ABSTRACT

Compassion for the Marginalized: How Jesus's Healing Ministry can be a Model for Christian Healthcare Professionals

Adriana Herrera

Director: Mikeal Parsons, Ph.D

Many modern-day, Christian health professionals describe their work as a ministry—a way to share the gospel, even if indirectly. What would it look like, however, to have a healing ministry like Jesus? To answer this question, this thesis explores the unique aspects of Jesus's healing practices, first by defining the concept of health and healing in the Greco-Roman and Jewish traditions and then determining how Jesus's practices were distinct. Next, the work will explore how aspects of Jesus's healing ministry, such as healing out of compassion and addressing the needs of the ostracized, appeared in early Christianity, namely through the development of Christian philanthropy and hospitals for the poor. Finally, the precedent established by Jesus and the early Christians will be used to develop a model of care for the marginalized in our modern society.

APPROVED BY DIRECTOR OF HONOR THESIS:

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Dr. Mikeal Parsons, Department of Religion

APPROVED BY THE HONORS PROGRAM:

_____

Dr. Elizabeth Corey, Director

DATE: _____

COMPASSION FOR THE MARGINALIZD: HOW JESUS'S HEALING MINISTRY CAN BE A MODEL FOR CHRISTIAN HEALTHCARE PROFESSIONALS

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By

Adriana Herrera

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To my mother. Thank you for all the support, sacrifices, and love. From the beginning, you have been my biggest advocate and fan, and I would not be who I am today without you.

To my grandfather, who first introduced me to the gospel and who showed me the value of a life lived in service to your community.

To Dr. Mikeal Parsons. For his guidance, support, and friendship these past two years. Thank you for partnering with me in this academic journey and allowing me to explore questions that will guide my life and career.

INTRODUCTION

In church tradition, Jesus is often referred to as the Great Physician. Although this title is commonly used to describe the spiritual healing offered through faith in Jesus, the title also conveys images of physical healing. The gospel helps to create these images because of the prevalence of healing narratives in the four books. Jesus's healing miracles presented throughout the gospel help to create a relationship between Christianity and physical healing. As present-day, Christian, healthcare professionals recognize this relationship, they may be struck with the question: how, if at all, can they continue the tradition set by Jesus's healing ministry?

To be able to answer this question, healthcare professionals would need to understand the link between Christianity and physical healing before addressing any possible implications for modern medicine. In order for this to be accomplished, Jesus's healing ministry must first be examined in its cultural context, and consideration should be given to how the early Christians understood and used Jesus's teachings. Only after this careful exploration can the modern perspective be considered. Therefore the goal of this thesis is to examine the healing practices of Jesus and the early Christians in hopes to develop a model of care to be used by present-day, Christian, healthcare professionals.

CHAPTER ONE

Healers and the Concept of Health in Ancient Greece and Jewish Tradition

To understand the healing practices in the Gospel of Matthew fully, one must have a clear concept of how health and medicine were understood and defined within the context that the Gospel of Matthew was written. This includes the idea of health found in the Jewish tradition and illustrated in the Jewish Scriptures, as well as, an understanding of health influenced by the Greco-Roman society and the surrounding cultures. As Roman medicine was adapted from Greek medicine and ancient Greek medicine was influenced in part by the neighboring Egyptian culture, briefly exploring each of these cultures' understandings of health will provide the necessary background needed to analyze the healing miracles in the Gospel of Matthew.[1] Therefore, I will explore the understanding of health and wellbeing from ancient Greece to the development of rational medicine. Then, I will look briefly at the Roman ideas on health and describe how they play into this broader concept of medicine in the gospels. Next, I will explore the Jewish concept of well-being as defined in the Jewish Scriptures and the Second Temple. Then, I will examine the delivery system of medicine during the time of the Gospel of Matthew to demonstrate how each of these cultural ideas on health impacted the means by which people received care and explain how these concepts often overlapped in practice to form a mixed concept of medicine. Finally, I will describe specific characteristic about healers, an all-encompassing word to describe those that

[1]Robert North, *Medicine in the Biblical Background and Other Essays on the Origins of Hebrew* (Roma: Editrice Pontificio Istituto Biblico, 2000), 11.

provided care.

Concept of Health in Ancient Greece

Health, both illness and the restoration of wellness, in ancient Greece was integrally tied to the idea of the gods playing roles in a person's life. As inferred from the writings of ancient Greek epics of Homer and works of Hesiod, illness was often viewed as a punishment from the gods. An example of this relationship between the gods and illness can be identified in the Homeric epic, *The Iliad.*[2] Near the beginning of this epic, we are faced with this understanding of illness as a punishment from the gods:

> Phoibos Apollo heard him, and strode down along the pinnacles of Olympos, angered in his heart, carrying across his shoulders the bow and the hooded quiver; and the shaft clashed on the shoulders of the god walking angrily. He came as night comes down and knelt down then apart and opposite the ships and let go an arrow…against the men themselves and struck them. The corpse fires burned everywhere and did not stop burning. [3]

This scene portrayed a plague sent by Apollo to the Greek army. To preface this passage, it is essential to note that the leader of the Greek army, Agamemnon captured the daughter of the priest of Apollo, Chryses, and refused to return her for ransom:

> Apollo, who in anger at the king drove the foul pestilence along the host, and the people perished, since Atreus' son had dishonoured Chryses priest of Apollo, when he came beside the fast ships of the Achaians to ransom back his daughter… yet this pleased not the heart of Atreus' son Agamemnon, [who said] "This girl I will not give back."[4]

Therefore, the destructive plague was a direct punishment by Apollo on Agamemnon and his army for the mistreatment of Apollo's priest.

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[2]Helen King, *Greek and Roman Medicine* (London: Bristol Classical Press, 2002), 3.

[3]Homer, *Iliad,* trans. Richmond Lattimore (Chicago: University of Chicago Press, 1951), 1.43-53.

[4]Homer, *Iliad,* 1.9-29.

This viewpoint of illness as punishment was not only apparent in the Homeric epics, but was also seen in Hesiod's *Works and Days* dated around the 8th century BC. The work states, "But for those who occupy themselves with violence and wickedness and brutal deeds, Krono's son, wide-seeing Zeus, marks out retribution …[and] brings disaster upon them, famine and with it plague and the people waste away."[5] This passage again exemplifies the ancient Greek understanding of illness as a punishment given by the gods.

Furthermore, the gods not only caused illness but had an intimate relationship with the restoration of wellness. In the *Iliad,* Apollo was credited with healing a wound as an answer to prayer, as the text stated, "So he spoke in prayer, and Phoibus Apollo heard him. At once he made the pains stop, and dried away from the hard wound the dark running of blood, and put strength into his spirit."[6] Thus, the gods were not only associated with the giving of illness but also with the reestablishment of wellness. Also, as Apollo not only healed the wound but put "strength into his spirit," this passage exemplified the understanding of unity between emotional and physical well-being. Therefore, gods can restore a state of wellness that includes physical, emotional, and spiritual health.

Another example of the healing nature of the gods was seen in the healing practices of Asclepius, or Asklepios, and his later followers. Asclepius was the son of Apollo and was trained "in the powers of herbs and in, and also became a skilled

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[5]Hesiod, *Theogony, Works and Days,* trans. M. L. West (Oxford: Oxford University Press, 1988), 238-244.

[6]Homer, *Iliad,* 16.527-529.

surgeon."[7] He was the Greek patron of physicians, and those who were devoted to Asclepius and sought his healing emerged as a healing cult devoted to his teachings.[8] The teachings of Asclepius gained popularity around the fifth century BC with the formation of Epidaurus, a sanctuary dedicated to Asclepius which was a place of pilgrimage for those seeking healing.[9] A passage from Aelian's *Nature of animals*, written around the second century BC, described the healing practices at Epidaurus saying:

> It seems that a woman was suffering from an intestinal worm, and not even the best doctors knew what to do about it. She went to Epidaurus and prayed to the god for a cure. The god was not there at the time, but the keeper of the temple told her to lie down on the bed where cures were affected. The woman lay down, and the attendants cut off her head. One of them stuck his hand down deep inside her and pulled out a huge worm. They could not get her head back on right, though. The god arrived and, after angrily berating his acolytes for their ineptitude, fixed the problem and restored the woman to health.[10]

As described in the passage, the physician themselves could not replace someone's head, but rather the ancient Greeks attributed the power to heal to the gods. Therefore, just as their gods were believed to be able to inflict illness as a punishment, they were also able to restore health to those seeking it in supplication.

It was believed that ancient Greek gods had much influence on health and well-being. Ultimately, this understanding of health would shift with the teachings of Hippocrates and the development of rational medicine which I will explore next. None

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[7]King, *Greek and Roman,* 3-4.

[8]Howard C. Kee, *Medicine, Miracles, and Magic in New Testament Times* (Cambridge: Cambridge University Press, 1986), 68.

[9]King, *Greek and Roman,* 5.

[10]Aelian, *On the Nature of Animals,* trans. Gregory McNamee (San Antonio: Trinity University Press, 2011), 53.

the less, the view of illness as a punishment from the gods would persist among certain practitioners as would the overlying understanding of wellness being both spiritual and physical. This will be important as we later explore the miracles of the gospels.

Hippocrates and Rational Medicine

In the fifth century BC, a shift in Greek medicine occurred that would change the view of health and the role the gods play in health and illness. Hippocratic medicine, or so-called rational medicine, offered a new approach to health which aimed to explain a disease in terms of natural causes rather than divine intervention. [11] The Hippocratic corpus was a collection of about sixty texts, most of which were written between 420-370BC, and although the author of each document is still widely disputed, the collection is traditionally attributed to Hippocrates.[12] Although they varied, the texts presented a theoretical approach to medicine that "largely omitted religious or magical factors in explaining the etiology of disease."[13] In other words, rational medicine moved away from an explanation that relied on the divine towards a concept of illness dependent on the physical world. This drastic change was expressed in Hippocrates' *The Sacred Disease*, in which he discussed epilepsy:

> My own view is that those who first attributed a sacred character to this malady were like the magicians, purifiers, charlatans and quacks of our own day, men who claim great piety and superior knowledge. Being at a loss, and having no treatment which would help, they concealed and sheltered themselves behind superstition, and called this illness sacred, in order that their utter ignorance

[11]Gary N. Ferngren, *Medicine and Health Care in Early Christianity* (Baltimore: The Johns Hopkins University Press, 2009), 18.

[12]King, *Greek and Roman,* 9.

[13]Ferngren, *Medicine in Early Christianity,* 6.

might not be manifest.[14]

This passage shows how Hippocrates and such thinkers perceived rational medicine and its diagnostic practices in relation to older theories of illness. As the name suggests, this new approach to wellness was thought to have offered a more logical and rational approach to medicine than an understanding of health based on the action of the gods. However, despite this new approach based on natural causes and the superiority felt by Hippocratic thinkers, rational medicine and the previous model of health had a significant similarity based on the concept of wellness.

Rational medicine determined the cause of illness from an imbalance of fluids in the body and defined wellness as a balance in the body. It used predetermined ideas about the four elements to a corresponding theory of four fluids within the body, later known as the four humors: blood, phlegm, yellow bile, and black bile.[15] With these fluids defined, the Hippocratic texts often found that "health was evidence that the constituents of the body were in balance," while illness meant the opposite.[16] This sense of balance contributed to a holistic view of the patient. As each patient presented individualized imbalances, Hippocratic healers were required to create individualized treatments that "viewed and treated the patient as a whole person rather than the disease itself."[17] Moreover, this holistic view of patients necessitated a view of wellness determined by

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[14]Hippocrates, *The Sacred Disease,* trans. W. H. S. Jones (Cambridge: Harvard University Press, 1923), II.

[15]Kee, *Medicine, Miracles, and Magic,* 29, 35.

[16]King, *Greek and Roman,* 13.

[17]Ferngren, *Medicine in Early Christianity,* 15.

both body and mind. An example of this can be found in Hippocrates' *Epidemics* in which the healer describes the progression of a patient's illness. The text stated:

> At Larisa, a bald man suddenly experienced pain in the right thigh. No remedy did any good.
> *First Day*. Acute fever of the ardent type; the patient was quiet, but the pains persisted.
> *Second Day*. The pains in the thigh subsided, but the fever grew worse; the patient was rather uncomfortable and did not sleep; extremities cold; copious and unfavourable urine was passed.
> *Third Day.* The pain in the thigh ceased, but there was derangement of the intellect, with distress and much tossing.
> *Fourth Day*. Death about midday.[18]

This description of a patient's progression of disease reveals how Hippocrates defined the relationship between the mind and body. Symptoms of the mind, such as derangement and disturbances, were listed as symptoms of the illness equal to physical symptoms. Therefore, it can be assumed that Hippocratic writers "did not regard the mind and the body as separate areas," but considered them to be of equal importance when defining wellness or lack of it.[19] Furthermore, to define wellness in this manner, a product of both emotional and physical health, demonstrates how rational medicine is not entirely separate from the former Greek understanding of health. Rather, the illness theory based on divine action and the approach rooted in Hippocratic thought both recognized a definition of wellness that encompassed the health of mind, body, and soul. This characteristic of the Greek understanding of health will prove valuable in the later description of the Jewish concept of wellness, as well as in the exploration of the healing miracles of the Gospel of Matthew. However, before we can explore that topic, we must

[18]Hippocrates, *Epidemics III,* trans. W. H. S. Jones (Cambridge: Harvard University Press, 1923), case V.

[19]King, *Greek and Roman,* 12.

first clarify Roman medicine and its similarity to Greek medicine.

