

The role and effect of the healing touch of Jesus in
Mark, a cognitive study.

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<p>Jeesuksen ihmekertomuksia on tutkittu useasta näkökulmasta Bultmannin Uuden testamentin demytologisaation jälkeen. Nykyisen tutkimuksen mukaan Jeesus toimi rituaalisena parantaja sellaisessa yhteisössä jossa sairaihin koskemista ei pidetty hyväksyttävänä. Rituaali teorioiden ja etenkin kognitiivisen uskontotieteen kehityksen myötä Jeesuksen rituaaliset parantamistoimet ovat nousseet uudelleen kiinnostaviksi tutkimuskohteiksi. Jeesuksen toiminnassa on useita sellaisia elementtejä joita voidaan löytää myös muilta parantajilta. Yksi Jeesuksen tärkeimmistä parantamismetodeista on sairaiden koskettaminen. Kognitiotieteet ja neuropsykologia ovat kehittäneet kosketusta koskevia teorioita, joilla kyetään selittämään kosketuksen positiivinen voima sosiaalisessa interaktiossa. Kosketus on vahva emotionaalinen vaikuttaja ja sillä on merkittävä rooli myös ihmisen kehityksessä ja kasvussa. Tämän tutkimuksen tarkoitus on kehittää ymmärrystämme näistä Jeesuksen rituaaliseen parantamiseen liittyvistä kulttuurisista, sosiaalisista ja kognitiivisista. Tämä tutkimus tähtää kokonaiskuvan luontiin Jeesuksen parantavan kosketuksen merkityksestä ja vaikutuksesta. Tutkimuksessa käytän hyväksi perinteistä eksegetiikan ja etenkin ihme- ja Jeesus-tutkimuksen kenttää, sekä alati kehittyvää kognitiivisen uskontotieteen alaa. Uutena tutkimusmetodina esittelen kognitiivisia ja psykologisia kosketuksen tutkimuksen tuloksia ja teorioita, näistä merkittävimpinä affektiivisen ja sosiaalisen kosketuksen käsitteet.</p> <p>Tämän tutkimuksen aineistona toimii Markuksen evankeliumissa ilmenevät kosketusta sisältävät Jeesuksen parantamishmeet. Tutkimuksen valossa vaikuttaa siltä, että fyysisellä kosketuksella oli tärkeä rooli vaikuttavan rituaalin toimituksessa. Magiauskonnolliselle rituaalille kosketus oli sen keskeinen vaikuttava tekijä. Voidaan puhua maagisesta kosketuksesta. Sairaiden koskettaminen oli vaikuttava ele, joka oli vastoin vallitsevia sosiaalisia sekä kognitiivisia odotuksia. Jeesus paransi pitkälti sairaita ja köyhiä, joiden katsottiin kuuluvan yhteisön ulkopuolelle. Sosiaalisen kosketuksen valossa voimme paremmin ymmärtää tämän rituaalisen eleen vaikutuksen. Kosketuksen affektiiviset ominaisuudet synnyttävät positiivisia tunteita, jotka edistävät rituaalisen parantavan kosketuksen merkitystä. Kosketus on yksi ihmisen keskeisimmistä aisteista jolla on tärkeä rooli tunteiden luojana ja välittäjänä ihmisten välisessä interaktiossa. Tämä pitää paikkansa myös rituaalisessa tilanteessa, jonka takia kosketusta voidaan pitää merkittävänä vaikuttajana Jeesuksen parantamiskertomuksissa.</p>		
Avainsanat – Nyckelord Eksegetiikka, Parantaminen, Kognitiivinen uskontotiede, Jeesus-tutkimus, rituaalit, ihmeperannus, rituaalinen puhtaus		
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Introduction

The miracle stories of the gospels have been an object of study for a long time. However, they were for the most part neglected in the years following the enlightenment, until Bultmann brought them back to the fold of biblical scholarship. Since then a lot of work has been done to discuss different aspects of the miracle stories. There has been a slow shift away from debating whether the miracles that Jesus performs in the gospels were actual works of God, where the sick were healed and the blind could see. Instead of debating the possibility of miracles, scholars have worked to understand the full social and historical context of those events. Furthermore, the healing miracles of Jesus have been seen as containing important knowledge of the kind of actions and rituals that Jesus performed during his lifetime. This has given the study of miracles a place in the larger body of historical Jesus studies, which ultimately aims to give a full understanding of the cultural context of Jesus as a historical person. There has also been a surge of ritual studies in recent years, that have shaped how these kinds of events can be studied and understood as religious rituals, that have certain universal aspects. Furthermore, the field of studies that has become known as the cognitive science of religion has been gaining ground and has created various theories and methods that allow us to even further tie various ritual practices to theories that can be tested in contemporary scientific settings. These theories and models allow us to understand the human mind, and how humans perceive and experience religious activities.

The focus of this study are the healing stories where Jesus heals with the help of a physical touch in the gospel of Mark. This has been called the healing touch. This study will examine the different ways in which Jesus' miraculous healing stories have been studied. I will then present the theories and models of cognitive science of religion that may provide insight into these events. I aim define the role and meaning of the healing touch in the healing ritual of Jesus. Furthermore, the main contribution of this study will be to implement the theory of affective and social touch, in to the toolkit of cognitive science of religion. These theories focus on how the feeling of touch may evoke, usually positive, emotional reactions in humans and how that relates to social contexts. The objective of this study then, is to further our understanding of the role, function and meaning of the physical touch of Jesus in the healing rituals, and to see how

our existing analysis of these events is reflected by the cognitive studies and models. A key mission for my study is to combine the cultural and classical insights about Jesus' healings with the cognitive study of magic, ritual and touch. After my analysis, it should become clear that the physical touch played a key role in Jesus' healing rituals as both a social and cognitive force.

Healing in miracle studies

Before delving into the mysteries of cognitive science of religion (Referred to as CSR from here onwards), a short review of more traditional miracle studies is in order. In this chapter I will briefly explore the origins of miracle studies and move from there towards different aspects of how the healing acts of Jesus have been studied. Specifically, I will flesh out some of the main topics that populate the field of miracle studies and the study of historical Jesus and how scholars have tackled the issue of healing in those theories and explanations. I use Meier as a prime example for historical and classical take on the healing miracles. In addition, I provide a brief analysis on some of the terminology of healing and the many dichotomies that exist between healing and illness. Furthermore, I briefly touch on the topic of purity, which has a larger meaning and impact that needs to be considered as a cultural and social factor surrounding the healing stories and specifically in the case of the healing touch.

It is important to pose certain questions about the healing miracles that we wish to answer with our existing research, because as we move towards the realm of CSR we need a basis on which to reflect our analysis on. These questions include: How to understand a healing miracle? How to consider the social setting and its effects? These are some of the most basic underlying questions that have been asked about healing stories for a long time. Further, there is the question about the healing touch. Which factors do we need to consider in relation to the function, role and meaning of the touch in the healing stories. For this matter, many of the basic ideas explored here will lay the groundwork that will be further explored by the cognitive frameworks.

