?” Clearly a woman like this can indeed approach Jesus.

In Luke, the miracles are generally more magical and spectacular than in the other Gospels. Jesus attests that he feels power flowing out a kin to something like a voltage loss (8:46). The woman who lives on the fringe touches the fringe of Jesus’ garment, receives healing and announces her immediate recovery to all the people. Becoming a public witness, she talks about her experience openly; in fact, she “proclaims” it to the world (Luke 8:47). She takes the risk to go public and Jesus blesses her for that journey, dismissing her with the words “go in peace.” She goes as one who can freely talk about her past afflictions as well as her newly-found sexual health.

This Woman Has Sisters

It is interesting to make some comparisons between this woman in the crowd and others who have a similar experience of the healing
power of Jesus. The Gospels record the story of at least one other woman with a strong need for healing. Mark (7:24-30) and Matthew (15:21-28) both tell the story of the Syrophoenician woman. She seems clever and bold. Her story is preceded by discussions around what is clean and what is unclean. The woman in Mark 5 is isolated by her illness from religious and kinship community. The woman in Mark 7 is isolated because of her nationality and her religious beliefs. Unlike the woman in Mark 5 who approaches Jesus in a public place, this outsider comes to Jesus in a house, a more private, and more respectable place for reputable women to speak up. The Syrophoenician woman falls at the feet of Jesus and requests healing for her daughter (just like Jairus). But things do not go well for the Syrophoenician woman. Jesus rebuffs her—at least to begin with.

In spite of her religious and national marginalization, the Syrophoenician woman dares to approach a strange man and to make a request of him. One wonders why Jesus, who had already healed a foreigner (the demoniac) would not accede to her request as well. A few crumbs are all that she requests. Eating is no doubt understood as a metaphor. “Eating is a behavior which symbolizes feelings and relationships, mediates social status and power and expresses the boundaries of group identity.” Jesus is well known to have shared meals with all sorts of marginalized (“impure”) people. In fact his “open commensality” (Crossan’s preferred term) precipitated the major conflict between Jesus and the religious authorities of the day. So, why does Jesus refuse the request of this woman?

Jesus brusquely sweeps aside her request, but her comeback is clever. Her retort may have helped to change the dynamics of this situation. In the end she gets her wish and her daughter is made well. She (like the woman with the flow) has commendable courage. She, too, seems to have taken matters into her own hands, approaching Jesus herself and with her own particular needs. Like Jairus, she asks on behalf of her child and thus for her own security and well-being. For both of these doubly marginalized women, the healing occurs at once (Matt. 9:22b; 15:28c). In the end, Jesus supports and enables these women to bring about a shift in social boundaries. The woman in the crowd and the Syrophoenician woman are secure in their sense of self. They move into unconventional arenas and take enormous risks. Each is able to challenge the status quo. Both face the prospect of further
alienation by their action. They are confident that their journey will not be in vain.

Yet both of these women are ready to deal with resistance, even when that resistance comes from Jesus. The one attempts to catch Jesus “off guard,” the other is ready to engage in tough bargaining with him.

The renowned German psychotherapist, Hanna Woolf, repeatedly asks her clients, “Do you really want to be healed?” This critical question helps to move a person into the realm of change in behavior, relationships, and overall health. These women sought health and the responsibility that goes with it. They wanted it so badly that they were ready to risk in order to attain it.

Another Way of Telling the Story

As I write, I have in front of me a model of a human figure. (I use these therapeutic figures, about 30 cm. in height, in the counselling of individuals and families and for teaching purposes. Doris Egli, Baar, Switzerland, creates these figures.) This figure is designed to be flexible. Arms, hands, legs, and torso can be manipulated to reflect various physical and internal dynamics. The one in my hands is dark skinned and dressed in a flowing garment of biblical times. This model appeals to my visual and tactile senses.

I manipulate this flexible figure, I wonder: As the woman approaches Jesus, what would she be like? After a bit of experimentation, I decide that she should show forward movement, one hand on her abdomen and the other extended towards Jesus. Leaning forward, she pushes on, garments hanging loosely on her too thin frame. Moving quietly through the crowd of people, she focuses on her target. Her eyes are fixed on the cloak of Jesus. It is almost within reach. I tell the story of the woman this way today. Tomorrow I may do it somewhat differently as I ask others to let the figure express their perceptions of the story. I set the therapeutic figure aside for now but continue to reflect on this woman who is so determined and who is so certain that Jesus will help by healing.

I listen to many stories of women who endure, suffer, or medicate their way through various hardships. Often their pain is related to issues connected with menstruation, fertility (or the lack of it), and menopausal transitions. The taboo that still exists around speaking out about menstruation also still continues around sexuality in general.
Such issues come up more often than we think. And they can affect each one of us and our caring relationships in one way or other. It is helpful to know our bodies better, to speak about our experiences more openly, and learn to celebrate our bodily existence, including its sexual dimensions.

Human embodiment in general teaches us about such themes as finitude, rhythm, conceitedness, and co-creating. A deeper respect for the connecting threads between our embodiment, male and female, and the ways we live out our lives will enable us to live with greater congruence and authenticity. And who among us would not propose such values as congruence and authenticity as the cornerstones of mental and spiritual health?

Kendrick goes on to suggest that multiple conversations about the uniqueness of female and male embodiment need to take place among women, but also in mixed groups. We ought to be able to understand better what it means to be human. Whether in CPE groups or seminary classrooms, psychiatric consultations, pastoral visits or congregational worship, the contributions of female embodiment will be evidenced only as we begin to listen, to value, and to communicate. We need to preach on texts like the story of the woman who once was in need of healing but now has been restored to health and full life.

"Purity laws" in one form or another still restrict our lives. Taboos get in the way; some religious and social biases separate and diminish us. At a recently held study conference which dealt with the topic of homosexuality in the church, I heard many insightful and challenging theological arguments. I listened to stories of gay and lesbians and their experiences with the church. These people spoke of their struggles to find their place in their church communities. They wanted to feel that they belong. Their deep sense of commitment to their church and their strong faith was most evident. So was their pain at their being excluded from their communities of faith. Just to speak out on the topic of homosexuality was to take personal risks, risks which include the possibility of rejection and retaliation. The struggle toward finding wholeness and healing continues. It is not a struggle that we have to take on all by ourselves.
The prophets spoke of the age-long yearning of humanity for wholeness. And when they did so, they no doubt were not just speaking in metaphors. Then the eyes of the blind shall be opened and the ears of the deaf unstopped; then the lame shall leap like a deer, and the tongue of the speechless sing for joy (Isaiah 35:5-6).

Jesus pointed to his own healing ministry as evidence that the Kingdom of God was becoming established. His response to John the Baptist made that vividly clear.

The blind receive their sight, the lame walk, the lepers are cleansed, the deaf hear, the dead are raised, and the poor have good news brought to them (Matthew 11:2-6).

Jesus’ healing integrates at once bodily, spiritual, and social dimensions. It cures not only sickness, but the whole person. Jesus frees from pain and sorrow, from injustice and abandonment, from slavery and from sin and from social isolation. This multi-level miracle story offers a comforting, as well as a challenging model. This woman in the crowd stretches the limits approved by the authorities. She reaches beyond those boundaries in the brazen expectation that Jesus will approve.

And Jesus does.

Notes


4 Kee, Medicine, 2.

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9 Ibid., 111.


13 Ibid., 36.


16 Wilson, 164.