Roman Concepts of Health

The Roman concept of health was very similar to the rational understanding despite their somewhat greater emphasis on the influence of the gods. Greek healers entered Roman culture in the third century BC.[20] Around this time, the influence of the healing cult of Asclepius began to make its way into Rome. In 292 BC, when a plague struck Rome, the Asclepiads were consulted and able to express their authority successfully as healers within the new context of Roman culture.[21] Their favor in Roman culture grew substantial, and ultimately the sanctuary of Asclepius moved from Epidaurus to an island in the Tiber River.[22] Therefore, the Greek understanding of health that emphasized the role of the gods flourished in Rome. This was not surprising, however, because "early Romans regarded gods as supreme lords and governors of all things, so that all events were directed by their influence, wisdom and power."[23] Although this allowed the Romans to accept the idea that illness was caused and healed by the gods, some have suggested that their beliefs made them resistant to the acceptance of rational medicine. Despite Greek culture's influence gaining popularity, even Roman philosophers such as Cicero had difficulty abandoning the idea that natural forces, "which were a result of divine will," influenced the events of life.[24] Also, some suggest

[20]King, *Greek and Roman,* 32.

[21]Kee, *Medicine, Miracles, and Magic,* 34.

[22]Kee, *Medicine, Miracles, and Magic,* 34.

[23]Kee, *Medicine, Miracles, and Magic,* 34.

[24]Kee, *Medicine, Miracles, and Magic,* 34.

that Romans were initially resistant to Hippocratic medicine because of a mistrust of Greek physicians. Pliny the Elder, in *The Natural History,* noted that Cato, a Roman senator and household head who served as the healer to his family and slaves, was reportedly fearful of Greek doctors and their influence.[25] Quoting Cato, Pliny wrote:

> When that race [referring to the Romans] gives us its literature it will corrupt all things, and even all the more if it sends hither its physicians. They have conspired together to murder all foreigners with their physic, but this very thing they do for a fee, to gain credit and destroy us easily.[26]

This misunderstanding of Hippocratic medicine made people wary of seeking services from Greek physicians. Despite these initial hesitations, many Roman healers eventually adopted Greek rational medicine into their practice. Cato himself admitted to reading Greek works about medicine.[27] Also, Celsus, who recorded information about medical theories and was practicing during the life and ministry of Jesus, had a concept of healing dependent on the Hippocratic concept of four humors.[28] Therefore, although early Romans were hesitant to accept Greek medicine, in practice, Roman healers incorporated rational theory into their concept of medicine. The concept of health in Roman culture was thus similarly defined as the Greek concept and used both rational and divine-based theories to provide care to people. Interestingly, these theories would have similarities with the Jewish tradition which will be explored next.

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[25]Pliny, *The Natural History VIII,* trans. W. H. S. Jones (Cambridge: Harvard University Press, 1963), 191-193.

[26]Pliny, *The Natural History VIII,* 191.

[27]King, *Greek and Roman,* 36.

[28]Kee, *Medicine, Miracles, and Magic,* 35.

Wellness in the Jewish Tradition

As stated previously, to study the healing practices of Jesus in the Gospel of Matthew, one must understand health as it was understood in his community. Although this concept of health was in part defined by the Greek tradition of medicine, the Jewish concept of health and well-being as described in Jewish Scripture also contributed to the New Testament ideas on health. The works of the Jewish Scriptures define health as wholeness and wellness in all aspects of life, and healing was offered primarily by God.

In the narratives of the Old Testament, health was defined as wholeness and wellness in one's relationship with God. The concept of health in the Jewish tradition was encompassed by the word *shalōm,* which although often translated as peace, represents a state of completeness and harmony.[29] This harmony represented a general fulfillment in physical, mental, spiritual, and social accepts of life.[30] The opposite of this is *hōleh*, which means sickness, but was often used to describe "sorrow, grief bereavement; also loss, punishment."[31] Both these words represented more than the physical condition of a person as they considered the emotional and mental states as well. Therefore, health was not limited to the lack of physical symptoms, but it encompassed many characteristics of a person's life.

In particular, *shalōm* depended on one's relationship with God. This is best exemplified by the loss of *shalōm* resulting from unrighteous actions and consequential punishment from God. This was clearly defined in Leviticus 26.14-16:

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[29]John Wilkinson, *Health and Healing: Studies in New Testament Principles and Practice* (Edinburgh: The Handsel Press, 1980), 4-5.

[30]Wilkinson, *Health and Healing,* 5.

[31]North, *Medicine in the Biblical Background,* 11.

> But if you will not obey me, and do not observe all these commandments, if you spurn my statutes, and abhor my ordinances, so that you will not observe all my commandments, and you break my covenant, I in turn will do this to you: I will bring terror on you; consumption and fever that waste the eyes and cause life to pine away. You shall sow your seed in vain, for your enemies shall eat it. (NRSV)

In this passage, the word consumption, the Hebrew *shachepheth,* came from the root "to become thin" and included any disease from which an individual wasted away.[32] Therefore, the result of disobeying God's law was not only terror or mental misery but physical illness resulting in slow suffering. God could take away all aspects of *shalōm.* This theme was also seen in chapter 28 of Deuteronomy beginning in verse 15. As a result of disobedience, God would cause physical and mental illness and social factors that would cause misery.[33] For example, Duet. 28. 27-30, explicitly states, "The Lord will afflict you with boils of Egypt, with ulcers…with madness, blindness, and confusion of the mind…You shall become engaged to a woman, but another man shall lie with her. You shall build a house, but not live in it" (NSRV). These are just a few of the extensive list of physical, mental, and social punishments listed in chapter 28, but represent the idea that God took away wellness as a consequence of unrighteous action.

Furthermore, an obedient relationship with God not only meant the absence of illness but resulted in a state of wellness or *shalōm.* As disobedience resulted in a loss of wellness, obedience or a right relationship with God gave rise to wholeness or physical, mental, and social well-being at the will of God. In Judges 6.24, Gideon builds an altar to the Lord which is called "Yahweh-shalom" or "The Lord is peace" declaring God is the

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[32]Rendle Short, *The Bible and Modern Medicine: A Survey of Health and Healing in the Old and New Testaments* (London: The Paterson Press, 1953), 51.

[33]Wilkinson, *Health and Healing,* 5.

covenant giver of wholeness.[34] This covenant is explicitly detailed in Exodus 15.25-26, stating:

> [The Lord] said, "If you will listen carefully to the voice of the LORD your God, and do what is right in his sight, and give heed to his commandments and keep all his statutes, I will not bring upon you any of the diseases that I brought upon the Egyptians; for I am the LORD who heals you." (NRSV)

The passage describes the benefit of following the rule of God, namely ridding of disease and offering healing if there was obedience. If the Israelites "follow the stipulations for the maintenance of their special identity as the covenant people," God will grant them *shalōm.*[35] Thus, health was defined as a part of God's covenant with his people.

Furthermore, in the Second Temple, the traditional understanding of wellness or *shalōm* as a gift from God led to the concept of medicine and healing practices also being from God. In the *Wisdom of Solomon,* which most scholars date to the mid-second or early first century BC, God is the source of Solomon's knowledge.[36] Specifically, *Wisdom of Solomon* 7.15-20 states:

> God grant that I may speak according to his will, and that my own thoughts may be worthy of his gifts; for even wisdom is under God's direction and he corrects the wise…He himself gave me true understanding of things as they are: a knowledge of the structure of the world and the operation of the elements…the violent force of winds and the thoughts of men; the varieties of plants and the virtues of roots.[37]

This passage demonstrates the idea that wisdom comes from God. In addition, later writings would interpret Solomon's understanding of the forces of nature to indicate that

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[34]Wilkinson, *Health and Healing,* 5.

[35]Kee, *Medicine, Miracles, and Magic,* 13.

[36]*The Wisdom of Solomon,* trans. Ernest G. Clarke (Cambridge: Cambridge University Press, 1973), 2.

[37]*The Wisdom of Solomon,* trans. Clarke, 51.

Solomon had power over evil and "the other two expressions refer to the botanical knowledge of plants and roots which can be used for healing."[38] In particular, Josephus, a historian in the first century AD, expresses the idea of Solomon's healing abilities being a gift from God in *Antiquities* 8.2.5:

> The intelligence and wisdom that God had bestowed on Solomon was so great that he surpassed the ancients, and even the Egyptians, who are said to be superior to all in prudence, when compared with him proved to be not merely a little deficient, but completely unequal to the king's intelligence… God also enabled him to learn the technique against demons for the benefit and healing of men.[39]

The excerpt demonstrates that Josephus understood Solomon's ability to exorcise demons as a gift from God, "whose purpose is the benefit of healing of human beings."[40] The stated purpose, "for the benefit and healing of men," alludes to the covenant of *shalōm* described previously. However, this covenant also means that the wisdom to heal and the ability to grant *shalōm* are gifts from God.

The gift of wisdom to conduct healing rituals is an idea also expressed in the pseudepigraphical work, *Jubilees. Jubilees* is believed to have been composed between 161 and 140 BC.[41] The work is about the life of Noah after the flood narrative found in Genesis.[42] In *Jubilees* 10.1-4, Noah asks God to prevent evil spirits from destroying his children and grandchildren:

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[38]Lidija Novakovic, *Messiah, the Healer of the Sick: A Study of Jesus as the Son of David in the Gospel of Matthew* (Tübingen: Mohr Siebeck, 2003), 98.

[39]Josephus, "Judean Antiquities," in *Flavius Josephus 5: Judean Antiquities 8-10,* trans. Christopher T. Negg and Paul Spilsbury (Leiden: Brill, 2001), 13.

[40]Novakovic, *Messiah, the Healer of the Sick,* 98.

[41]Chontel Syfox, "Israel's First Physician and Apothecary: Noah and the Origins of Medicine in the Book of Jubilees," *Journal for the study of the Pseudepigrapha 28,* no.1 (2018): 5.

[42] Syfox, "Israel's First Physician and Apothecary,"5.

> In third week of that jubilee the polluted demons began to lead astray the children of Noah's son and to lead them to folly and to destroy them. And the sons of Noah came to Noah, their father…and he prayed before the Lord the God and he said, "God of the spirits which are in all flesh, who has acted mercifully with me and saved me and my sons from the water of the Flood …Let your grace be lifted up upon my sons, and do not let the evil spirits rule over them."[43]

In this passage, it is important to remember that the traditional Jewish understanding of wellness includes spiritual health. Therefore, the demons, in this case, would have been causing illness or affliction on the grandchildren. In *Jubilees* 10.12, in response to Noah's prayer, God instructed his angels to teach Noah their medical knowledge: "And [God] told one of us to teach Noah all of their healing…and the healing of all their illness together with their seductions we told Noah so that he might heal by means of herbs of the earth."[44] Thus, Noah "received knowledge of natural medicine from the angels of God," which God instructed them to do. In *Jubilees,* just as in *Wisdom of Solomon* and the interpretation of the *Wisdom of Solomon*, medical knowledge is presented as a gift from God.

The gift of healing practices from God also translated into the idea that Greek medicine was also from God. Despite these specific understanding of wellness in relation to God, the Jewish tradition did not provide a system of healthcare. This was attributed in part to the nomadic origins of the Hebrews, but also was a manifestation of the "reluctance to employ the magical or pagan healing practices [that] were found in neighboring [Egyptian and Mesopotamian] cultures."[45] However, the same limitations

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[43]"Jubilees," in *The Old Testament Pseudepigrapha 2,* ed. James H. Charlesworth (Garden City: Doubleday, 1983), 75-76.

[44]"Jubilees," in *The Old Testament Pseudepigrapha 2,* 76.

[45]Ferngren, *Medicine in Early Christianity,* 23.

were not applied to Greek influence. Rational medicine "had been sufficiently divorced from its pagan religious background to be adapted to… Judaism."[46] The adoption of Greek medicine did not negate the understanding of healing in relation to God. Instead, Second Temple Jewish communities participated in the system of Greek medicine with the understanding that such healing concepts were a gift from God. This understanding is exemplified in the *Wisdom of Jesus ben Sira*, also called *Ecclesiasticus,* a deuterocanonical work written in the second century BC.[47] In the work "Sira urges the reader to honor the physician because God has appointed him to heal" and God has produced the earthly medicines which the physician employs.[48] Furthermore, the Greek system of healing began influencing temple life. According to the Talmud, many temple priests were physicians, and "in Jerusalem a temple physician was maintained to treat the temple priests."[49] Therefore, Second Temple Judaism's delivery of medicine adopted and conformed to the traditions of their Hellenistic culture while maintaining the belief that healing and medical knowledge came from God.

In summation, the Jewish view of health was wholeness or *shalōm,* that was dependent on and given by God. The concept of God giving and taking away wellness was similar to the ancient Greek belief of the gods causing illness or healing a sick person. However, the Jewish tradition emphasized a more structured commitment to either taking away or inflicting illness than the changing wills of the Greek gods. The

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[46]Ferngren, *Medicine in Early Christianity,* 24.

[47]*Ecclesiasticus,* ed. Richard G. Moulton (London: The Macmillan Company, 1897), v-vi.

[48]Ferngren, *Medicine in Early Christianity,* 24.

[49]David M. Feldman, *Health and Medicine in the Jewish Tradition* (New York: The Crossroads Publishing Company, 1986), 36; Ferngren, *Medicine in Early Christianity,* 24.

same difference existed between the Roman and Jewish viewpoints of health. Also, although Hippocratic medicine was united with these other concepts in its consideration of health as more than just the physical condition, its emphasis on natural causes put it in contrast to these other ideas. Despite these distinctions in the different theories about wellbeing, in practice, the approaches to healing were not mutually exclusive. Instead, during the time the Gospel of Matthew was written, healers practiced medicine through combined approaches to healing.