A classical take on miracle stories

The emergence of miracle stories as a defined genre and as an object of scholarly study can be attributed to the form-critical movement of early twentieth century, led by Martin Dibelius and Rudolf Bultmann. While their take was still a rather

crude, Bultmann specifically can be credited for formulating the three steps that miracle stories in the gospels usually take; the problem, the miraculous act and the confirmation of the miracle's effect. In addition, Bultmann identified four variations of miracle stories in the gospels, labeling them into "1. healings, 2. exorcisms, 3. raisings from the dead and 4. nature miracles." These labels are still used by scholars today, as they accurately depict the various miracle stories of the gospels. When it comes to the cultural context of the ancient world, an important distinction to make is that the miracle stories appear widely as extraordinary deeds, yet are separate from the kind of *chreia*, stories or sayings of wisdom, that were popular in classical times.¹ Furthering the idea of Jesus as a miracle worker was Reitzenstein whose work created the idea of *theios anēr* (θεῖος ἀνὴρ), a divine man.² These early scholars aimed to form a strong link between Jesus and other holy men of the ancient world.³ This debate is still ongoing within the circles of historical biblical studies⁴, but for the most part it is not relevant to the main focus of my study. For a modern definition of what a miracle is from the perspective academics, I would consider one that is given by Pyysiäinen: "An event or a phenomenon is miraculous to the extent that it violates our intuitive ontological expectations."⁵ So when we are talking about miracles in a general sense, it is important to remember that I am not referring simply to an act that defies laws of nature and is subsequently an act of God, but rather miracles as events that are not explained by our intuitive understanding of their underlying mechanisms.⁶

One of the most thorough efforts ever on historical Jesus is the massive five-volume series *A Marginal Jew: Rethinking the Historical Jesus*, by John P. Meier. This series is still relevant today and forms the basis for many scholars who wish to enter this wide field. The second volume of this series, titled *Mentor, Message and Miracles*⁷, includes as one of its main topics the various miracles that Jesus performed.⁸ This book gives us a great starting point for looking at Jesus' miracles as it is a definitive cornerstone for miracle studies, bringing many pre-existing theories and ideas together with Meier's very seasoned take on the

¹ Cotter 1999, 1-4. The works that are referred to are Dibelius' *From Tradition to Gospel* 1935 and Bultmann's *The History of the Synoptic Tradition* 1931.

² Reitzenstein 1978, 17. Originally published in 1927.

³ Kelley 2014, 83-85.

⁴ An example would be Horsley 2015, *Jesus and Magic: Freeing the Gospel Stories from Modern Misconceptions*.

⁵ Pyysiäinen 2004, 83.

⁶ Pyysiäinen 2004, 83-84.

⁷ Meier, 1994.

⁸ Meier 1994, 509-970.

subject. Meier sets out to map the study of miracles in the main steps: 1. How a modern person should consider miracles 2. The backdrop of the ancient world as context for miracles. 3. The miracles themselves, analyzed case by case to determine their basis in the historical acts of Jesus.⁹ It is important to delve little into all of these topics if we are to form a relevant understanding of not only the stories of a healing touch, but how the miracles themselves should and can be understood in a scientific context.

First and foremost, Meier does away with the question of whether miracles can or do happen. Rather, he defines miracles as extraordinary events for which no “reasonable explanation in human abilities or in other known forces that operate in our world of time and space” can be found and which is a result of an act of God.¹⁰ Secondly, Meier limits his questioning on whether the miracle stories were merely creations of the early church, or were they a key part of his activities and if Jesus did perform what his followers might have considered miracles, what was their meaning and effect for those who witnessed them.¹¹ This last question also brings us to what I also want to explore in this study, what did the healing touch of Jesus mean to his followers and those who observed the healing rituals.

Meier is very particular in making distinctions with the historical study of miracles and the magical or ritual overtures that might exist in the historical setting.¹² As such he often veers away from topics and cases where such strong magical or ritual overtures might exist, as is the case with some of the healing stories in the gospel of Mark. A good example of this line of thinking would be to consider the story of the woman with hemorrhage in Mark 5:24-34.

24 So Jesus went with him. A large crowd followed and pressed around him. 25 And a woman was there who had been subject to bleeding for twelve years. 26 She had suffered a great deal under the care of many doctors and had spent all she had, yet instead of getting better she grew worse. 27 When she heard about Jesus, she came up behind him in the crowd and touched his cloak, 28 because she thought, “If I just touch his clothes, I will be healed.” 29 Immediately her bleeding stopped and she felt in her body that she was freed from her suffering. 30 At once Jesus realized that power had gone out from him. He turned

⁹ Meier 1994, 510-511.

¹⁰ Meier 1994, 512-521.

¹¹ Meier 1994, 517.

¹² Meier 1994, 511-521.

around in the crowd and asked, “Who touched my clothes?” 31 “You see the people crowding against you,” his disciples answered, “and yet you can ask, ‘Who touched me?’ ” 32 But Jesus kept looking around to see who had done it. 33 Then the woman, knowing what had happened to her, came and fell at his feet and, trembling with fear, told him the whole truth. 34 He said to her, “Daughter, your faith has healed you. Go in peace and be freed from your suffering.”¹³

The woman seeking out Jesus and touching his cloak and being healed through this touch is one of the focal points for scholars who have argued for Jesus being a magician. And this is one of the stories considered unique to Mark where there is a strong magical conception linked to Jesus’ healing rituals¹⁴. According to Meier this can mostly be attributed to Mark’s literary style¹⁵, but in my opinion, it also gives us a sense of how at least a certain portion of early Christians interpreted the miracle stories. Furthermore, these stories give us details of the healing rituals that further our full understanding of what the healings entailed and what gave them their power from a social and ritual point of view. Interesting to note is that Meier claims that this story has no “...even remote parallel for it in the Gospels...”¹⁶ when at least Luke 6:19 has similar elements in people wanting to touch Jesus and power emanating through him to heal them. Meier considers this particular story to be among those which should largely be considered too far fetching for his historical narrative of Jesus.

Touching as part of healing miracles is uniquely prominent in Mark, and it has certain characteristics that are not found outside of the Markan tradition. The word used to describe Jesus’ touch in the Markan tradition is usually κρατέω, which means to grasp. However, an exception is in Mark 1:41 where Jesus is said to be extending his hand (ἐκτείνω).¹⁷ There are 8 occurrences of κρατέω in Mark where it is used to mean a physical contact, “to take hold”.¹⁸ Moving even more towards miracles that include touch we will have to look at how Meier analyses Jesus healing lepers. Especially the case of Mark 1:40-45 which I have used previously as a case study in my bachelor’s thesis will be a key element in helping us understand and reflect the various theories and ideas throughout this paper. Mark 1:40-45 is perhaps the best example of Jesus healing a leper, and of Jesus

¹³ New International Version (NIV)

¹⁴ Meier 1994, 709.

¹⁵ Meier 1994, 709-710.

¹⁶ Meier 1994, 710.

¹⁷ Cotter 2010, 38-39.

¹⁸ Biblehub.com/greek/2902.htm

using a physical touch to effect said healing. However, on this particular event Meier has relatively little to say. The passages follow the established three-point formula of most miracle stories, with strong emotional elements in both the leper's plea and in Jesus' response that Meier says might stem from the Markan literary tradition or simply other later additions to the story. The strong emotional elements are an interesting thing to note here, as the man is pleading, and Jesus in almost anger [ἐμβριμησάμενος] drives the man away. A key word that Meier brings up that is important is the word and concept that is repeated in this story, to cleanse [καθαρίζω].¹⁹

Meier does make an assertion that based on three different traditions, Mark, Luke and Q, a conclusion can be made that during his active period Jesus was believed to have healed people afflicted with leprosy. This goes against some assertions that Meier tackles where these stories have been accused of being made up by the early church. However, this assertion is all that Meier is ready to make on the subject of Jesus healing lepers.²⁰ In this particular case Meier does not note the fact that Jesus is told to physically touch the leper, he only gives a brief mention of a "dramatic gesture". Nevertheless, many scholars who in many ways follow in Meier's footsteps of trying to find a historical Jesus among the cultural narrative of the gospels have claimed that healing by a physical touch was in fact one of the defining features of Jesus as a Healer.²¹ These sorts of claims could be seen as attempts to elevate Jesus' status, but at the same time they give us a good reason to study this topic further. However, it is not my intention to develop a full historical narrative of how touch has been studied, as that would be a much bigger undertaking than is appropriate for a master's thesis. Yet I must try to offer as much as possible on the subject so a working analysis can be considered.

For this end, we can conclude that when it comes a very traditional and classical take on miracles, the role of touch is often downplayed because the role of miracles themselves tend to be downplayed as in my opinion a thorough analysis of Meier's work would show. For the perspectives that Meier takes into account in his setting of the study of miracles, there are simply so many pitfalls for a scholar to fall in. Nevertheless, the work of Meier has become a cornerstone for many miracle studies and especially when it comes to the historical value of the stories. However, since I am interested in the potential power and meaning

¹⁹ Meier 1994, 700.