Healers and maintenance of Health

It is important to note that a "health care system is a concept, and not an entity."[50] It is not appropriate to speak of the way medicine was viewed in the ancient world with our cultural understanding of healthcare. Healthcare in the time of the Gospel of Matthew was not an institution as we view healthcare today, yet we can still describe the general characteristics of healers and the similarities among them. Healers in the time of the Gospel of Matthew were not recognized by a formal accreditation process, practiced using a variety of concepts taken from Greek, Roman, and Jewish traditions, and practiced for economic benefit.

Those that provided healing treatment had varying types of medical training and utilized Greek and Hebrew concepts of medicine. There was no formal accreditation process to become a physician. Instead, "anyone who claimed he or she was one" was a doctor.[51] Some healers did receive formal training, but this was limited. Healers in the

[50]John J. Pilch*, Healing in the New Testament: Insights from Medical and Mediterranean Anthropology* (Minneapolis: Fortress Press, 2000), 26.

[51]King, *Greek and Roman,* 15.

Hippocratic tradition often took an oath as a way to gain trust and make themselves appear to have greater authority than other healers.[52] Some of these healers learned their trade through an apprenticeship or by studying famous physicians around the world.[53] Furthermore, Asclepiads had specific training according to their beliefs. The ill person would arrive at the sanctuary, sleep on the premises, and the god would send a dream to the priest or physician of how to heal the person.[54] Although the healing practices of the Asclepiads were shared among those in their community, their ideas were not widely distributed as they desired for individuals to seek their unique services. Therefore, the Hippocratic tradition and the practices of the Asclepiads offered two forms of formal training that were exclusive and were not received by most healers.

Instead, most healers had informal training that relied on a combination of rational or Hippocratic medicine, magical medicine facilitated through the use of incantation and amulets, and miraculous medicine- which consisted primarily of prayer to the divine.[55] An example of this would be Celsus. As mentioned previously, Celsus practiced medicine according to the theories of Hippocrates, but interestingly, he also used a variety of different home remedies and magical treatments.[56] For example, if bitten by a scorpion, he would suggest "one should pound it up and eat it."[57] Thus, many physicians practiced out of an integrated system of theories on health and medicine.

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[52]King, *Greek and Roman,* 16.

[53]King, *Greek and Roman,* 16, 39.

[54]Short, *The Bible and Modern Medicine,* 24.

[55]Ferngren, *Medicine in Early Christianity,* 5.

[56]Kee, *Medicine, Miracles, and Magic,* 37.

[57]Kee, *Medicine, Miracles, and Magic,* 39.

Furthermore, many of those that offered treatment did not consider the role of the physician to be their profession, but all charged a fee for service. For healers not formally trained as an Asclepiad or through an apprenticeship, medicine was a side job.[58] Often times, the head of household would practice medicine to treat the family, servants, and slaves on the premises, such as the healing practices of Cato. However, one of the unifying characteristics of a healer in ancient times was that they "carried out medical treatment for a fee."[59] Asclepiads would only agree to let a sick person remain at the sanctuary and treat them if they paid their fee.[60] Hippocrates was described in Plato's dialogue *Protagoras* as a teacher of medicine for a fee.[61] Cato also offered treatment for an economic advantage as treating the disease of animals and workers on the farm would limit the need for paid-physicians and keep those who his income was dependent on healthy and working.[62] Therefore, many healers simply had a side practice in medicine, and all practiced out of a desire for economic benefit.

Ultimately, healing and treatment during the time of the gospel were administered by healers that practiced out of a combined rational and divine understanding of health. This understanding of health embodied more than the absence of disease. Instead, wellness extended to the physical, mental, and social conditions of a person's life. Furthermore, although physicians varied in training and treatment plans, all were united by a common desire to make money over the charitable act of healing to simply give

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[58]King, *Greek and Roman,* 15.

[59]King, *Greek and Roman,* 15.

[60]Short, *The Bible and Modern Medicine,* 24.

[61]King, *Greek and Roman,* 9.

[62]King, *Greek and Roman,* 36.

relief to a suffering person. As we look to the Gospel of Matthew, these concepts of healing and characteristics of healers will be essential to identify the specific characteristics of Jesus in his healing practices.

CHAPTER TWO

Jesus's Healing Practices in the Gospel of Matthew

Integral to Jesus's ministry described in the Gospel of Matthew was his role as a healer. In the Gospel of Matthew alone, nearly 40 percent of the narrative was devoted to the topic of healing.[1] Thus, with the emphasis of healing in the Gospel of Matthew, it is not uncommon in the modern Western church to hear healer listed as an attribute of Jesus. However, with the modern understanding of disease pathologies and the ever developing healthcare system, our current understanding of healer can often be far removed from the concepts of health and healers delineated in the previous chapter. Therefore, to comprehend fully what was meant by calling Jesus a healer, a careful examination of the healing practices in the Gospel of Matthew within the context of the society it was written is necessary.

In this chapter, I will define how Jesus's healing practices exemplified the concept of wellness demonstrated in Greek and Hebrew traditions, emphasizing the idea of wellness that united the spiritual and physical conditions of a person. Then, I will investigate the characteristics that differentiated Jesus's healing ministry from healers in his culture. This investigation will include an exploration of Jesus's motivation to heal, examples of how Jesus deviated from cultural norms in his healing practices, and

[1]Wilkinson, *Health and Healing,* 19.

description of how Jesus empowered others to heal. This exploration of the similarities and differences of Jesus's healing practices with those of his culture will allow us to apply the distinctive characteristic to our modern culture in later chapters.

Traditional Understanding of Health

As explained in the previous chapter, a unifying characteristic of the Greek and Hebrew concepts of healing depended on an understanding of health that encompassed physical and spiritual wellness. The manner in which illness was presented in the Gospel of Matthew was consistent with this understanding of wellness. For example, in Matthew 8.1-4, Jesus heals a person with an ostracizing skin condition. As will be described in greater detail later on, in the Hebrew tradition, leprous diseases were a sign of spiritual wrongdoing that resulted in the punishment of the physical affliction. Furthermore, in Matthew 9.32-33, a man was mute as a result of demonic possession, and he only was able to speak again once the demon was cast out. In both examples, physical and spiritual wellbeing were interdependent suggesting the persistence of the prior understanding of wellness. Although the concept of illness and wellness in the Gospel of Matthew was consistent with the Greek and Hebrew traditions described in the previous chapter, there were distinctions in Jesus's healing practices, which I will explore next.

Moved With Compassion

One defining characteristic of Jesus's healing practices was his motivation to heal, namely, a motivation rooted in compassion. A vital feature of the Synoptic Gospels, and the Gospel of Matthew in particular, was the description of Jesus's compassion or mercy

resulting in the completion of a miracle.[2] For example, in Matthew 20.29-34, a scene was described in which Jesus encounters two blind men on the roadside. The passage reads:

> Jesus stood still and called them, saying, "What do you want me to do for you?" They said to him, "Lord, let our eyes be opened." Moved with compassion, Jesus touched their eyes. Immediately the regained their sight and followed him. (20.32-34, NRSV)

In the passage, Jesus's healing actions were a direct result of the compassion he felt for the two men. An additional example of Jesus's compassion for those he healed was seen in Matthew 9.35-36:

> Then Jesus went about all the cities and villages, teaching in their synagogues, and proclaiming the good news of the kingdom, and curing every disease and every sickness. When he saw the crowds, he had compassion for them. (NRSV)

Finally, Matthew 14.14 stated, "he saw a great crowd; and he had compassion for them and cured their sick," which again links Jesus's healing practices with his compassion (NRSV). Interestingly, the word used in this verse to describe Jesus's state was the verb *splanchnizomai* which means "to be moved in the inward parts, i.e., to feel sympathy, pity, or compassion for a person."[3] This word choice lends itself to the imagery of an internal force moving Jesus to action and emphasizes the direct, causal relationship of compassion and healing.

Despite the causal relationship between Jesus's compassion and the response of healing, other healers in Jesus's culture were not motivated by a deep emotional feeling. Instead, most Greek and Roman healers offered services to gain social status or benefit

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[2]*The Cambridge Companion to Miracles,* ed. Graham H. Twelftree, (Cambridge: Cambridge University Press, 2011), 114.

[3]Wilkinson, *Health and Healing,* 40.

economically. During times of high intellectual activity, healers that practiced in the Hippocratic tradition enjoyed an increased social status.[4] In particular, during the Second Sophistic period, which began around the time of Jesus's ministry, the standing of the Hippocratic healer was exalted in a manner that resulted in disconnect from the general public, and the physician "was regarded as being characteristically greedy and fond of public display."[5] Therefore, the desire for status, money, and public spectacle was a stark contrast to Jesus's practice of offering relief due to the compassion he felt.

In addition, even if the healer was not seeking status, as mentioned in Chapter 1, all healers desired an economic gain from their healing practices, as was seen in the description of Cato, the head of household would treat servants and slaves to keep his working population strong.[6] However, Jesus was not described as having the same economic or social drive, suggesting that "for Jesus, healing was not just professional" and more possibly, healing had no professional benefits whatsoever. [7] Therefore, Jesus's motivation to heal was distinct from Greek and Roman healers.

Furthermore, Jesus's compassion would also have been unorthodox in the Jewish community. As seen in the passage presented earlier from works such as Exodus, Deuteronomy, and Leviticus, the giving and taking away of *shalōm* or wellness was a direct result of God's will. Stated otherwise, in the Jewish Scriptures, wellbeing and the

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[4]Kee, *Medicine, Miracles, and Magic,* 55-56.

[5]Kee, *Medicine, Miracle, and Magic,* 56 and 63.

[6]King, *Greek and Roman,* 36.

[7]R. Alan Culpepper, "Jesus as healer in the Gospel of Matthew, part II: Jesus as Healer in Matthew 8-9." *In die Skriglig* 50, no. 1 (2016): a2116.

absence of illness often directly correlated with one's obedience to God.[8] Accordingly, illness was associated with a lack of obedience to God and purity and often resulted in exclusion from the community to protect others from defilement.[9] For example, in the description of the two blind men in Matthew 20.29-34, the men were reportedly "sitting by the roadside" outside of the town of Jericho, indicating their exclusion from the community (NRSV). Besides their physical isolation from the community, these men also were separated from the relational aspects of the community as demonstrated by the actions of the crowd accompanying Jesus. As the blind men called out to Jesus as he passed, Matthew 20.31 stated, "The crowd sternly ordered them to be quiet," indicating their lack of compassion for the blind men because of their affliction and status in society (NRSV). Therefore, this passage exemplifies how the Hebrew tradition called for the isolation of those that were unwell.

On the other hand, Jesus's actions of compassion directly contradicted the Hebrew tradition. Logically, a person suffering from an isolating illness would not warrant intense, compassionate feelings among the crowd that isolated the person. However, as described in Matthew 20.32-34, Jesus healed the two blind men. Jesus's reaction towards the blind men versus the crowd's reaction demonstrated how compassion towards the ill was countercultural to the Hebrew tradition. Therefore, the desire to heal rooted in compassion distinguished Jesus's healing practices from Greek, Roman, and Hebrew traditions.

[8]Wilkinson, *Health and Healing,* 4.

[9]R. Alan Culpepper,"Jesus as healer in the Gospel of Matthew, part I: Methodology," *In die Skriglig* 50, no.1 (2016): a2115.

Defying Cultural Norms

Complementary to his motivation of compassion, Jesus challenged cultural norms through his healing acts. One example of this is the healing of the leper in Matthew 8.1-4. To investigate the importance of this healing miracle, one must explore the illness noted here as leprosy and the context of this illness. Biblical leprosy should not be confused with the biomedical understanding of leprosy, otherwise known as Hansen's disease.[10] The symptoms of leprosy, including numbness, loss of sensation, and in some instance skin lesions, do not fit the description of the skin condition referred to in Leviticus, the basis of understanding leprosy in the gospels.[11] Regardless of its relationship to the modern understanding of leprosy, the leper described in Matthew 8 did experience impairment to wellbeing which must be understood in the broader context.

Illness and healing are defined by the societal systems in which it occurs.[12] Based on Jewish Scripture, biblical leprosy was synonymous with ritual uncleanliness.[13] For example, Leviticus 13.2-3 stated:

> When a person has on the skin of his body a swelling or an eruption or a spot and it turns into a leprous disease on the skin of his body, he shall be brought to Aaron the priest… after the priest has examined him he shall pronounce him ceremonially unclean. (NRSV)

Thus, people with such afflictions "were systematically ostracized by the community" even to the extent of being considered socially dead.[14] This exclusion from the social and

[10]Pilch, *Healing in the New Testament*, 44-46.

[11]Pilch, *Healing in the New Testament*, 42-45.

[12]Culpepper, "Part I," 3.

[13]Wilson, *Healing in the Gospel of Matthew,* 39.

[14]Wilson, *Healing in the Gospel of Matthew,* 39.

religious communities would deny the person with the illness the ability to form the most basic human connections and likewise, prevent anyone from reaching out to the afflicted lest they become victim to the same fate. It was under this framework that Jesus healed the leper.

Jesus confronted culturally defined expectations by interacting with and touching the leper. As stated previously, any interaction with the leper would not be socially acceptable. However, in Matthew 8.1-4, Jesus spoke to the leper, reached out his hand and touched him, verbs which convey a very deliberate act of touching.[15] This action, by societal standards, would condemn Jesus to the same unclean status as the leper and warrant similar social ostracism. However, in this passage, there is no indication that Jesus feared ritual defilement due to his association with the leper, but healed the leper and directed the leper to present himself in front of a priest for reexamination of his cleanliness.[16] Jesus was focused solely on the physical and relational needs of the person with the leprous disease.

Also, by showing no concern for himself, Jesus's action suggested that the benefit of helping the leper outweighed the risk of exclusion from the community, or at the very least, that the danger presented by the leper is not so extreme to justify complete rejection from society. Therefore, Jesus's interaction with the leper demonstrated the need for a deep sense of altruism to confront inappropriate or unjust societal norms. By inviting the person with leprosy into a community of health, Jesus challenged the social framework that excluded the leper and "extended the boundaries of society and included in the holy

[15]Wilkinson, *Health and Healing,* 51.

[16]Wilkinson, *Health and Healing,* 51.

community many who were otherwise excluded."[17] By focusing on the needs of the leper rather than his own, Jesus was able to act beyond what tradition deemed acceptable to care for the afflicted regardless of social standing. Thus, an additional characteristic of Jesus's healing practices was that he challenged unjust societal boundaries because of his altruist motives.

A Ministry for All

Furthermore, Jesus's healing practices were an integral part of his ministry which extended to all people. In Matthew 4.23 and 9.35, Jesus' ministry is described as consisting of, "teaching, preaching the kingdom, and healing every disease and infirmity among the people."[18] Matthew 4.23 states, "Jesus went throughout Galilee, teaching in their synagogues and proclaiming the good news of the kingdom and curing every disease and every sickness among the people" and Matthew 9.35 states, "Then Jesus went about all the cities and villages, teaching in their synagogues, and proclaiming the good news of the kingdom, and curing every disease and every sickness" (NRSV). Therefore, Jesus's healing practices represented one part of a three-part ministry.

In addition, this part of the ministry was used to cross cultural barriers. News of Jesus's miracles spread and caused many to seek his help. For example, in Matthew 8.5-13, a centurion, or Roman military officer, seeks Jesus's help to heal a servant:

> When he entered Capernaum, a centurion came to him, appealing to him and saying, "Lord, my servant is lying at home paralyzed, in terrible distress… [Jesus said], "I tell you, many will come from east and west and will eat with Abraham and Isaac and Jacob in the kingdom of heaven… Go; let it be done for you

[17]Pilch, *Healing in the New Testament*, 51.

[18]Novakovic, *Messiah, the Healer of the Sick,* 118.

according to your faith." And the servant was healed in that hour (NRSV). Jesus's healing ministry was not limited to just the Jewish community. The miracle performed by Jesus overcame social distance and demonstrated "a power that can efface boundaries, even the boundaries that separate people of different ethnic origins."[19] Another example of this is Jesus's healing of the Canaanite woman's daughter in Matthew 15:21-25. The woman's daughter is tormented by a demon, and despite Jesus's initial hesitation of healing those outside the Jewish community, Matthew 15:28 states, "Then Jesus answered her, "Woman, great is your faith! Let it be done for you as you wish.' And her daughter was healed instantly" (NSRV). This act demonstrates that Jesus's ministry was for all who would receive it. Therefore, Jesus's healing practices not only challenged boundaries within his own community, but also confronted boundaries across ethnic groups.

Freely Teaching Others

Finally, another distinctive characteristic of Jesus's healing ministry was that, out of his compassion for the ill, he enabled others to conduct healing practices. Jesus gave the twelve disciples authority "over unclean spirits…and to cure every disease and every sickness" (Matthew 10.1, NRSV). Jesus gave this commission as a result of his compassion. Directly before Jesus's commission, Jesus expressed his sympathy for the crowd, as noted previously in Matthew 9.36. Therefore, Jesus giving the disciples the authority over disease was a direct result of Jesus's compassion. Furthermore, the power given to the disciples also meant that Jesus's healing practices should function as an extension of Jesus's compassion.

[19]Wilson, *Healing in the Gospel of Matthew,* 57.

Furthermore, Jesus's commission expressed his desire to have future healers serve out of the same motivation of compassion. It stated, "Cure the sick, raise the dead, cleanse the lepers, cast out demons. You received without payment; give without payment" (Matthew 10.8, NRSV). This statement alluded to the potential conflict of interest associated with the role of healer. As mentioned previously, many of the healers in Jesus's culture were motivated by status and economic benefit. Therefore, this affirms that the motivation of the disciples should not be professional or monetary. Instead, similar to Jesus, the healing practices of the disciples were to be conducted as a result of their compassion and without them receiving anything in return.

Additionally, although the Synoptic Gospels each give authority to cure the sick, only the Gospel of Matthew directs the disciples explicitly to "cleanse the lepers" (Matthew 10.8, NRSV). It should be noted that although Jesus himself did not declare the leper ritually pure, as this could only be done by the priest, "in both the Old and New Testaments the word *cleanse* can refer to the physical cure of leprosy and to the ritual cleansing of the leper or to each separately."[20] However, the most important aspect of this verse is the meaning derived based on the surrounding texts. As this instruction follows the description of healing of the leper two chapters prior, it alludes to a specific manner in which a person with biblical leprosy might be healed. More specifically, the disciples are called to care for those with leprosy in accordance with the precedent set by Jesus. As previously stated, the healing of the leper by Jesus included a challenging of societal boundaries. Thus, by enabling the disciple to "cleanse the leper," Jesus also gives the disciples the authority to challenge cultural norms. In the Gospel of Matthew, Jesus

[20]Wilkinson, *Health and Healing,* 163.

enables the disciples to provide healing with the compassion and boundary-breaking activity that defined his own healing ministry.

In the Gospel of Matthew, Jesus was a healer motivated by compassion, who was unafraid to go against the traditional practice of cultural separation between ethnic groups. He also enabled others to become healers with the same tenets. Understanding the characteristics of Jesus as a healer in the Gospel of Matthew gives better insight into who Jesus was and what his ministry aimed to achieve. Moreover, the charge of the disciples to heal with compassion, in contrast to what culture would deem appropriate, has implications on modern-day healers who are followers of Jesus. Also, in consideration of the positive impact on the physical and social wellbeing of those healed by Jesus, his methodology of healing could offer insight into how to be modern "healers," otherwise known as medical professionals.

CHAPTER THREE

The Influence of Jesus's Healing Practices on the Early Church

Following the teachings of Jesus, the concept of healing remained intimately linked with the new Christian religion. As we seek to use Jesus's healing practices as an example for modern healthcare professionals, it is important to understand how his healing ministry impacted the concept of health in the time-period following his teachings. The influence of Jesus' teachings is most clear in the establishment of the Christian religion and their healing practices. The followers of Jesus serve as an example of those that used Jesus's teachings of compassion and healing the marginalized to influence their actions and impact on the community. Specifically, the compassionate healing of the early Christian community offered a unique aspect that influenced the spread of the religion.

Furthermore, based on the gospel, the new community established a new concept of philanthropy that was vastly different from that of Judaism and Greco-Roman traditions. Finally, the teachings of Jesus led to the development of a fundamentally new approach to healthcare and ultimately the development of hospitals. Therefore, the following sections will explore the spread of Christianity and how it was influenced by healing practices, the manner in which Christianity changed the Greek concept of philanthropy, and how Christian compassion forever changed the delivery of healthcare.

Healing and the spread of Christianity

Following the ministry of Jesus Christ, the spread of Christianity was led by the apostles, and particularly the ministry of the apostle Paul. By AD 60, Christianity had spread to much of the eastern Mediterranean and Rome, and by the middle of the second century, "there were thriving Christian communities in all major and most minor cities of the Roman Empire."[1] Despite its followers facing "violent persecution under the emperor Diocletian," the Christian religion continued to spread in the third and fourth centuries AD.[2] In AD 313, Western Roman Emperor Constantine established the Edict of Milan, making Christianity a legal religion.[3] The rapid distribution of Christianity leads many to wonder how the teachings of Jesus and his apostles were able to establish such a stronghold in the Roman Empire in a short amount of time. The quick acceptance of the Christian faith was explained in part by Christianity's relationship to healing. Particularly, converts were attracted to the Christian faith because of the healing miracles associated with the teachings and the manner in which the followers of Christianity served the sick during plagues.

Many were attracted to the Christian religion because of the healing miracles of Jesus and the apostles. As mentioned previously, cults that offered miraculous healing were prevalent in the Greco-Roman culture. Therefore, to compete with the cult religions, especially the Asclepiads, the Christian faith also had to offer the possibility of

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[1]Darrel W. Amundsen and Gary B. Ferngren, "The Early Christian Tradition," in *Care and Curing: Health and Medicine in the Western Religious Tradition,* eds. Darrel W. Amundsen and Ronald L. Numbers (Baltimore: The Johns Hopkins University Press, 1998), 41.

[2]Amundsen and Ferngren, "The Early Christian Tradition," 42.

[3]Amundsen and Ferngren, "The Early Christian Tradition," 42.

miraculous healing.[4] Throughout the gospel, Jesus was portrayed as having performed many healing miracles. For example, Matthew 9.29-30 recounted the healing of two blind men: "Then [Jesus] touched their eyes and said, 'According to your faith let it be done to you.' And their eyes were opened" (NSRV). Thus, Jesus's ministry offered miracles that would have been greatly valued in the time of the healing cults. Similar to other healing miracles, "the cures attributed to Jesus amazed the people."[5]

In addition to the works of Jesus, the apostles also performed healing miracles. As explained in chapter 2, Jesus "gave [the disciples] authority over unclean spirits, to cast them out, and to cure every disease and every sickness" (Matthew 10.1, NSRV). The continuation of the performance of healing miracles by the followers of Jesus was seen in the Acts of the Apostles. Act 3.1-8 described Peter healing a lame beggar outside of the temple:

> One day Peter and John were going up to the temple at the hour of prayer, at three o'clock in the afternoon. And a man lame from birth was being carried in. People would lay him daily at the gate of the temple called the Beautiful Gate so that he could ask for alms from those entering the temple. When he saw Peter and John about to go into the temple, he asked them for alms. Peter looked intently at him, as did John, and said, "Look at us." And he fixed his attention on them, expecting to receive something from them. But Peter said, "I have no silver or gold, but what I have I give you; in the name of Jesus Christ of Nazareth, stand up and walk." And he took him by the right hand and raised him up; and immediately his feet and ankles were made strong. Jumping up, he stood and began to walk, and he entered the temple with them, walking and leaping and praising God. (NSRV)

Additionally, aside from demonstrating the power the apostles had in performing healings, the passage also reveals that miracle resulted in a person praising God, showing that the miracles influenced people's subscription to the Christian teachings.

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[4]Henry E. Sigerist, *Civilization and Disease* (Ithaca: Cornell University Press, 1943), 138.

[5]Sigerist, *Civilization and Disease*, 139.

Furthermore, Acts 3.9-10 stated, "All the people saw him walking and praising God, and they recognized him as the one who used to sit and ask for alms at the Beautiful Gate of the temple; and they were filled with wonder and amazement at what had happened to him" (NSRV). The healing miracle resulted in amazement among those that witnessed the act, which further demonstrates the influential power of healing miracles. Healing miracles "were considered the most forceful demonstration of the power of God" and thus resulted in the conversion of many people.[6]

Despite the impact of healing miracles in the ministry of the apostles and throughout the first century, healing miracles did not appear to be the prominent force driving conversions into the second and third centuries. The lack of documentation of miraculous healing accounts from the second and third century centuries suggest that healing miracles were not the reason Christianity gained converts.[7] Instead, "the popular appeal of miracles of healing was less important in securing Christian converts than were argument, persuasion, and a theology that brought conviction and hope to those that accepted it."[8] Furthermore, the main reasons many turned to Christianity in the second and third centuries was because of the Christians' actions during two devastating plagues.

Two epidemics occurred in the Roman Empire during the second and third centuries. The first epidemic, known as the "Plague of Galen," lasted from AD 165 to 180 and resulted in the death of approximately a quarter to a third of the population of the Roman empire.[9] The devastation of the plague was so great that there were "caravans of

[6]Sigerist, *Civilization and Disease*, 140.

[7]Ferngren, *Medicine in Early Christianity,* 70-71.

[8]Ferngren, *Medicine in Early Christianity,* 70.

[9]Rodeny Stark, "Epidemics, Networks, and the Rise of Christianity*," Semeia 56* (1991): 159.

carts and wagons hauling the dead from the cities."[10] The second epidemic started in AD 251 and was equally as fatal.[11] During these epidemics, Christianity gained popularity because its followers responded very differently than other healers.

Followers of Christianity remained in the cities struck hardest by the plague and provided care to the sick while others abandoned them. During the plague of the 250s Dionysius, bishop of Alexandria, wrote:

> They would thrust away those who were just beginning to fall sick, and they fled from their dearest; they would cast them upon the roads half-dead, and would treat the unburied bodies as vile refuse, shunning the communication contagion of the death, which it was not easy by many schemes to avoid.[12]

The passage indicates that during the outbreak of plagues, it was custom for pagans, or non-Christians, to desert their family and flee the city. This resulted in crises in many of the cities, and many of the ill were left without any social support and a limited chance of survival.

However, the teachings of Jesus, as described previously, indicated that the Christians were expected to demonstrate compassion for sick individuals. Their concept of charity towards those that were suffering not only resulted in the care of those afflicted by the plague but also allowed them to "mobilize human resources" in a way pagans could not.[13] For example, in the same letter written by Dionysus, he described the reaction of the Christians during the plague:

> For many of our brothers perished due to their exceeding charity, when they never left off visiting the sick, and doing so with no hesitation, not only visiting them

[10]Stark, "Epidemics, Networks, and the Rise of Christianity," 161.