²⁰ Meier 1994, 706.

that touching as an act had for the earliest followers of Jesus, I need to take into account even the notions that early Christians, who were writers and the target audience of the gospels, would have had. In any case, following Meier's lead is helpful when assessing the value of individual stories and texts.

It must be noted that the physical touch is often overlooked in miracle studies as only a part of the healing action, and much more focus is given to the healing effect itself. Therefore, the next few chapters will deal with how the healing effects have been studied and explore the terminology surrounding the topic of miraculous healings.

Healing in the New Testament: how to understand the healing miracles

Meier's studies were focused on the historical narrative of Jesus and the miracles that he was said to have performed. As such, Meier distanced himself from commenting on what actually took place in those stories of people being healed by Jesus and considers the healings simply miraculous actions. The healings have been labeled in various ways, for example as psychosomatic healings²². However, this particular view falls short when looking for an answer that would encompass the whole of Jesus' healings.²³ I will not pay too much attention to psychosomatic healings as a narrative for Jesus' healings, and I will also not be exploring the "acts of God" solution²⁴ as these two theories do not offer enough insight to work with or aid us to form new solutions and ideas.

Meier has received some perhaps warranted criticism for his caution in his work, and notably his lack of sociological analysis or cross-cultural analysis commonly found in anthropology. These issues were raised by John Pilch, who in a series of articles has studied the healings of Jesus with the methods of medical and Mediterranean anthropology.²⁵ In today's academic world it would difficult indeed to study ritual phenomena such as healing stories without considering the social scientific methods and insights. I raised earlier the point that Meier notes

²¹ Lalleman 1998, 361. Ayayo 2014, 390-391.

²² Capps 2008.

²³ Craffert 2008, 254-256.

²⁴ That is to say, the logic that Meier and Theissen & Merz seem to use for how an actual disease can only be cured with either actual medicine or by a truly miraculous act. Meier 1994, 512. Theissen & Merz 1998, 293. Craffert 2008, 255.

²⁵ Pilch 2000, 57. The book *Healing in the New Testament: insights from Medical and Mediterranean Anthropology*, gathers most of Pilch's earlier writings on the subject and expands upon them.

the importance of the word “to cleanse” and that is a theme that is integral to Pilch’s work. Pilch was perhaps the first to define what happens in Jesus healing miracles with terms coined in medical anthropology. Craffert has called the context of these definitions the biomedical paradigm.²⁶ Pilch adapted a model from medical anthropology which makes a division between *disease* and *illness*, where disease means the medical and physical cause and illness represents a state of being.²⁷ The base idea is that being sick and having an *illness* encompasses the whole person and their identity with their social and physical being. On the other hand, being afflicted with a *disease* is only about the person's health, and not their overall wellbeing.²⁸ The other pair of terms that medical anthropology uses are *healing* and *curing*, where an illness may be healed but only a disease can be cured.

Pilch’s work is important because it allows us to consider the people of the ancient world who are suffering from various ails to be mostly dealing with *illness*, as their medical expertise was not at a level that would have even considered the mere effects of a disease, but rather dealt with them as wholly personalized situations. Crossan has taken Pilch’s work and argued a point that most if not all of Jesus’ healings should be considered therapeutic. His argument is that Jesus is healing the *illness* as defined by Pilch, and is not accepting the social exclusion that would normally result from its ritual uncleanness.²⁹ Here the idea that Jesus is cleansing the taint of the illness is apparent and the intended purpose of the healing is to bring the afflicted person back to society and to restore their social standing.

Craffert has taken this perhaps even further in his to consider the healings through a biopsychosocial paradigm. It is an intriguing system that tries to consider issues like human being, sickness and health care across cultures without being ethnocentric.³⁰ Such a cross-cultural take is difficult, but the key differences are that instead of separating a human being into body and mind, it considers a human being as a single biopsychosocial unit. Then, sickness is something that disrupts the equilibrium of this unit. Health care would be any responses that fight this disturbance and a health care system would be composed of any intervention

²⁶ Craffert 2008, 254-255.

²⁷ Pilch 2000, 24-25.

²⁸ Crossan 1994, 80-82. Pilch 2000, 59-60.

²⁹ Crossan 1994, 80-83.

³⁰ Engel 1977 & 1997.

that is culturally appropriate, be it a medical one or a ritual one.³¹ Craffert applies this paradigm to the healings that Jesus performs in the Gospel stories and the conclusion that he draws is that there are no truly universal terms or diagnoses that we could place on the people who seek out Jesus' help. Rather, we can at best conclude that those whom Jesus healed had some ails, pain, sickness or distress that was affecting them in ways that encompassed their whole being; both body and mind as one per the biopsychosocial paradigm.³²

These views make the healings a mostly social issue, which is an interesting take as it allows us to consider the healing miracles from within their social setting without having to consider the loaded questions of miracles as acts of God. For the purpose of this study I will mostly be presuming that the healing miracles that Jesus performed were healings that affected the whole of the person being healed, and that they had a strong and an important effect on the person being healed. Furthermore, integral to my understanding is the idea that the healings were indeed healings within Jesus' social and cultural context. This gives us further understanding of both Jesus and his contemporary world.³³

The concept of purity

One subject that has been an important object of study in exegesis and theology for a long time, and which appears alongside miracle studies every now and then is the concept of purity in the Jewish culture. In the Jewish law, primarily in *Leviticus*, there are very strict and precise rules and regulations concerning what is pure and that which taints and how to cleanse these impurities. Now it is important to note that purity and impurity do not correspond directly to being clean and dirty.³⁴ Rather, from the priestly perspective of the bible, things can have four different states of being, holy or common and pure or impure. Only pure things may be considered holy, but otherwise the states can overlap. Furthermore, purity is often described as the absence of impurity and reversely common as the absence of holiness.³⁵ This to me describes well the idea that in the ancient Jewish culture things could make you unclean, impure, and thus unable to be in contact or to experience the holy, thus you would need to be cleansed in order to again be

³¹ Craffert 2008, 264.

³² Craffert 2008, 270-278.

³³ Uro 2016a, 231-232.

³⁴ Poorthuis & Schwartz 2000, 5.

³⁵ Milgrom 2000, 29-30.

able to take part in holiness. This sets the scene for how the Jewish ritual world worked in terms of purity, where it played an important role.³⁶

Effectively, in Jewish society when you came into contact with something impure, you would then become impure and would remain so until you had followed the necessary ritual steps. Things that made a person impure included: giving birth, discharging of bodily fluids such as semen or menstrual blood, skin disease which in New Testament is often generalized as leprosy, contact with carcasses of “swarming things”, and contact with a corpse of a dead person. In addition, during the period of the Second Temple there were various other factors that were considered to make a person impure.³⁷

From a social-science point of view purity can be seen as a cultural system of how people perceive things to be either pure or polluted.³⁸ Much of this work by Neyrey and others is based on Douglas’ observations that “dirt” is merely matter in the wrong place, which suggests at a universal classification system that aims to deal with ideas of order, belonging and behavior.³⁹ These systems vary from culture to culture and the purity concept is merely the Jewish representation of this universal idea.

This idea of contagion is best described in this context of purity, although it is definitely a cognitive concept which are described in the next chapter. It has been shown in studies that people tend to avoid objects that have previously been contact with disgusting insects even after the objects have been thoroughly cleaned.⁴⁰ This same effect has also been observed in relation to objects linked with morally reprehensible people.⁴¹ This theory of contagion suggests that it has been evolutionary beneficial, though its origin cannot be explained currently. This means that humans have a basic tendency to avoid things that they consider contagious, be it in a medical or a moral way.⁴² The sick and poor of the ancient world might very well have been considered contagious in this manner, especially given what we know about the purity principles in the Jewish society.

In the context of early Christians and purity laws, a staple claim has been that Jesus broke off this tradition of purity. The most commonly used examples

³⁶ Tomson 2000, 73.

³⁷ Koet 2000, 97.

³⁸ Neyrey 1999, 269-306. Koet 2000, 94-95.

³⁹ Elliott 2008, 108-110. Douglas 1966.

⁴⁰ Rozin et al. 1986.

⁴¹ Nemeroff & Rozin 1994.