[11]Stark, "Epidemics, Networks, and the Rise of Christianity," 161.

[12]Eusebius Pamphili, "Ecclesiastical History," in *The Fathers of the Church 29,* trans. Roy J. Deferrari, (New York: Fathers of the Church, Inc, 1955), 126.

[13]Stark, "Epidemics, Networks, and the Rise of Christianity," 163.

> but ministering to them and carrying out the services which the Lord commanded; and so, as the contagion spread, they died along with those to whom they had wanted to minister; drawn by the sentiment of love and desirous of sharing the sufferings of those who suffered, they were not slow to transfer the deaths of others to themselves.[14]

The passage from Dionysius' Easter letter expressed that many Christians had stayed to care for the sick and that they did this out of charity and a desire to take on another's burden.

Furthermore, Christians were motivated to help those in need because the plague was viewed as a testing of whether or not they were following the teachings of Christ. In AD 251, Cyprian of Carthage expressed this idea in *Morality 16*:

> How suitable, how necessary it is that this plague and pestilence, which seems horrible and deadly, searches out the justice of each and every one and examines the minds of the human race; whether the well care for the sick, whether relatives dutifully love their kinsmen as they should, whether masters show compassion to their ailing slaves, whether physicians do not desert the afflicted begging their help.[15]

Cyprian recognized that there was a spiritual value in the plague outbreaks. Cyprian represented the plague as an opportunity for Christians to reflect on their actions in accordance with Jesus's teaching. Representing the plague in this way created an additional motivation for Christians to stay in cities; the call for spiritual evaluation of an individual's actions allowed Christianity to mobilize people in a way that pagan religions could not.

Therefore, Christians, as a collective, remained in the afflicted cities and cared for those stricken with the plague. As a result, the survival rate in these cities greatly

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[14]Rufinus of Aquileia, "History of the Church," in *The Fathers of the Church 133,* trans. Phillip R.Amidon (Washington, D.C.: The Catholic University of America Press, 2016), 295-296.

[15]Cyprian, "Morality," in *The Fathers of the Church 36,* trans. Roy J. Deferrari, (New York: Fathers of the Church, Inc, 1958), 212.

increased. Although medicine at the time lacked many of the present-day resources, simple nursing led to decreased mortality rate.[16] The results were twofold: first, more Christians survived because of the care they provided to one another, and second, those whom Christians cared for also survived.[17] Thus, proportionally, Christians and those associated with Christians had a greater survival rate which "would have seemed a 'miracle' to Christians and pagans alike."[18] This perception of a miracle, as well as, the demonstration of good works as a result of the teachings of compassion, led to more conversions to Christianity.

Therefore, the treatment of those inflicted by the plague propelled Christianity to its popular status in the third century. Although "religions frequently are discarded and new ones accepted in troubled time," the reoccurrence of epidemics in such a short time-span allowed Christianity to disseminate quickly.[19] Therefore, the Christians response to the epidemics in the second and third centuries, following the tradition of healing miracles in the first century, solidified the link between healing and the Christian teachings. Healing was central to the Christian ministry and enabled the followers of Christianity to share their faith with others. In addition, the increased popularity of the Christian faith demonstrated that early Christians were presenting something radically different from their society. As discussed next, Christianity offered a new perspective on the concept of caring for others that stemmed from Jesus's teachings.

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[16]Stark, "Epidemics, Networks, and the Rise of Christianity," 173.

[17]Stark, "Epidemics, Networks, and the Rise of Christianity," 171.

[18]Stark, "Epidemics, Networks, and the Rise of Christianity," 160.

[19]Stark, "Epidemics, Networks, and the Rise of Christianity," 163.

Early Christian's Concept of Health and Charity

The followers of the Christian faith exemplified Jesus's compassion through a fundamentally new approach to philanthropy. The Greco-Roman tradition had a concept of philanthropy that suggested that the giver was superior to the receiver. The word philanthropy initially meant "the benevolence of the gods for humans, a concern that manifested itself in the granting of gifts and benefits."[20] This concept was first notably seen in Aeschylus's *Prometheus Vinctus,* dated to the fifth century BC.[21] Prometheus was credited for giving fire and gifts to humans out of love for them: "Such are your rewards for your human-loving ways. For you, a god, did not cower before the gods' anger, but bestowed privileges on mortals beyond what is just."[22] Prometheus's "human-loving ways" or *philanthropia* led him to give gifts to human-kind. This understanding, that the gods— out of their superiority— would bestow gifts to the people, set the foundation for the concept of *philanthropia* in the ancient Greek tradition.

Interestingly, the Greek concept of philanthropy developed to encompass human to human interactions. It meant "to express a love of humanity, suggesting a general feeling of concern for the well-being of one's fellows."[23] In other words, gifts were not given to individuals with a specific need but rather given for the general welfare of the entire community. For example, in the Hippocratic Corpus, the word *philanthropia* was used "to indicate a kindliness, courtesy, and decent feeling towards others," and

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[20]Ferngren, *Medicine in Early Christianity,* 87.

[21]John Ferguson, *Moral Values in the Ancient World* (London: Western Printing Services Ltd Bristol, 1958), 103.

[22]Aeschylus, *Prometheus Bound,* trans. A.J. Podlecki (Oxford: Antony Rowe, Chippenham, 2005), 77.

[23]Ferngren, *Medicine in Early Christianity,* 87.

suggested a general pleasant feeling for all rather than concern for the specific suffering of an individual.[24] In practice, the city depended in part on the gifts of the wealthy. The city would create a motion "to establish a fund for a need, to which the wealthy members of the community were expected to contribute."[25] A portion of the public revenue would come from such funds and would provide for public buildings and festivals. However, consistent with the Greek concept of philanthropy, the funds were not used for the establishment of social services that benefited a select group of individuals.[26] Therefore, the Greek concept of philanthropy consisted of funds given for the general benefit of the entire public and relied on a sense of superiority of the donor.

In addition to the generalization associated with philanthropy, the motivation for giving revolved around receiving honor. In the century before Christ's birth, Cicero noted the honor-seeking activities of philanthropic people in *De Officiis* 1.14.44:

> There are indeed many who are not so much induced by their natural generosity, as by ambition, to be particularly liberal with their gifts; thus many of their actions are motivated by exhibitionism rather than goodwill, and such hypocrisy is more akin to self-seeking pride than to honest generosity.[27]

Therefore, in the Greco-Roman world, philanthropy was a means of gaining honor rather than alleviating the suffering of the marginalized in the community. It was commonplace for public inscriptions to announce the details of the donor, including the name of the

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[24]Ferngren, *Medicine in Early Christianity,* 87.

[25]Ferngren, *Medicine in Early Christianity,* 90.

[26]Andrew T. Crislip, *From Monastery to Hospital: Christian monasticism & the transformation of health care in late antiquity* (Ann Arbor: University of Michigan Press, 2005), 47; Amundsen and Ferngren, "The Early Christian Tradition," 48.

[27]Cicero, *On Moral Obligation,* trans. John Higginbotham (Los Angeles: University of California Press, 1967), 55.

benefactor and often including the amount of the gift.[28] The lack of compassion for the individual and honor-seeking motivation placed the Greco-Roman concept of philanthropy in stark contrast with the Christian teachings.

The Christian teachings called for philanthropic action distinct from the Greco-Roman tradition because it aimed to address the specific needs of an individual rather than the generalized needs of a community. This concept of philanthropy was rooted in Christianity's recognition of the inherent value of each person and the example of love shown by Jesus. The Greeks and Romans lacked a concept of the inherent value of each human being. The concept of *humanitas* "was used to describe the humane virtues," yet, these virtues were not viewed as intrinsic to the human condition, but "were expected to be possessed by educated people," and particularly the small, upper-class group.[29] Therefore, there was no concept of innate human dignity in the Greco-Roman world.

Conversely, early Christians did possess a concept of the inherent dignity that stemmed from being made in the image of God and was amplified by the sacrifice of Jesus. The Christian understanding of human worth was adopted in part for the Jewish tradition. The Jewish Scripture, in Genesis 1:26-27, declared that humans were made in the image of God:

> Then God said, "Let us make humankind in our image, according to our likeness; and let them have dominion over the fish of the sea, and over the birds of the air, and over the cattle, and over all the wild animals of the earth, and over every creeping thing that creeps upon the earth." So God created humankind in his image, in the image of God he created them; male and female he created them. (NSRV)

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[28]Crislip, *From Monastery to Hospital,* 47; Ferngren, *Medicine in Early Christianity,* 90.

[29] Ferngren, *Medicine in Early Christianity,* 95.

The concept of *imago Dei* or the recognition that humans were made in the image of God warranted that each life be considered valuable. Human life was sacred, and "to destroy the human body was to destroy the human personality, and thus it was an affront to the dignity of Yahweh, whose image (and therefore worth) humans bore."[30]

The concept of the inherent value of human life was adopted by Christians and was transformed by the concept of the incarnation. The incarnation, or the act of Jesus, the Son of God, taking the form of a man, further affirmed the worth of the human person. Furthermore, the sacrificial death of Jesus on behalf of humankind again affirmed the concept of inherent human value. John 3:16 stated, "For God so loved the world that he gave his only Son, so that everyone who believes in him may not perish but may have eternal life" (NSRV). In this verse, God's love (*agape)* for humans and the sacrifice of his son, Jesus, demonstrated to the early Christians that God saw value in humans. Therefore, through the belief of being created in the image of God, the incarnation, and the sacrifice of Jesus out of love, the Christians believed in the fundamental value in the human person.

However, this *agape* or love that God had for humans indicated to Christians that they too must love humans, as this was the appropriate response to God's love and the idea that each person had an inherent worth.[31] 1 John 4:19-21 exemplified this idea of loving others as a response to God's love:

> We love because he first loved us. Those who say, "I love God," and hate their brothers or sisters, are liars; for those who do not love a brother or sister whom they have seen, cannot love God whom they have not seen. The commandment we have from him is this: those who love God must love their brothers and sisters

[30]Ferngren, *Medicine in Early Christianity,* 98.

[31]Ferngren, *Medicine in Early Christianity,* 100.

also. (NSRV)

Furthermore, one of Jesus's teachings found in Matthew 25:34-40 listed several actions that a person can do for another, including feeding the hungry, clothing the naked, showing hospitality towards strangers, caring for the sick, and visiting those in prison. Jesus concluded the statement by saying, "Truly I tell you, just as you did it to one of the least of these who are members of my family, you did it to me." Jesus's teaching demonstrated that a love of God should spring forth in people a love of others demonstrated in individual actions. The Christian understanding of i*mago Dei,* God's love for humans and human's love for others, transformed the concept of *philanthropia.*

The individual value inherent to each person transformed the practice of philanthropy from parties hosted and gifts given for the general good of the community to individualized care. The love for others was to be an individualized response to the specific need of the person, such as feeding them when they are hungry. Around AD 150, Justin Martyr wrote:

> But for the wealthy and the willing, for every one is at liberty, contribute as they think fitting; and this collection is deposited with the bishop, and out of this he relieves the orphan and the widow, and such as are reduced to want, by sickness or any other cause, and such as are in bonds, and strangers that come from far."[32]

Any money that the community received was to be used to provide specific commodities to those in need, such as the widows, the orphans, and the strangers.

Similarly, Tertullian, writing nearly a hundred years later in a Roman province in Africa, expressed the same concept of using collective funds to care for specific individuals in need:

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[32]Justin Martyr, "The First Apology 88," in *Apology of Justin Martyr,* trans. John Kaye (Edinburgh: John Grant, 1912), 94.

> Every man once a month brings some modest coins—or whatever he wishes, and only if he does wish, and if he can; for nobody is compelled; it is a voluntary offering. You might call them the trust funds of piety. For they are not spent upon banquets nor drinking-parties nor thankless eating-houses; but to feed the poor and to bury them, for boys and girls who lack property and parents, and then for slaves grown old.[33]

Similar to Justin Martyr, Tertullian described the way funds in the church community were used to address specific needs within the community. Furthermore, Tertullian contrasted the use of community funds in his community with the actions traditional in the Greco-Roman world. Instead of throwing "banquets" and "drinking-parties" for the general good of the community, Christians were using community funds to address the needs of the marginalized in their community.

The idea that Christian communities should offer social aid and meet the physical needs of those in their community was also demonstrated in the writing of Ignatius. In his letter to the Smyrnaeans, Ignatius rejected their belief that denied the physical suffering of Christ and stated, "They concern themselves with neither works of charity, nor widows, nor orphans, nor the distressed, nor those in prison or out of it, nor the hungry or thirsty."[34] Ignatius's denunciation of the Smyrnaeans' actions and beliefs demonstrated that answering the specific, physical needs of those in a community was fundamental to the Christian teachings. Therefore, the writings of Justin Martyr, Tertullian, and Ignatius indicated that answering the needs of those in one's community was understood as a pivotal part of the Christian identity. When viewed in combination with the concept of *agape,* Jesus's teaching and those of the early Church indicated that God's love for

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[33]Tertullian, "Apologeticus," in *Tertullian Apologia, De Spectaculis,* trans. T. R. Glover (Cambridge: Harvard University Press, 1977), 175-177.

[34]St. Ignatius, "Epistle to the Smyrnaeans," in *The Epistles of St. Clement of Rome and St. Ignatius of Antioch,* trans. James A. Kleist (New York: Paulist Press, 1946), 92.

people and their love for Him should result in meeting the personal needs of those that are suffering.

Christian philanthropy was different also from the Greco-Roman tradition because Christians did not help others out of a societal obligation. Mentioned previously, the understanding of the inherent value of a person and the love that a Christian should feel for another person necessitated that Christians provide individualized care for those in need. In other words, "as God demonstrates his love through sacrifice, humans must demonstrate their love through sacrifice on behalf of one another."[35] However, although their rightly-directed love for God and humans should result in philanthropic action, a person's actions should not be out of obligation or based on societal expectations. In Tertullian's work quoted above, he emphasized the importance of voluntary giving.[36] Tertullian recognized that the act must be a result of a personal conviction and desire to help those in need. This understanding exemplified the concept of *agape* when providing social aid which follows the model established by Jesus, as Christians did not help out of obligation but compassion.

Furthermore, not only did Christianity require a different motivation for acting philanthropically, but its teachings condemned honor-seeking behavior. As opposed to the Greco-Roman concept of philanthropy, Christianity condemned the making of subscriptions out of the desire of honor. As mentioned previously, Matthew 25:34-40 required the care of others from Christians out of love of God, but the verse also stated that those that do so would receive the kingdom of God. Therefore, Christian teaching

[35]Stark, "Epidemics, Networks, and the Rise of Christianity," 169.

[36]Tertullian, "Apologeticus," 175-177.

was that God would "judge the authenticity of [a believer's] faith by their active benevolence toward others."[37] However, this benevolence would also be judged by the motivation of the action. Matthew 6:2-4 stated:

> So whenever you give alms, do not sound a trumpet before you, as the hypocrites do in the synagogues and in the streets, so that they may be praised by others. Truly I tell you, they have received their reward. But when you give alms, do not let your left hand know what your right hand is doing, so that your alms may be done in secret; and your Father who sees in secret will reward you. (NSRV)

The verse indicated that early Christian teachings frowned upon making a scene out of public donations. Therefore, Christian philanthropic action had to be out of the love of God and not motivated by honor, which directly opposed Greco-Roman tradition.

As the early Christian teachings transformed the concept of philanthropy from general to specific and from honor-seeking to loving, the use of the word philanthropy took on the new meaning in literature. By the second century AD, the word *philanthropia* represented agape in the church's definition of incarnation, and by the fourth century, the words were synonyms in Greek Church.[38] Early Christian writers that received classical training were familiar with the word *philanthropia* and were able to incorporate it into their work.[39] For example, around the second century AD, Clement of Alexandria used the term in Book VII of *Stromateis* to describe a person's love for another, "He is ready to impart to others of all that he possess: and being a *lover of men* he has a profound

[37]Amundsen and Ferngren, "The Early Christian Tradition," 47.

[38]Glanville Downey, "Philanthropia in Religion and Statecraft in the Fourth Century after Christ," in *Historia: Zeitschrift fur Alte Geschicte* (Franz Sterling Verlag, 1955), 199-208.

[39]Downey, "Philanthropia in Religion and Statecraft in the Fourth Century after Christ," 200.

hatred of the wicked though this abhorrence of every kind of evil doing."[40] Clement used *philanthropia* to describe a self-sacrificing love of other people, which as described earlier was linked to the concept of *agape,* or God's love for humans.

Also, *philanthropia* was used in place of *agape* to represent the concept of God's love leading to the incarnation. For example, around the third century AD, Origen used the word *philanthropia* in *Contra Celsum* Chapter IV:

> Celsus does not understand the meaning of our scripture at all. On this account his criticism touches his own interpretation and not that of the Bible. If he had understood what is appropriate for a soul which will have everlasting life, and what is the right view of its essence and origin, he would not have ridiculed in this way the idea of an immortal person entering a mortal body…He would also have understood how because of His great *love to man,* God made one special descent in order to convert those whom the divine scripture mystically calls 'the lost sheep of the house of Israel.'[41]

Origen used *philanthropia* to describe God's love for humankind.[42] Therefore, philanthropy replaced the use of the *agape* in some works and created a broader definition of philanthropy. This continued into the fourth century AD, as seen in Gregory of Nyssa's *Catechetical Oration* 15:

> Do you ask the reason why God was born amongst men? If you take out of life the various benefits bestowed on us by God, you will not be able to say what means you have of recognizing the Divine. For it is by the blessings we enjoy that we recognize our benefactor, seeing that we look at things that befall us, and from them we infer the nature of Him Who occasions them. If, then, *love towards man* is the special feature of the Divine nature, you have the explanation for which you asked; you have the reason for the presence of God among men.

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[40]Clement of Alexandria, "On Spiritual Perfection, Book VII of Stromateis," in *The Library of Christian Classics 2: Alexandrian Christianity,* trans. by John Ernest Leonard Outlon and Henry Chadwick (Philadelphia: The Westminister press, 1954), 104.

[41]Origen, *Contra Celsum,* trans. Henry Chadwich (Cambridge: University Press, 1953), 195.

[42]Downey, "Philanthropia in Religion and Statecraft in the Fourth Century after Christ," 200.

Again in this work, the concept of *agape,* or God's love for humans that resulted in the incarnation, was replaced with *philanthropia.*

In summation, Christianity offered a distinct perspective on philanthropy that challenged the Greco-Roman concept. The understanding of God's love and the love for others as a result of God's love radically transformed the concept of philanthropy. Instead of the generalized love of humankind, early followers of the Christian teachings were instructed to love individuals out of recognition of their love of God and the other person's inherent worth. Also, Christian philanthropy directly objected the honor-seeking behavior of the Greco-Roman tradition of philanthropy. As the early Christian communities adopted and modified the concept of philanthropy, the shift in understanding was also seen in the work of Christian writers. Interestingly, this new concept of philanthropy impacted the way healing was viewed and delivered. Christian philanthropy led to the development of the hospital which will be discussed in the following section.

Monastic Healthcare and the Development of Hospitals

The Christian concept of philanthropy resulted in a new healthcare system among monasteries which ultimately led to the development of the hospital. Monasteries rose to prevalence in the fourth century AD.[43] Due to its unique status on the outskirts of society, monasticism had to develop a healthcare system that "was without precedent in antiquity."[44] In antiquity, "the family provided physical and emotional support for its

[43]Thomas Miller, "Byzantine Philanthropic Institutions and Modern Humanitarianism," *The Review of Faith and International Affairs 14*, no. 1 (2016): 21.

[44]Crislip, *From Monastery to Hospital,* 9.

member…including the basic necessities of life: food, clothing, shelter, health care."[45] Therefore, monasteries had to take on the role of a "surrogate family" and provide the same services a family would.[46] Monasteries had to provide health services and did so through individualized visits and specialized units designated for inpatient care.[47] This system of organized care, particularly in the instance of an infirmary, was unique in antiquity. The inpatient unit was described in *Life of Pachomius,* written in AD 324, about a monastery in central Egypt:

> If he saw old people or people who were sick in body or children, he would take pity on them and care for their souls in all respects…He appointed some to assist him in the care of souls; of these one was a steward in charge of every bodily need in the monastery and a second under him as his assistant.[48]

The passage indicated that there were specific personnel assigned to the care of others and designated rules for the care provided. Unlike the traveling physicians previously seen in Greek and Hebrew traditions, monasteries had a specialized facility with designated caregivers within their community.

Furthermore, the inpatient unit suggested that there was a new recognition of the role of the sick in the community. Particularly, instead of abandonment, such as was the case during the plague, or isolation, experienced by the leper for example, monasteries ensured that the sick person would remain in the community and within an organized system of care. Monasteries offered an ideal location for the sick as "monastics were furthermore guaranteed social inclusion and freedom from ostracism," during a time of

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[45]Crislip, *From Monastery to Hospital,* 43.

[46]Crislip, *From Monastery to Hospital,* 51.
[47]Crislip, *From Monastery to Hospital,* 9.

[48]*The Life of Pachomius,* trans. Apostolos N. Athanassakis (Scholar Press, 1975), 35-37.

illness and "guaranteed comfort and care in their old age."[49] The monastic model of care was rooted in the early Christian's concept of philanthropy, embodying both *imago Dei* and *agape* as it recognized the inherent value of each person and showed them compassion in response to the example of God's love. Monastic systems of care challenged the traditions of old and offered a fundamentally new approach to caring for the sick.

Furthermore, this new approach to providing healing practices led to a broader system of care for people outside the monastic community. The care for suffering monastics among themselves led to the development of hospitals and an extension of care to others in the community. The monastic communities did not just seek to serve themselves but also established care facilities for those suffering within the surrounding area. For example, monks in Constantinople "pursued holiness not by retreating from the city as did the anchorites of Egypt, but by selflessly serving the poor and suffering in the rapidly expanding capital city."[50] Thus, many monasteries took on the needs of the marginalized in their communities and served them in their need. Perhaps the most prominent example of this was the hospital established by Basil the Great.

In the fourth century, Byzantine hospitals began to appear and provided care for the sick and poor.[51] However, perhaps the largest and most influential was that established by Basil, "the first bishop, either of the Christian East or of the Christian West, who systematically organized philanthropic foundations—hospitals, hostels for

[49]Crislip, *From Monastery to Hospital,* 40.
[50]Miller, "Byzantine Philanthropic Institutions and Modern Humanitarianism," 20.

[51]Miller, "Byzantine Philanthropic Institutions and Modern Humanitarianism," 22.

poor travelers, homes for the aged, orphanages, and leprosaria."[52] Basil was a monk in the 4th century, who had a moral philosophy based on the blended concept of Greek *philanthropia* and Christian *agape*, and who became a prominent voice encouraging the local church to engage in philanthropic work.[53] In AD 370, Basil founded a hospital, which was referred to as the "Basileias" on the outskirts of Caesarea.[54] He used the money from his inheritance and money collected from wealthy acquaintances, "to establish a complex of institutions—a general hospital, an orphanage, an old-age home, a hospice for poor travelers and visitors, a hospital for infectious diseases, and an institution for indigent people."[55] The hospital became the standard of the time, offering "social services and commodities wider than the scope of medical care," and providing care free-of-charge.[56] Furthermore, the Christian physicians serving within the hospital, "sought to blend their spiritual and medical interest into a concern for the spiritual and physical condition of those whom they treated," therefore, continuing the tradition of linking healing and ministry.[57] Ultimately, the Basileias served as a multifaceted institution which met the specific needs of many of the marginalized in the city.

The Basileias was made possible because of the drastically new way Christians viewed philanthropy. Without the transformation from general to specific and the denial

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[52]Demetrios J. Constantelos, "Basil the Great Social Thought and Involvement," *The Greek Orthodox Theological Review26,* no. 1 (1981): 81.

[53]Constantelos, "Basil the Great Social Thought and Involvement," 82, 85.

[54]Crislip, *From Monastery to Hospital,* 104.

[55]Constantelos, "Basil the Great Social Thought and Involvement," 86.

[56]Crislip, *From Monastery to Hospital,* 102.

[57]Amundsen and Ferngren, "The Early Christian Tradition," 58.

of honor-seeking behavior, the concept of philanthropy would not have been able to justify a multifaceted care facility that provided free social aid and healing services. Using the unprecedented new system of healthcare established by the monks, the hospital answered the direct needs of those suffering by mobilizing the society around them. Therefore, the mission of the Basileias exemplified years of developing beliefs to provide effective care to people in their community. The Basileias represented a fulfillment of Jesus's teachings, namely, his compassion and care for the ostracized. Also, it demonstrated the early Christian concept of philanthropy that developed from Jesus's example, the answering of the specific needs of individuals because of their inherent worth and God's love for them. Thus, after discussing the distinct characteristics of Jesus's healing ministry and how that example transformed the concept of philanthropy and health delivery systems, the following section will discuss how these traditions can be applied in the work of modern-day, healthcare professionals.

CHAPTER FOUR

A Modern Perspective

Jesus's healing practices targeted those who were marginalized in his community because of their health status. Unlike many in his culture, he offered compassionate care and rejected the concept that identified people as sinners unworthy of care because of their illness. In particular, this example can be seen in the healing of lepers, persons who were excluded from society because their disease represented punishment for sin to the Hebrew community. The early Christians adopted these teachings, extending care to those abandoned by their loved ones during plague outbreaks and establishing multifaceted hospitals to provide care to the marginalized within their community. Also, they used the teachings of the gospel to transform the concept of philanthropy and develop a novel system of healthcare.

Reviewing and analyzing these traditions of care inspires the question: How can modern-day, Christian health professionals continue these traditions? In answering this question, many subtopics need to be addressed. Firstly, to identify how these examples might apply to each marginalized group in society would be too expansive for this study. Instead, we must identify a particular group that matches the same characteristics as those healed by Jesus and the early Christian community. The subpopulation which this chapter will focus on is individuals within the United States who are experiencing homelessness and who suffer from a mental illness and drug/alcohol dependence. The following sections of this chapter will define the issue of homelessness in the United States and will identify how the particular subgroup of individuals experiencing homelessness, mental

illness, and substance abuse presents similarities with the leper in Jesus's time and those treated by the early Christians. Only then, will I identify why this subpopulation should be of particular interest to healthcare professionals and how better care can be provided based on the example of Jesus and the early Christians.