⁴² Czachesz 2016, 25-26.

concern the washing of hands and the impurity of food.⁴³ Koet does bring up the healing stories of Jesus when he examines the purity and impurity of the body in Luke-Acts, and as such provides us with a solid insight into how those healing acts would coincide with the concept of purity. Koet makes an interesting point that for example in Mark 1:40-45, where Jesus heals the leper and commands him to visit a priest afterwards to complete the cleansing, that Jesus is not breaking with the law as he merely allows himself to become impure in order to heal the leper. However, Koet also notes that the Markan telling also contains a contradicting point as the man is noted to be cleansed on the spot, which goes against the lawful procedure.⁴⁴ It is this kind of dichotomy that makes me interested in the social aspect of the healings, when we take into account the Jewish system of purity as a factor for Jesus' healing touch. The touch would as Koet notes, render Jesus impure, but there does not seem to be a clear indication of that happening, meaning Jesus can be seen as breaking tradition. I will come back to some of the specific cases later in the analysis section. For now, it is important to note that purity was an important part of Jewish life and that there exists a strong case for seeing Jesus as breaking with that tradition while acting in a way within its confines. This will be an important factor because of the social aspect of touch that comes into play when we consider social touch.

A new perspective –The cognitive science of religion

The cognitive science of religion

In the past few decades, a multidisciplinary approach to religious studies has become a common occurrence. The cognitive science of religion (henceforth referred to as CSR) is one the most prominent new collective fields of study to emerge from this multidisciplinary approach.⁴⁵ It incorporates many different fields, from cognitive sciences to psychology, neuroscience, anthropology, and evolutionary biology to form a set of cognitive approaches to study religion and religious phenomena.⁴⁶ These fields study various different ways of how the human body and brain works. One of the primary means of CSR is the application

⁴³ Tomson 2000, 74-78.

⁴⁴ Koet 2000, 98-100.

⁴⁵ The first notable works in the field are usually considered to be *Rethinking Symbolism* by Sperber in 1975 and *Rethinking Religion* by Lawson & McCauley in 1990. Another prominent early contributor was Pascal Boyer.

⁴⁶ Uro 2016, 41-43.

of universal cognitive processes of the human mind to understand religious behavior. A base assertion is that there is no fundamental cognitive process of religion. Rather, religion and religious behavior are merely the results of our various normal cognitive processes, that manage both our religious and nonreligious experiences. It has taken a while for exegesis and the study of early Christianity in general to adopt the methods and views of CSR, as these fields mostly deal with textual sources and have been more interested in the historical and cultural context of their subjects of study. However, recently many scholars have begun incorporating the methods and theories of CSR into biblical studies.⁴⁷ I will now briefly explore some of the relevant topics and theories from the field of CSR that are useful in the context of this study.

Theory of ritual form and the principle of superhuman agency

Published in 1990, *Rethinking Religion* by Lawson & McCauley is considered a monumental cornerstone of what we now consider CSR.⁴⁸ In their book Lawson & McCauley adapt Noam Chomsky's ideas about human minds native capability for language to postulate that the same could be said of the human mind and ritual actions. From this premise, they formulated a Theory of Religious Ritual Competence, also known as Theory of Ritual Form.⁴⁹ Integral to this theory is the hypothesis of ritual form, which has been extensively studied with experiments. At the base of this theory is the idea that people are subject to ritual intuitions which form the base suppositions about the effectiveness of rituals based on their structural form. This is a cognitive framework of how people taking part in rituals think about the roles of the ritual. These suppositions are driven by a supernatural agent, that is prevalent in one of the three main structural forms. These forms include both participant agents, the acting agent and the patient, as well as the act itself.⁵⁰ This Principle of Superhuman Agency is what according to Lawson and McCauley's theory should give special meaning to rituals in which such a superhuman agent is associated with the acting agent of the ritual. A usual example is of the Christian baptism, where the priest performing the ritual is the acting agent through which the supernatural agent is present.⁵¹ These special agent rituals, where the acting agent is empowered by the superhuman agent, are

⁴⁷ Luomanen, Pyysiäinen & Uro 2007, 1-6.

⁴⁸ Uro 2016, 42.

⁴⁹ Lawson & McCauley 1990, McCauley & Lawson 2002.

⁵⁰ Kaše 2016, 250, Uro 2016 41-43.

according to the theory usually more powerful in their effects and are often considered irreversible, and often the patients only need to partake in these kinds of rituals once. Lawson & McCauley account in their breaking apart of a ritual for repeatability, reversibility and substitutability and all point to towards the special nature of rituals with special agents.⁵²

This theory is very important for our studies of rituals and has become one of the core theories of CSR, and ritual studies in general. With this theory, we are able to map out the forms of rituals through their participant agents so they can be better compared and understood, although as always in the case of religious studies, universal hypotheses and claims should not be made lightly. Naturally, this theory as most cognitive theories only offers us a very generalized view, not a purely universal truth.⁵³

The concept of magic

Magic has for a long time been a term that many scholars have both used and disputed when it comes to studying religious events and phenomena. As such, defining magic has become a process that each scholar must perform if they wish to properly use the term in their work.⁵⁴ The term was introduced in association to Jesus' miracles most notably by Morton Smith in his work *Jesus The Magician*⁵⁵, whose work has since then been considered innovative for its field but mostly overreaching as far its implications go.⁵⁶ Magic has become an useful term for scholars as an analytical tool⁵⁷, which can be used to describe certain specific kind of things and events and relations of thinking.⁵⁸

Even though many scholars dispute whether Jesus should be considered a magical healer, or a magician, most agree that Jesus' healings were ritual in nature and the healings took place within a ritual world. For example, Craffert claims that in the case of the leper Jesus is cleansing him of a ritual taint, as the man was considered unclean and thus barred from partaking in society and rituals.⁵⁹ Even Horsley who is a vocal opponent of calling Jesus' healings in any way magical, agrees that the

⁵¹ Uro 2016, 34.

⁵² McCauley & Lawson 2002, 26-35.

⁵³ Uro 2016, 34-35, 41-44.

⁵⁴ This is a topic which I discussed in fair length and it was a focus in my bachelor's thesis, Hägg 2016.

⁵⁵ Smith 1978.

⁵⁶ Uro 2016, 224. Horsley 2015, 68-74.

⁵⁷ Valkama, Weissenberg, Nikki 2016, 3.

⁵⁸ Nissinen 2016, 48.

⁵⁹ Craffert 2008, 290.

healings take place in a ritual world, and in ritual settings and that they have ritual power.⁶⁰

It is also worth noting that a lot of study of magic has been about separating magic from religion and trying to define the boundaries. For a long time, magic was considered something wholly other, especially when in relation to Christianity it was commonplace to assert that Christians practiced religion whereas the practices of other groups could be labeled magic as it was understood to be something less than religion.⁶¹ In scholarship magic has at different times been seen as a mode of thinking, a social practice, as a faulty way to manipulate reality, or as a psychological goal. Pyysiäinen has a great summary on how these various schools of thought on magic have formed and evolved.⁶² For the sake of this study, we need to take a closer look at how magical thinking has been studied and how it has been approached within the realm of CSR.

There have been various studies done which suggest that humans have certain tendencies to believe in and act in accordance to magical systems. Czachesz brings up Ono's 1987 study involving Japanese university students where three out of twenty students developed clearly superstitious behavior, and a study led by Pronin that played out a "voodoo-ritual": the students who had negative feelings towards their supposed victim were more likely to believe that they had caused a headache in the victim.⁶³ These results indicate that the human mind has an underlying system that is prone to magical thinking. These could be related to various other systems, such as hypersensitive agency detection device which relates to how humans cognitively react to nearby agents.⁶⁴ Based on many studies such as these and the overall framework of cognitive science of religion Pyysiäinen has argued that religion and magic are interlinked terms that form "magicoreligious complexes" and that it is difficult if not impossible to define the terms in a way that is more than merely analytical. Pyysiäinen further emphasizes that both magic and religion are traits of the human way of thinking.⁶⁵ This to me exemplifies the fact that magic as a concept is essential to understanding religious phenomena because this "magical thinking" is so interconnected to how humans perceive these events.

⁶⁰ Horsley 2015, 96-100.

⁶¹ Valkama, Weissenberg & Nikki 2016, 3.

⁶² Pyysiäinen 2004, 90-96.

⁶³ Czachesz 2016, 20-24. Ono 1987, Pronin et al. 2006.

⁶⁴ Czachesz 2016, 24. Leslie 1994, 1995.

⁶⁵ Pyysiäinen 2004, 100-112.

A key contribution to the academic discussion of magic comes from Sørensen's 2007 book *A Cognitive Theory of Magic*. Sørensen attempts to form a theoretical framework for the concept of magic and he does so by going through the earlier theories and models, so that his remarks will be relevant to all the previous discourse in scholarship. Secondly, he takes many of the ideas and looks at them through the lens of cognitive sciences to see which theories hold up to the results of CSR. Based on those findings, Sørensen forms a theory of magical actions where he essentially aims to provide a tool to dissect magical actions into three types to answer the questions: *Who* performs the magical action, *how* is the act performed, and *what* is the purpose of said action? This model links various cognitive theories and models together in a way which allows us to then attach certain labels to these "actors" or elements in a magical ritual.⁶⁶ This model resembles and is openly influenced by the theory of ritual form and the model of superhuman agency and it can be applied parallel with it to create an even greater understanding of a magicoreligious ritual.

These studies and models have led scholars to be able to form a certain basis for what defines magic. Czachesz outlines three main points for what can be called magic. First, magic is linked with actions that have ritual power, also known as ritual efficacy. Second, magic tends to have in-built systems or theories about how and why it works. This point is linked to the cognitive models about how we tend to think in a magical way. Third, the effects and methods of magic can usually be reviewed by modern science to rule out actions that do not have observable effects.⁶⁷ On the point about ritual efficacy, Nissinen agrees that magic must have a purpose of bringing about change in the perceivable world, whether that is positive or negative change.⁶⁸ Magic is thus linked to affecting change, which in a situation of interest to this study would be to heal the person being touched in a healing ritual. Touch is indeed a classical element in magical ritual functions where there is often either a verbal or a material component which is used as a conduit to affect the intended change.⁶⁹ I agree with Uro's remark that at

⁶⁶ Sørensen 2007, 2-4, 63-93 & 95-140. These citations include the two main chapters where this model is formed and its use detailed, as well as the introduction where Sørensen explains his aims for his book. Czachesz 2013 provides a good summary on the subject.

⁶⁷ Czachesz 2016, 18-19.

⁶⁸ Nissinen 2016, 49-50.

⁶⁹ Nissinen 2016, 50.

its core building our understanding of magical actions also builds our understanding of human behavior.⁷⁰

Healings as rituals

The characterization of Jesus has varied from scholar to scholar, some naming him a magician, a shaman or something similar. Yet most agree that Jesus can be considered a healer who also exorcised evil spirits.⁷¹ Furthermore, as our understanding of healing rituals increases it has become accepted that we can say with confidence that Jesus was a ritual healer. Despite this, there has been a slight reluctance to considerably study early Christian activities from the perspective of a ritual. However, there has been some activity recently to use ritual theory as a tool to understand New Testament texts.⁷² It is understandable since rituals are an essential part of human society and everyday life from which we can never truly distance ourselves.⁷³

The healings of Jesus have been considered as therapeutic actions. This view is usually derived from the work of Pilch, and is prominently held by Crossan⁷⁴. However, I tend to agree with Uro that it is best to consider the healing stories of Jesus as ritual actions, even though this is a complex issue. When the healing stories are considered as ritual healings, it is easier to rationalize and understand why they work to create effects that work despite our expectations.⁷⁵ Furthermore, applying scientific approach to rituals allows for a better understanding of concepts and behavior across cultures.⁷⁶ And applying this approach to the healing stories of Jesus is helpful in creating a complete narrative of both Jesus, but also of ritual healings as a whole.

When considering Jesus as a ritual healer, we can figure out some defining features of his activities. Sered and Barnes identified eight ways that different ritual healers across cultures employed to treat their patients.⁷⁷ The healing narratives of Jesus contain at least seven of these, which would typecast Jesus as a ritual healer. Specifically, one of the methods is touching the sick person. When

⁷⁰ Uro 2016a, 223-224.

⁷¹ Uro 2016a, 220.

⁷² Uro 2016b, 7.

⁷³ Pyysiäinen 2004, 135.

⁷⁴ Crossan 1994. Craffert 2008, 256-257.

⁷⁵ Uro 2016b, 114.

⁷⁶ Uro 2016b.

⁷⁷ Sered & Barnes 2007.

looking at the whole scale of Jesus healing stories, touch stands out as one of the defining methods for healing.⁷⁸

Taussig describes rituals as events that exhibit social intelligence when a certain topic has become too difficult for a single person to handle or too scary to face head on or is tied with other longstanding social factors.⁷⁹ Especially the last point is of interest to us as it leads to the social function of the ritual, even though Taussig claims not to be employing a sociofunctional approach.⁸⁰ There exists a conflict of thoughts on whether the focus on rituals should be on their social functions or their formal functional outcomes.⁸¹ However, just like Kaše, I too find this a rather pointless debate, as both sides of the ritual are important to understand for full comprehension.

One way to look at a ritual is to consider the magical elements as factoring in to the ritual efficacy. Ritual efficacy is a magical and ritual dimension in a ritual where multiple factors may make a ritual seem either more or less effective.⁸² Uro brings up studies on the placebo effect as a comparison to how simply believing in the power of a healing ritual may have actual verifiable effects on the patients.⁸³ As a whole, ritual studies is a complex field that is becoming entwined with the field of CSR. This study will presume certain elements of ritual studies and what is known as ritual theory because of employing the cognitive methods that are commonly used in this field.

Uro has pointed out that, it is important to understand “the cultural reality of the healing stories”, so the more theoretical elements of cognitive and ritual studies are coherent and valid with the historical and ethnographic research.⁸⁴ I agree with this sentiment, which is why I have explored the traditional aspects of the study of miracles and associated cultural aspects alongside the cognitive theories.

The cognitive study of touch – Affective and social touch

Since the focus of my study is the physical touch of Jesus, and the study of early Christian rituals is increasingly incorporating the theories, methods and insights of

⁷⁸ Uro 2016a, 226-230.

⁷⁹ Taussig 2009, 66.

⁸⁰ Kaše 2016, 246-247.

⁸¹ Kaše 2016, 247-248.

⁸² Legare & Souza 2012. Kaše 2016, 251.

⁸³ Uro 2016a, 225-226. Uro refers to a 2010 study by Brody on the placebo effect from a ritual standpoint.

⁸⁴ Uro 2016b, 104-105.

the cognitive science of religion, it seems only natural to examine how the human experience of a physical touch has been studied. My research into the subject has been focused on the positive effects that a touch elicits in people, also known as affective touch, and the social theories and implications that have been drawn from these findings. In this chapter I aim to give a short overview of how I have come to understand this field of study and how it might be useful in our continued efforts to widen the toolkit of CSR.

Touch is among the least studied senses, as far as neuroscience goes, but it is being studied more and more and the study social of touch is spread among many disciplines.⁸⁵ The basis by which humans decide on how to react to touch has been studied in various ways, for example Løseth et al. examine the way neurochemistry shapes our experience of touch.⁸⁶ Currently a strong contender for causing the positive reactions to touch are C-tactile afferents.⁸⁷ The CT afferents are the second part of the dual system which is responsible for the human sense of touch, which is broadly speaking comprised of fast conducting afferents and slowly conducting afferents.⁸⁸ In simpler terms, afferents are responsible for triggering the responses to touch in the human nervous system. So, the CT afferents are responsible for transmitting the information about touch to the brain, which then reacts appropriately to this stimuli by the afferents. The exact function and evolutionary basis of these CT afferents, which specifically respond to slow and warm contact has been a cause for study and discussion.⁸⁹ These CT afferents are reason why humans feel good about hugging and grooming for example, and seem to foster our connections with other people.^{90 91}

Social and affective touch

Touch has been found to be an essential component in human development. One example of this is the hand clenching reaction of babies. As Gallace & Spence explain, this reaction likely stems from the primate reaction to cling to their mother's fur, and it provides the setting for extended physical contact that can be

⁸⁵ Gallace & Spence 2016, 228.