Defining the Population

To begin this discussion, homelessness in the United States and the prevalence of mental illness and substance abuse among persons experiencing homelessness must be defined. Homelessness can be defined in many ways depending on the purpose of those reporting results. In 2012, the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act expanded on the definition of homeless which addressed people at imminent risk of becoming homeless and the chronically homeless.[1] The National Alliance to End Homeless summarized this act into four main categories:

1. People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided.
2. People who are losing their primary nighttime residence, which may include a motel or hotel or a doubled up situation, within 14 days and lack resources or support networks to remain in housing.
3. Families with children or unaccompanied youth who are unstably housed and likely to continue in that state.
4. People who are fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent housing.[2]

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[1]Seena Fazel, John R Geddes, and Margot Kushel, "The health of homeless people in high-income countries: descriptive epidemiology, health consequences, and clinical and policy recommendations," *The Lancet 384,* no. 9953 (2014): 1529.

[2]"Changes in the HUD Definition of 'Homeless,'" National Alliance to End Homelessness, last modified January 18, 2012, accessed March 21, 2019. https://endhomelessness.org/resource/changes-in-the-hud-definition-of-homeless/.

This definition offers a broad overview of those experiencing or at risk of experiencing homelessness. Despite the importance of providing care for each person that fits into one of these categories, for the purpose of this thesis, homelessness will be used only to describe individuals represented by the first category.

According to the U.S. Department of Housing and Urban Development in the United States, "on a single night in 2018, roughly 553,000 people were experiencing homelessness in the United States."[3] Of that 553,000 people, 65% were in transitional and emergency shelters, while 35% were in unsheltered locations.[4] The causes of homelessness are an interaction of individual factors such as, "poverty, early childhood adverse experiences, mental health, and substance misuse problems, personal history of violence, and criminal justice system association," and structural factors, such as, "the absence of low-cost housing, employment opportunities for low-skilled workers, and income support."[5] Therefore, the cause of homelessness is multifaceted.

Despite the multifaceted causes of homelessness, there are two factors that are highly prevalent among the homeless population: mental illness and substance abuse. It is estimated that 30% of individuals experiencing homelessness suffer from serious mental health issues, and nearly 50% are active substance abusers.[6] In a study conducted in Los Angeles County, a county with one of the largest homeless populations, 24% of the

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[3] *The 2018 Annual Homeless Assessment report to Congress*, The U.S. Department of Housing and Urban Development (2018), 1, www.wpr.org/sites/default/files/2018-ahar-part-1-compressed.pdf

[4] *The 2018 Annual Homeless Assessment report,* The U.S. Department*,* 72.

[5] Fazel, "The health of homeless people in high-income countries" 1530.

[6] Lydie A. Lebrun-Harris, Travis P. Baggett, Darlene M. Jenkins, Alek Sripipatana, Ravi Sharma and A. Seiji Hayashi, "Health status and health care experiences among homeless patients in federally supported health centers: findings from the 2009 patient survey," *Health Services Research. 48,* no. 3 (2013): 994.

homeless population reported suffering from mental health problems, and 41% reported suffering from substance abuse problems.[7] Although rates are going to vary by location, these reports from the population in Los Angeles suggest that the national estimates of 30% and 50% are within reason. Furthermore, mental illness among individuals experiencing homelessness is often comorbid substance abuse conditions.[8] Among persons experiencing homelessness, "the most common health needs…relate to drug dependence, alcohol dependence or mental ill-health, and dual diagnosis is frequent."[9] Therefore, mental illness and substance abuse are high priority considerations when speaking about the health of the homeless population within the United States. Now that the problem of homelessness in the United States and the frequency of mental illness and substance abuse have been defined, the following section will outline how this modern-day population resembles the marginalized during the time of Jesus and the early Christians.

Modern-Day 'Leper'

As mentioned in previous chapters, lepers and those with the plague were socially excluded from their communities. In the case of those that became ill during plague outbreaks, their family and friends abandoned them out of fear of also contracting the

[7]Robert P. Agans ., Guangya Liu, Mary Jones, Clementina Verjan, Mark Silverbush, and William D. Kalsbeek, "Public Attitudes toward the Homeless," *Global Journal of Science Frontier Research 15,* no.3 (2015): 5937.

[8]Leburn-Harris, "Health status and health care experiences among homeless patients in federally supported health centers," 994.

[9]M.J. Wright, "How can health services effectively meet the health needs of homeless people?," *British Journal of General Practice 56,* no. 525 (2006): 287.

disease. Lepers in the Jewish community were also excluded because they presented a danger to their community; however, this was more of a spiritual danger than a physical one. The affliction of leprosy was generally understood to represent divine punishment for sin. Therefore, the leper presented in the Bible posed the risk of spiritual uncleanliness that could spread to the entire community. Furthermore, since disease was understood as a punishment for sin, the afflicted person also received blame for their illness. Interestingly, the concepts of danger and blame contribute to the social exclusion experienced by modern-day individuals experiencing homelessness, mental illness, and substance abuse problems. Therefore, this section will explore the danger, blame, and otherness that leads to the social isolation of this subpopulation.

Among homeless persons with mental health conditions and substance abuse problems, the general population's perceived danger presented by this group contributes to their social isolation. In a national survey conducted in 1996, 87% of respondents considered it likely for a person with a cocaine-dependence to hurt others, and 71% and 61% considered this likely behavior from a person with an alcohol-dependence and a person with schizophrenia respectively.[10] Interestingly, there was no significant change in the public's perception of the dangerousness of alcohol-dependent people nearly ten years later.[11] In 2006, 69% of respondents considered people with an alcohol-dependence to be a threat to other individual's safety.[12] Therefore, over two-thirds of the population

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[10]B. G. Link, J. C. Phelan, M Bresnahan, A. Stueve, and B. A. Pescosolido, "Public conceptions of mental illness: labels, causes, dangerousness, and social distance," *American Journal of Public Health 89,* no. 9 (1999): 1331.

[11]Georg Schomerus, Michael Lucht, Anita Holzinger, Herbert Matschinger, Mauro G. Carta, Matthais C. Angermeyer "The Stigma of Alcohol Dependence Compared with Other Mental Disorders: A Review of Population Studies" *Alcohol and Alcoholism 46,* no. 2 (2011): 108.

[12]Schomerus,"The Stigma of Alcohol Dependence Compared with Other Mental Disorders," 108.

believe that individuals with substance-dependence and those with severe mental illnesses are dangerous. This is significant because one of the leading factors predicting social distance is assumptions about dangerousness.[13] Thus, similar to the experience of the sick in the Jewish community and the communities of the first through fourth centuries AD, perceived dangerousness is a contributing factor to the social exclusion of those with mental illness and substance-abuse problems.

Another contributing factor to this subpopulation's isolation is the attribution of blame on the afflicted individuals. According to the *Global Status Report on Alcohol and Health 2018* released by the World Health Organization, "an estimated 283 million people aged 15+ years [worldwide] had an AUD [alcohol use disorder]."[14] In addition, alcohol and other drug abuse are recognized as substance-related and substance use disorders in the Diagnostic and Statistical Manual of Mental Disorders.[15] Despite the prevalence of the disorders and the medical field's classification of substance-dependencies as diseases, however, the public opinion does not view alcohol and other drug dependencies in the same light as other medical illnesses. In the 1996 survey mentioned previously, only 48.7% and 43.5% of respondents identified alcoholism and cocaine-dependence to be very likely or somewhat likely a mental illness.[16]

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[13]Anja E. Baumann, "Stigmatization, social distance and exclusion because of mental illness: The individual with mental illness as a 'stranger,'" *International Review of Psychiatry 19,* no.2 (2007): 132.

[14]*Global status report on alcohol and health*, (Switzerland: World Health Organization, 2018), 72, https://apps.who.int/iris/bitstream/handle/10665/274603/9789241565639-eng.pdf?ua=1.

[15]*Diagnostic and Statistical Manual of Mental Disorders Fifth Edition* (Arlington: American Psychiatric Association, 2013), https://www.psychiatry.org/psychiatrists/practice/dsm.

[16]Link, "Public conceptions of mental illness: labels, causes, dangerousness, and social distance," 1330.

In addition, compared to other diseases that can be perceived as attributed to a person's actions, individuals with alcohol-dependence were more likely to be considered at fault for their illness. In a study conducted in 2003, 54% of respondents "stated that alcohol-dependent persons are themselves to blame for their problem."[17] However, 45% and 32% of respondents in a 2006 survey reported that individuals suffering from myocardial infarction or type 2 diabetes respectively were self-responsible for their illness.[18] Therefore, those suffering from a substance abuse disorder are perceived to be much more responsible for their affliction, even when compared with individuals suffering from other choice-dependent diseases. This indicates that individuals experiencing homelessness and who have a substance-dependence are more likely to be blamed for their situation. Furthermore, those that did not blame homeless individuals for their circumstances had increased sympathy toward the homeless, suggesting that perceived responsibility impacts how much a person has compassion for the homeless individual.[19] Therefore, the more perceived blame the general population has for homeless individuals abusing alcohol or other drugs, the less sympathy they have, and the more those individuals may feel separated from the general population. The assumption that the individual is to blame for their own illness contributes to the separation of homeless, substance abusers from the general population. As the Jewish concept of illness was viewed as punishment for past wrong-doing, the exclusion of those suffering from substance-abuse disorders again resembles the ancient tradition.

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[17]Schomerus,"The Stigma of Alcohol Dependence Compared with Other Mental Disorders," 106.

[18]Schomerus,"The Stigma of Alcohol Dependence Compared with Other Mental Disorders," 106.

[19]Agans, "Public Attitudes toward the Homeless," 5937.

Finally, there is another factor that contributes to the stigma around individuals experiencing homelessness and suffering from a mental disorder. The factor is described as otherness and refers to behavior attributed to those with mental illnesses that are outside of social norms. Severe mental illnesses can have profound effects on an individual's behavior and social skills. When a person with a mental illness behaves in a way that is outside of what is considered normal, they are labeled as other or strange. For example, "especially behaviour occurring with positive and negative symptoms of schizophrenia, coping strategies such as social withdrawal and secrecy as well as behaviour caused by side effects of antipsychotic medication are recognized as 'strange.'"[20] In addition, someone with ineffective social skills could be labeled as strange or having an otherness quality. One study found that individuals with lower ratings on certain social skills, such as "[the] number of questions asked during the conversation, a lack of effective expressiveness, speech clarity, speech fluency, eye contact and involvement in the conversation" and a higher rating in thought disorder had greater overall "ratings of strangeness."[21] As social skills may be affected by severe mental illnesses, homeless individuals suffering from mental illness are at a greater risk of being perceived as strange and social distance may be perceived as justified.

Interestingly, when considering the general perception of homelessness, alcohol-dependencies and mental illness are ranked among the highest perceived causes an individual may experience homelessness. In the study conducted in Los Angeles that aimed to evaluate perceived versus actual causes of homelessness, 91% of the individuals

[20]Baumann, "Stigmatization, social distance and exclusion," 133.

[21]Baumann, "Stigmatization, social distance and exclusion," 133.

that complete a randomized phone survey "thought that drug and alcohol addictions were the main causes of homeless."[22] In addition, 85% of respondents believed mental illness was an important reason for homelessness, while only 74% and 53% believed "an economic system that favors the rich over the poor" and "bad luck" respectively were significant causes of homelessness.[23] Therefore, as mental illness and alcohol and other drug dependencies are considered among the highest assumed causes of homelessness, the homeless population in general may also be perceived as dangerous, responsible for their situation, and strange.

Regardless of how these stigmas may apply to the general homeless population, individuals experiencing homelessness that also suffer from mental illness and substance-abuse disorders experience social isolation and distance. In the 1996 survey mentioned previously, 90% of respondents reported having a desire for social distance between them and a cocaine-dependent individual, and 70% of respondents reported wanting distance from individuals with an alcohol-dependence.[24] Furthermore, 63% of respondents indicated that they have a desire for social distance from people with schizophrenia.[25] A study conducted nearly ten years later showed relatively little change in this desire for social distance from individuals with substance-related disorders.[26] These studies indicate that the factors mentioned previously, danger, blame, and otherness, result in a

[22]Agans, "Public Attitudes toward the Homeless," 5938.

[23]Agans, "Public Attitudes toward the Homeless," 5938.

[24]Link, "Public conceptions of mental illness: labels, causes, dangerousness, and social distance," 1332.

[25]Link, "Public conceptions of mental illness: labels, causes, dangerousness, and social distance," 1332.

[26]Schomerus, "The Stigma of Alcohol Dependence Compared with Other Mental Disorders," 108.

statistically verifiable desire for a social distance between the general population and homeless individuals with severe mental illnesses and substance abuse disorders. Therefore, just like the leper and those afflicted by the plague, homeless individuals are social outcasts because of assumptions made about their illnesses. After defining the reasons for social isolation and distance and demonstrating that this is a verifiable concern, the next section will define why care for this subpopulation should be of increasing concern for healthcare professionals.

Health Impact

The care of homeless individuals suffering from a mental illness and substance abuse problems should be of particular concern for healthcare professionals because this population has worse health outcomes than that of the general population. Homelessness is "associated with increased morbidity and mortality" and negatively impacts health outcomes regardless of the length of homelessness experienced.[27] Furthermore, individuals with mental health concerns and substance-dependence problems are more likely to experience chronic homelessness, which causes worse health outcomes than seen in individuals experiencing intermittent or crisis homelessness.[28] In a study comparing the health of homeless individuals with low-income individuals, "half of homeless patients reported having fair or poor general health status, compared with one third of housed individuals."[29] Additionally, 66% of homeless patients surveyed reported

[27]Peter Hanlon, Lynsey Yeoman, Regina Esiovwa, Lauren Gibson, Andrea E. Williamson, Frances S. Mair, and Richard Lowrie "Interventions by healthcare professionals to improve management of physical long-term conditions in adults who are homeless: a systematic review protocol," *BMJ Open 7,* no.8 (2017), 9; Fazel, "The health of homeless people in high-income countries" 1532.