⁸⁶ Løseth et al. 2016, 239-264.

⁸⁷ Løseth et al. 2016, 240. McGlone et al. 2014.

⁸⁸ Vallbo et al. 2016

⁸⁹ Vallbo et al. 2016, 26-28.

⁹⁰ Gallace & Spence 2016, McGlone et al. 2016.

⁹¹ For a more in-depth look at the subject, CT afferents are the main focus of *Affective Touch and the Neurophysiology of CT Afferents* (2016), edited by Olausson, Wessberg, Morrison & McGlone.

seen as a vital part of human development.⁹² In adults, the studies indicate that touch may play a part in maintaining relationships.⁹³ Touch is essential to social behavior, not only to humans but most mammals as well. Touch builds relationships and betters communication and social interaction and is associated with positive feelings and responses.⁹⁴ The need to touch and to be touched is an essential human attribute, and touch can have profound implications on our behavior and development.⁹⁵

It has been well documented that being touched affects the way humans interpret different situations. Even slight physical touch, which does not necessarily even need to be noticed, or be very relevant in the context that it happens in, can make a meaningful difference in how people react or feel in the situation. This phenomenon of touch eliciting a positive reaction is known as the midas touch effect.⁹⁶ However, studies have shown that this kind of slight touch as part of social interaction can elicit both a positive and a negative reaction, depending on the context.⁹⁷ Thus, the social context where the physical touch occurs affects the reaction to the touch in meaningful ways. Furthermore, it seems to be our perception of events that affects our reaction, making the cognition of touch more complicated, as it is not the mere physical contact that elicits a response.⁹⁸

Some studies have indicated that humans also react to touch that they see being done to other people. Whether it is a reaction to seeing the touch, or simply projecting the self in place of the other seems to be yet unclear as studies have implied both interpretations. However, Gallace & Spence at least draw the conclusion that: “Taken together, then, these results would seem to suggest the presence of an important link between the neural systems that are responsible for the processing of tactile information and those supporting the difference between self and others, a critical function at the basis of any social interaction”⁹⁹ This is an important conclusion to reach, that humans are acutely aware of their self and

⁹² Gallace & Spence 2016, 229.

⁹³ Gallace & Spence 2016, 230.

⁹⁴ Løseth et al. 2016, 240.

⁹⁵ Thompson 2016, 349-350.

⁹⁶ As defined by Crusco & Wetzel 1984.

⁹⁷ Crusco & Wetzel (1984) found that waiters who touched their clients even slightly received better tips. Conversely the study by Martin (2012) showed that accidental touch affected customers reviews of products negatively.

⁹⁸ Gallace & Spence 2016, 231. The original study by Gazzola (2012) showed that male subjects reacted differently to identical touch depending on who they believed was touching them.

⁹⁹ Gallace & Spence 2016, 232

others, and that physical touch is such a strong cognitive force that even seeing a touch interaction requires us to maintain and consider the roles of our cognitive self and others.

As described earlier, it has been observed by many studies that even a casual touch will change the way we rate and experience human interaction. Specifically, the midas effect appears to make humans react more positively to interactions that include a casual or slight touch of hands. Because the CT afferents react specifically to both slow movements and warm temperature, both of these values have been used to study the effects of human touch interaction.¹⁰⁰ CT afferents are always activated when in skin-to-skin contact.¹⁰¹ Temperature has been linked with emotions, and the warm feelings not only cause pleasant feelings, but they have been found to even affect our empathy and amplify positive feelings towards others.¹⁰² These findings explain why warm touch will ignite positive feelings in us, and even make us more amenable toward others.

Knowing that touch plays a part in creating positive feelings is important not only for the study of touch as a sense, but for understanding the whole of human experience.¹⁰³ The more we know about how human feelings and emotions are affected by our senses, the better we can understand how more complex situations, such as rituals, might affect our experience. Nevertheless, Fulkerson brings up an important factor that we should consider when interpreting the affectual effects of touch. According to Fulkerson, it is best to understand affective touch as a blend of touch experience and the experience of context, which together create the affective effect.¹⁰⁴ The main argument here is that in most cases, the touch alone is not which creates the positive feelings, although some kinds of touch do inherently cause pleasing sensations, such as caressing with a feather. But the main focus of Fulkerson is that the perceptual experience of emotional or affectual touch usually encompasses more than just pure physical contact.¹⁰⁵ This would mean that despite there being strong evidence that certain kind of touch does create positive feelings, we still need to consider the full context of our pleasing experience to fully value the meaning of touch. This does not however diminish the important role that affective touch seems to play in

¹⁰⁰ Schirmer et al. 2016, 285.

¹⁰¹ Schirmer et al. 2016, 287.

¹⁰² Schirmer et al. 2016, 285-287.

¹⁰³ Fulkerson 2016, 323-324.

¹⁰⁴ Fulkerson 2016, 329-333.

¹⁰⁵ Fulkerson 2016.

human interaction.

Since the effects of touch seem to be highly tied to the social context in which it occurs, it is important to consider the cultural environments and implications. It has been found that people in different cultures employ a varying amount of casual touch in their social behavior. Studies have found that in countries like France, people visiting coffee shops touch each other way more often than in America or Britain.¹⁰⁶ Furthermore, studies show that we can group cultures into contact and non-contact societies based on how often they meet each other face to face, touch each other or look into to each other's eyes or speak louder. Contact societies include Arab, South American and South European cultures while many Asian, Northern European and American societies would be considered non-contact groups. However, how these differences in the culture of touch affect our development and behavior is still disputed. There have been suggestions that frequent touching may lead to dominant personality traits and lower adult aggression. It has also been suggested that lack of such stimulation might lead to drug abuse problems in adulthood.¹⁰⁷ Despite cultural differences in how often people touch each other and the areas in which they would allow themselves to be touched, social touch seems to be universal. In a recent study Suvilehto et al. asked participants from different countries to show on a heat map drawing of a human body where they would allow themselves to be touched by various people in their social networks.¹⁰⁸ They found cultural differences in how people would like to be touched, but still concluded that social touch seems to have a universal role in building social bonds. Thus, despite the surrounding culture and context affecting the experience of touch and its effects in some way, it still seems to be apparent across cultures and almost exclusively as a catalyst for positive emotions. I would concur with the statement made by Suvilehto et al. in their study that: "Touch is a powerful tool for communicating positive emotions."¹⁰⁹

Integrating the cognition of touch into CSR

The field of cognitive science of religion is still new and constantly growing as researchers continue to integrate new theories from various fields of study for the

¹⁰⁶ Thompson 2016, 344. The studies mentioned are Jourard 1966 and Field 2001.

¹⁰⁷ Thompson 2016, 344.

¹⁰⁸ Suvilehto et al. 2015.

¹⁰⁹ Suvilehto et al. 2015, 13811.

purpose of studying and understanding religion at a deeper level. The studies that are based upon the work of neuroscientist and the theories of social touch put forward by neuropsychology give us a platform to build our own collection of cognitive studies. Many psychological studies have become key factors in forming our current field of CSR. The theories that have been formed on their basis have created opportunities and ideas that many theology scholars are becoming increasingly aware of.

In my opinion, the results and theories about the cognitive responses and functions of touch are very interesting to the field of CSR. They provide us with additional understanding of how humans perceive the world through one of our primary senses and can thus help us further understand rituals and religious practices where touch is a key component. I can see a variety of uses for these theories to be used when studying contemporary rituals, where we can observe all the ways in which touch is used.

However, it is undoubtedly harder to immediately see how this could be applied to my field of New Testament studies and exegesis in general, as the material we are working with is more limited and only provides textual context in most cases. As we cannot directly observe or know for sure what the early Christian rituals looked like, we must always consider various factors when we are building our complete understanding of the context that we are studying. Nevertheless, I believe that the study of touch can offer an interesting and valuable insight for examining and evaluating our existing knowledge. I believe that in the case of my study, which focuses on touch as part of Jesus' healing rituals, keeping these findings in mind will help us better evaluate some of the theories and observations that have been made about the subject.

In a case like this it would be natural to focus on the theory of social touch and on the general social role and function of touch, as these are concepts that can be discussed with existing ideas from social sciences, anthropology and studies of historical cultures and ritual practices. The implications of a social touch and the cultural relevance of touch are topics that in my opinion can be further explored within the context of early Christianity as well as the larger field of CSR in general.

I hope that by including the scientific study of human touch into the toolkit of CSR, I have broadened the aspects of research that I or others might perform.

Analysis – Cultural and cognitive insights

In the study, so far I have explored some of the ways in which the healing miracles of Jesus have been studied so far. In addition, I have briefly explained some of the major theories and models that the field of cognitive science of religion has to offer. Finally, I have outlined the theories of affective and social touch so that the findings in those fields could be integrated into the larger toolkit of CSR. In this part of the study I will aim to examine my chosen topic of the healing touch of Jesus with regards to affective and social touch and how they fare in relation with our existing studies and consensus of the meaning and importance of touch in the gospel stories. Our first order of business should then be to examine the gospels to form our basis on whether or not touch can be seen as a relevant object of study for the healing miracles. For this study, I have chosen to limit the scope of material to the gospel of Mark, as including all four gospels would mandate a much larger study and because Mark has often been considered to contain the most ritual descriptions and overtures in its narrative.¹¹⁰ Thus it is fitting to focus therein.

The relevance of touch in the healing stories

In this section I will list the instances where physical touch is mentioned in relation to Jesus' healings in the gospel of Mark. The English translation that I use is the New International Version which I use together with the 28th edition of Novum Testamentum Graece as necessary. In this section I will simply list the verses where the words for physical contact and touch are present, and further analysis on select cases will follow. The aim of listing every relevant section here is to establish the role and relevance of physical touch with the narrative of Jesus' healings. That is the only source available for us to consider if we want to know whether Jesus touched people that he healed, or at least if there would be significant reason to believe that he did so.

This part is closest that we will get to a traditional exegetical analysis of the subject, as rest of the analysis is going to be based on the larger concepts. However, this part is vital as it provides the textual framework and reference points that is required in order to establish the bigger picture.

¹¹⁰ Meier 1994

The first case is Simon's mother-in-law who is bedridden with fever, and is healed after Jesus helps her up by taking her hand.

1:29 As soon as they left the synagogue, they went with James and John to the home of Simon and Andrew.

1:30 Simon's mother-in-law was in bed with a fever, and they immediately told Jesus about her.

1:31 So he went to her, took her hand and helped her up. The fever left her and she began to wait on them.

1:32 That evening after sunset the people brought to Jesus all the sick and demon-possessed.

1:33 The whole town gathered at the door,

1:34 and Jesus healed many who had various diseases. He also drove out many demons, but he would not let the demons speak because they knew who he was.

The greek verb for Jesus taking hold of her hand here is the standard κρατέω. This event is interesting in that the only healing act that Jesus performs here is a simple physical raising up, with no spoken commands. It establishes the healing powers of Jesus' physical presence and touch. The physical point of contact is also mentioned, that it is by hand (χεῖρα). After the initial healing episode with Simon's mother-in-law Jesus is described in general terms healing the sick and exorcising the possessed.

The second instance is one of the most studied examples of Jesus healing by a physical touch: Healing a man with leprosy.

1:40 A man with leprosy came to him and begged him on his knees, "If you are willing, you can make me clean."

1:41 Jesus was indignant. He reached out his hand and touched the man. "I am willing," he said. "Be clean!"

1:42 Immediately the leprosy left him and he was cleansed.

1:43 Jesus sent him away at once with a strong warning:

1:44 "See that you don't tell this to anyone. But go, show yourself to the priest and offer the sacrifices that Moses commanded for your cleansing, as a testimony to them."

1:45 Instead he went out and began to talk freely, spreading the news. As a result, Jesus could no longer enter a town openly but stayed outside in lonely places. Yet the people still came to him from everywhere.

Here the language is slightly different, with Jesus stretching out (ἐκτείνω) his hand (χεῖρα). In addition, the physical contact is accompanied by a verbal command. An interesting note about the use of the word ἐκτείνω is that it is used in Mark 3:5, the case of a man with a withered hand, without explicitly implying a physical contact.

3:10 For he had healed many, so that those with diseases were pushing forward to touch him.

This is a case of narration telling us that people who were sick wanted to touch Jesus in order to be healed. While there is no physical contact in the events of the text, the implication is that either touching Jesus or being touched by him would have healing effects. This is a case where the word ἅπτω is used in present form (ἅψονται) in its meaning to touch. This kind of mentions are important in building a narrative of Jesus' touch being considered a healing factor.

The next few cases come from one narrative, in Mark 5:21-43 with multiple relevant mentions. I've paired together the case of the dying daughter and the meeting of the bleeding woman that takes places in the middle of the text.

5:23 He pleaded earnestly with him, "My little daughter is dying. Please come and put your hands on her so that she will be healed and live."

5:35 While Jesus was still speaking, some people came from the house of Jairus, the synagogue leader. "Your daughter is dead," they said. "Why bother the teacher anymore?"

5:36 Overhearing what they said, Jesus told him, "Don't be afraid; just believe."

5:37 He did not let anyone follow him except Peter, James and John the brother of James.

5:38 When they came to the home of the synagogue leader, Jesus saw a commotion, with people crying and wailing loudly.

5:39 He went in and said to them, "Why all this commotion and wailing? The child is not dead but asleep."

5:40 But they laughed at him. After he put them all out, he took the child's father and mother and the disciples who were with him, and went in where the child was.

5:41 He took her by the hand and said to her, "Talitha koum!" (which means "Little girl, I say to you, get up!").

5:42 Immediately the girl stood up and began to walk around (she was twelve years old). At this they were completely astonished.

5:43 He gave strict orders not to let anyone know about this, and told them to give her something to eat.

In verses 5:23 & 41 we see the expectation and actualization of Jesus' healing touch in the gospel narrative take place. Jesus is asked to come place his hand upon a dying girl, and by doing so she is healed. In verse 23 the word ἐπιθῆς is used in conjunction with the plural of hands (χεῖρας) to ask Jesus to "lay your hands on her". The laying of hands is a recurring theme in both the gospels and in other texts of the ancient world. In verse 41, with κρατήσας and χειρὸς, we go back to the standard language of Mark for taking hold of someone by their hands.

5:27 When she heard about Jesus, she came up behind him in the crowd and touched his cloak 28 because she thought, "If I just touch his clothes, I will be healed." 29 Immediately her bleeding stopped and she felt in her body that she was freed from her suffering. 30 At once Jesus realized that power had gone out from him. He turned around in the crowd and asked, "Who touched my clothes?"

This is the case which I used as an example when talking about Meier and his work to find historical basis for Jesus' miracle stories. This is one of the fringe cases of healing touch that is unique to Mark, where simply touching Jesus has a healing effect. Jesus also feels power going out from him at the moment of the touch, which makes this episode one of the few stories in gospels with a strong case for a magical healing narrative. This is considered one of the more controversial healing stories when it comes to establishing the historicity of Jesus' healings. It is central to many authors who have seen Jesus as magician, in the context of the ancient world, and in turn those who would refute Jesus' magical properties have tried to fit this story into their historical narrative.¹¹¹ For my study this case remains on the fringe, as the only thing it tells us about the physical contact is that the woman touched Jesus' cloak. For my purpose, this story reminds us that the touch of Jesus was an established healing factor. Another such case is 6:56

6:56 And wherever he went—into villages, towns or countryside—they placed the sick in the marketplaces. They begged him to let them touch even the edge of his cloak, and all who touched it were healed.

6:5 He could not do any miracles there, except lay his hands on a few sick people and heal them.

¹¹¹ Meier 1994, 708-709.

Again, Jesus is mentioned to have healed people by laying his hands on them (ἐπιθεῖς, χεῖρας).