[28]Fazel, "The health of homeless people in high-income countries" 1532.

[29]Leburn-Harris, "Health status and health care experiences," 1003.

needing medical care and mental healthcare, whereas only 49% of non-homeless, low-income individuals expressed the same need.[30] This study also found that 68% of homeless individuals compared to 41% of their non-homeless counterparts reported psychological distress in the past month.[31] The study demonstrates that although poverty is a contributing factor to the negative health outcomes of individuals experiencing homelessness, homelessness is a specific circumstance that results in worse health outcomes.

There are several factors contributing to the negative health outcomes of homeless individuals including limited access to preventative care, greater risk of infectious disease and trauma-related health problems, and social isolation. One contributing factor to the negative health outcomes experienced by homeless individuals is limited access to preventable healthcare. For homeless individuals with poor health, their conditions are "exacerbated by poor access to health care and challenges in adherence to medication."[32] Individuals experiencing homelessness experience these challenges because of "[an] absence of medical insurance, transportation barriers, and the need to attend to competing priorities."[33] The result is that chronic illnesses, such as hypertension and diabetes, are more poorly controlled among homeless populations.[34] Furthermore, as compared to non-homeless, low-income individuals, individuals experiencing homelessness "more frequently reported using the hospital [emergency department] as their usual source of

[30]Leburn-Harris, "Health status and health care experiences," 1006.

[31]Leburn-Harris, "Health status and health care experiences," 1006.

[32]Fazel, "The health of homeless people in high-income countries" 1532.

[33]Fazel, "The health of homeless people in high-income countries" 1534.

[34]Fazel, "The health of homeless people in high-income countries" 1533.

care."[35] The findings demonstrate that homeless individuals are less likely to receive or obtain consistent, preventative care which can contribute to their poor health outcomes.

Furthermore, individuals experiencing homelessness are more likely to have worse health outcomes because of their increased exposure to infectious disease and dangerous situations. Since access to preventative care is limited among homeless individuals, they are more greatly exposed to preventable infectious diseases.[36] The consequences of decreased preventative care are decreased levels of vaccinated individuals and decreased education about safe sex and needle-usage practices.[37] This leaves individuals experiencing homelessness at greater risks of contracting preventable diseases. In addition, homeless individuals have an increased risk of physical danger due to exposure to the environment and unintentional injuries.[38] Finally, there is a greater risk of physical or sexual assault among homeless individuals. Some studies estimate that between 27% and 52% of homeless individuals are physically or sexually assaulted in a given year.[39] The impact of said assaults result in physical and emotional trauma which also contribute to negative health outcomes. Therefore, homeless individuals suffer worse health outcomes due to greater exposure to infectious disease and physical danger.

A final consideration of the poor health outcomes of homeless individuals is the stigma described previously of individuals suffering from mental illnesses and substance misuse disorders. Individuals with such health concerns may be less likely to seek

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[35]Leburn-Harris, "Health status and health care experiences," 1006.

[36]Wright, "How can health services effectively meet the health needs of homeless people?," 288.
[37]Fazel, "The health of homeless people in high-income countries" 1535.

[38]Fazel, "The health of homeless people in high-income countries" 1535; Wright, "How can health services effectively meet the health needs of homeless people?," 288.

[39]Fazel, "The health of homeless people in high-income countries" 1535.

medical attention due to how individuals may treat them or judge them. In addition, the stigma attached to mental illness among the homeless leads to mental health problems being "underestimated, underdiagnosed and untreated."[40] That means that even when individuals seek care, they are not receiving adequate treatment. Also, "social exclusion can contribute to mental illness," which perpetuates the negative perceptions and can cause a negative, cyclical pattern.[41] Therefore, social stigma and isolation are contributing factors to the negative health outcomes of homeless individuals. Now that the disproportionately negative health outcomes of homeless individuals and possible causes of these outcomes have been identified, the following two sections will discuss how healthcare professionals can address these causes and provide better care to individuals experiencing homelessness, mental health problems, and substance-dependence.

Changing the Narrative

In his healing practices, Jesus challenged the popular perceptions of danger and blame associated with the leper and allowed them to reenter society. Similarly, Christian healthcare professionals must be actively involved in changing the way mental illness and substance abuse are discussed and described in an effort to promote social inclusion. In the general population, "A lack of knowledge of causes, symptoms and treatment options of mental disorders and a lack of personal contact with persons suffering from these disorders, can lead to prejudices and negative attitudes towards them – and subsequently

[40]Baumann, "Stigmatization, social distance and exclusion," 131.

[41]Patrick O'Donnel, Diarmuid O' Donovan, and Khalifa Elmusharaf, "Measuring Social Exclusion in healthcare setting: a scoping review," *International Journal for Equity in Health 17,* no. 15 (2018), 8.

to stigmatization, social exclusion and discrimination."[42] As mentioned previously, social isolation and stigma negatively impact the health outcomes of homeless individuals that suffer from mental illness and drug-abuse disorders. However, social inclusion and access to supportive relationships can improve the health outcomes of individuals with mental illnesses and substance abuse disorders. Therefore, healthcare professionals must work to limit the perceptions that prohibit social inclusion.

The primary way to change the perception of homeless individuals suffering from mental illness and substance abuse problems is through education. As previously mentioned, alcohol and other drug misuse disorders are listed in the DSMS-5 as mental health disorders.[43] In addition, other mental health problems are medical illnesses that can be diagnosed and treated. However, these afflictions do not have the same perception as other medical diseases. Therefore, healthcare providers must actively educate patients about the medical diagnosis and treatment of mental illnesses and substance-abuse problems. Also, they must support government and nonprofit programs that promote these concepts and work to diminish the stigma associated with mental illness.

It is only through education and a greater understanding of mental illness and substance-abuse that the societal perceptions of these afflictions can be changed. While this section addresses changing the stigma associated with homeless individuals with mental health and substance-abuse problems, the following section identifies specific health intervention programs that can lead to improved health outcomes.

Multifaceted Care Facilities

[42]Baumann, "Stigmatization, social distance and exclusion," 131.

[43]*Diagnostic and Statistical Manual of Mental Disorders Fifth Edition*.

As noted previously, the health concerns of homeless individuals with substance misuse and other mental disorders are multifaceted. Among these individuals, "treatment is often complicated by comorbid substance misuse and a range of unmet welfare and housing needs are often present."[44] Thus, care that is provided to this subpopulation must address a variety of needs at the same time. Interestingly, the model of care presented by early Christians aimed to meet multiple health concerns. The Basileias described in detail in chapter 3 answered the housing and medical needs of the marginalized in their community. Furthermore, the Basileias represented the fulfillment of the early Christians' concept of philanthropy which emphasized the inherent worth of each individual. With the example of the Basileias in mind, this creates an interesting possibility for modern-day Christian healthcare professionals. Multifaceted care facilities for homeless individuals would allow healthcare providers to continue the philanthropic traditions set by early Christians and answer the multiple health concerns of homeless individuals with mental illnesses and substance abuse disorders. Therefore, the remainder of this section is devoted to identifying such programs and analyzing their effectiveness.

When considering the health concerns of homeless individuals, treatment must do three things: 1. establish a continuum of care; 2. eliminate exposure risk; 3. promote societal reintegration. Programs that answer these three concerns offer preventative care and treatment for mental illness and substance misuse, provide housing, and offer additional programming to promote reintegration into society. Examples of such programs have shown great promise in the United States. One study compared two systems of care for homeless crack-cocaine users. The first system was defined as 'usual

[44]Fazel, "The health of homeless people in high-income countries" 1536.

care' and consisted of a referral system to beneficial programs.[45] The second system of care required individuals to participate in "enhanced day treatment programmes plus [they received] abstinent contingent work therapy and housing."[46] The results of the study showed that the participants of the second model of care "had statistically significant fewer positive cocaine toxicologies at 2 and 6 months, fewer days homeless in the past 2 months and more days employed in the past 30 days from baseline to months."[47] Therefore, the combination of housing, substance abuse treatment, and social programs contributed to better results in reducing drug use, maintaining housing, and encouraging behavior that promotes social inclusion.

Similar findings were demonstrated in a study of the Housing First program in Seattle between December 2005 and August 2008. The program entailed "the provision of immediate, permanent, low-barrier, supportive housing to chronically homeless people, many of whom have co-occurring psychiatric, medical and substance-use disorders."[48] The participants were chronically homeless individuals with severe alcohol problems.[49] Participants received "a private studio apartment, or in the case of greater medical needs, a semiprivate cubicle unit," and they had access to "on-site supportive services [that] were tailored to the needs of individual residents and included 24-hour housing project staffing, intensive case management, nursing or medical care, access to

[45]Wright, "How can health services effectively meet the health needs of homeless people?," 290.

[46]Wright, "How can health services effectively meet the health needs of homeless people?," 290.

[47]Wright, "How can health services effectively meet the health needs of homeless people?," 290.

[48]Susan E. Collins, Daniel K. Malone, and Seema L. Clifasefi, "Housing Retention in Single-Site Housing First for Chronically Homeless Individuals With Severe Alcohol Problems,"*American Journal of Public Health 103,* no. 2, (2013): S269.

[49]Collins, "Housing Retention in Single-Site Housing First for Chronically Homeless," S270.

external service providers, and assistance with basic needs."[50] In a 2-year period, only 23% of the participants returned to homelessness, and despite not seeing much change in alcohol consumption, the "residents were grateful that single-site Housing First provided them with the stability they needed to begin making positive behavior changes."[51] Furthermore, within the single-site Housing First, residents felt a sense of community among those with similar backgrounds and experiences as their own.[52] The care facility's provision of a connection to community is significant considering the social isolation that many homeless individuals with substance-abuse problems experience.

Furthermore, two additional studies showed the benefit of immediate housing and care services. An intervention for homeless individuals with mental illness identified 14 individuals released from a psychiatric ward at risk of homelessness. Half were given immediate housing assistance, while the others were given a referral to a social worker.[53] All of the individuals that received immediate housing remained housed at their 3 and 6 month check-ups, yet all but one of the individuals that received a referral to a social worker remained homeless.[54] In addition, the Pathways Housing First Program in New York, an intervention program for homeless individuals with concurrent mental illness and substance abuse that offered services and immediate access to independent housing,

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[50]Collins, "Housing Retention in Single-Site Housing First for Chronically Homeless," S270.

[51]Collins, "Housing Retention in Single-Site Housing First for Chronically Homeless," S272.

[52]Collins, "Housing Retention in Single-Site Housing First for Chronically Homeless," S272.

[53]C. Forchuk, S.K. Macclure, M. Van Beers, C. Smith, R. Csiernik, J. Hoch, and E. Jensen, "Developing and testing an intervention to prevent homelessness among individuals discharged from psychiatric wards to shelters and 'No Fixed Address,'" *Journal of Psychiatric Mental Health Nurses 15*, no.7 (2008): 569-575.

[54]Forchuk, "Developing and testing an intervention to prevent homelessness," 569-575.

resulted in 66% fewer days homeless among their participants versus drop-in centers and assistance in living arrangements.[55]

These studies help to demonstrate the impact housing and concurrent health services can have in assisting the homeless population. Therefore, just as the early Christians, modern-day Christian healthcare professionals can impact some of the most marginalized in our community by providing and supporting multifaceted care facilities that offer housing and several intervention programs to address mental illness and substance abuse. Furthermore, the link between healing and Christianity demonstrated throughout the work provides an interesting opportunity for healthcare professionals to consider how they are carrying on this tradition and addressing the specific needs of the marginalized in their community.

[55]L. Gulcur, A. Stefancic, M. Shinn, S. Tsemberis, and S.N. Fischer, "Housing, hospitalization, and cost outcomes for homeless individuals with psychiatric disabilities participating in continuum of care and housing first programmes," *Journal of Community &Applied Social Psychology 13* (2003): 171-186; D.K. Padgett, L. Gulcur, and S. Tsemberis, "Housing first services for people who are homeless with co-occurring serious mental illness and substance abuse," *Research on Social Work Practice 16* (2006): 74-83.

CONCLUSION

The purpose of this work was to identify the characteristics of Jesus's healing practices represented in the Gospel of Matthew and determine how these characteristics could be applied to a modern-day population. After exploring the concept of wellness held by the ancient Greek and Jewish communities, the discussion of Jesus's healing ministry identified compassion and the healing of the marginalized to be distinct characteristics of Jesus's practices. These practices carried over into the early Christian communities and resulted in a shift in the concept of philanthropy to include the concepts of *imago Dei* and *agape.* The novel concept of philanthropy was fulfilled in the monastic healthcare system and the development of the multifaceted hospital. Finally, these traditions of Christian healing practices have been applied to the modern-day care of individuals experiencing homelessness, mental illness, and substance misuse disorders.

As a result of this thesis, I hope to promote greater care for the marginalized among healthcare professionals. Although not every healthcare professional will interact with the specific subpopulation identified in this work, all can contribute to the way mental illness and substance-abuse disorders are perceived and cared for in the United States. Also, healthcare professionals can be advocates for the marginalized in our communities by speaking out against systematic practices that limit the care available to individuals experiencing homelessness. Ultimately, when providing care, Christian healthcare professionals have an opportunity to guarantee the recognition of the inherent worth of each individual and to promote compassion for those that are hurting. In this

way, they join the tradition established by Jesus and that has been continued by generations of Christians.

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