7:32 There some people brought to him a man who was deaf and could hardly talk, and they begged Jesus to place his hand on him. 7:33 After he took him aside, away from the crowd, Jesus put his fingers into the man's ears. Then he spit and touched the man's tongue. 7:34 He looked up to heaven and with a deep sigh said to him, "Ephphatha!" (which means "Be opened!"). 7:35 At this, the man's ears were opened, his tongue was loosened and he began to speak plainly.

8:22 They came to Bethsaida, and some people brought a blind man and begged Jesus to touch him. 8:23 He took the blind man by the hand and led him outside the village. When he had spit on the man's eyes and put his hands on him, Jesus asked, "Do you see anything?" 8:24 He looked up and said, "I see people; they look like trees walking around." 8:25 Once more Jesus put his hands on the man's eyes. Then his eyes were opened, his sight was restored, and he saw everything clearly.

The two scenarios in 7:32-35 and 8:22-25 are among the most descriptive and detailed accounts of Jesus healing the sick, with specific quite intricate methods mentioned. Both cases have an element of physical contact, as Jesus touches the deaf man's ears and the blind man's eyes, and subsequently they regain their hearing and eyesight.

9:25 When Jesus saw that a crowd was running to the scene, he rebuked the impure spirit." You deaf and mute spirit," he said, "I command you, come out of him and never enter him again." 9:26 The spirit shrieked, convulsed him violently and came out. The boy looked so much like a corpse that many said, "He's dead." 9:27 But Jesus took him by the hand and lifted him to his feet, and he stood up.

This case is an exorcism where the touch is mentioned after the actual exorcism takes place, so the touch doesn't appear to be part of the actual ritual but still shows the routine nature of Jesus touching people who were suffering from various ailments.

These texts contain seven cases of Jesus healing by touching and in most cases, there is a direct mention of hands as well, establishing physical touch in a way that we can easily visualize. In addition, there are four mentions which we could describe as cases that include hearsay about Jesus' healing powers. Now

simply based on the amount of cases in this single gospel we can perform an “eye test” and see that touching seems to be a key part of the way that Jesus healed people. From the texts, it seems that Jesus was known to heal by touch, because it was sought after. From these texts, some decisions need to be made, in order to focus our study on the relevant material. This will help us form a concise analysis without overdoing it. The first two cases, Mark 1:31 and Mark 1:40-45 are relatively straightforward and as such are good texts to include in our full analysis. 6:5 also includes a general remark about Jesus healing people by laying hands on them, so it can be included as a general consensus builder. I am also inclined to include the two cases of healing the deaf and the blind in 7:32-35 and 8:22-25 respectively. Since I am focusing on healing encounters, the raising of the dead girl can be ignored in this context, as while it would provide some interesting data, the patient in the story cannot be considered to be subject to the principles of social touch that we want to examine, unless we were to suppose that she was not dead. Leaving this story out is also in line with the classical typification of miracles, where a raising from the dead is separate from healing miracles.

Selecting these texts gives us four scenarios of Jesus performing a healing miracle where physical touch is clearly mentioned. The ailments that are healed by Jesus are fever, leprosy, deafness and muteness and, blindness. The other texts act as serviceable mentions of the fact that Jesus was known to heal by touch, and as such provide a valuable support for the premise.

Examining the historical value of these four cases, I turn to Meier whose work remains an authoritative voice in historical Jesus studies. The case of the leper and Meier’s arguments were explained previously in this study in more depth. Interestingly, Meier argues for the historical validity and authenticity of each of these four cases. Or at least, he does not dismiss any of them out of hand. He is perhaps most critical of the leper narrative in Mark 1:40-45 as it is quite different from other miracle stories including lepers in the gospels.¹¹² However, Meier attests that since there are numerous instances of Jesus healing lepers in the gospels, it can be reasoned that Jesus was understood to have healed lepers during his active period.¹¹³

¹¹² Meier 1994, 700-701.

¹¹³ Meier 1994, 706.

The case involving the fever of Peter's mother-in-law in Mark 1:29-31 is a unique, yet short healing story. It appears in some form in each of the synoptic gospels, but it is quite detailed despite its short length. It provides a time, place, audience and a specific subject in just three verses. Meier states that since this story is such an outlier in the gospels, he cannot offer a definite statement on its historicity but does voice his opinion towards the existence of the mother-in-law as a person, which would at least suggest that this story might have a basis.¹¹⁴ In this story I would pay close attention the fact that the healing act itself is also very direct and short, with Jesus simply taking her hand and raising her up. This to me suggest that the touch is understood to be a powerful healing factor in this circumstance. Whether this unique case of the mother-in-law is a historical account or a mere retelling of some other source, it does not seem out of place for Jesus to have healed those with fever as he does in this story.

Third there is the case of the blind man of Bethesda in Mark 8:22-26. Among the healing cases including blindness this story stands out due to its detailed descriptions which border on overtly magical. This raises some questions about the tradition that this story emerges from. However, Meier argues from the perspective of the criteria of embarrassment and discontinuity. Since this story contains a curious case of Jesus healing action apparently failing the first time, as the action is repeated it is according to Meier likely that the other synoptic gospels do not include this story as it would have undermined Jesus' authority and power.

The similarity between this story and that of the deaf-mute in Mark 7:31-37 is in that they both include the use of saliva, which was a common agent in both medical and magical healings. Neither of these two cases appears in any other gospel. That these two cases both include embarrassing features and the uncommon mention of saliva, which might have painted negative a picture of Jesus as a magician make the case that they would not have been likely stories to have been entirely made up.¹¹⁵

Since the emergence of cognitive science of religion as a field, there has been a conflict between this new movement and the established biblical studies that have largely been based on a sort of a cultural anthropology. It is an understandable disagreement, as CSR and the fields that it derives from aim to form universal models, which consider humans across cultures and generations as

¹¹⁴ Meier 1994, 707-708.

¹¹⁵ Meier 1994, 690-694 & 710-711.

effectively identical in terms of their cognitive makeup whereas cultural anthropology and so called classical religious studies place the focus on the individuality of each culture and society and their determining factors. However, recently this divide has been closing and many scholars who have previously been steadfast practitioners of one school of thought have learned to incorporate these two factors together. I believe that it is this kind of scholarship that combines our understanding of the historical and cultural setting with the underlying cognitive systems, which leads us towards the most complete understanding of these complex religious situations.

For my own attempt to bridge the divide in this study, I will now highlight some of the relevant cultural aspects of these healing stories which I've chosen, in order to frame the picture of the setting in which Jesus acted as a ritual healer.¹¹⁶ Hopefully this will provide a view into some of the factors that make up the core question of this study: which things factored into making the touch of Jesus an effective method? In the next part I will then formulate some basic models with the aid of the cognitive systems that I've briefly explained, in order to supply a cognitive and ritual framework that we can use to evaluate the cultural and social elements. Finally, I will incorporate the ideas of social and affective touch into this emerging model.

The social and cultural environment

Earlier in this study I briefly explained how the healings have been understood from a perspective of medical anthropology, mainly building on the work of Pilch, and how a concept of purity was central to the Jewish society during the second temple period. I will now look at the four examples I have chosen to focus on from the perspective of these two themes.

In scholarship, there has been a long debate about the audience of Mark; with one school saying that the original audience was the people of Rome whereas an opposing argument claims that it was written for people in rural Syria.¹¹⁷ In Mark there is a relatively larger number of references to people considered unclean or unwanted, at least in relation to their likely relative percentage of the population. This seems to indicate that Mark wants to make a point of Jesus interacting with these unclean persons. Mark's agenda seems to be to give Jesus a

¹¹⁶For more about the validity of classifying Jesus as a ritual healer see Uro 2016A, 220-221.

¹¹⁷Rohrbaugh 2008, 143.

reputation that rises out from this group of social outcasts.¹¹⁸ I would argue that this focus on the unclean means that it must have been a strong motivating factor for the audience of Mark, that by bridging the social gap with his healing acts Jesus would have been making a strong statement which would resonate on the emotional level of everyone present and aware. Rohrbaugh ponders that if we accept the Markan audience to be from a rural setting, then the focus on the issues of health and healing in Mark would have strongly resonated among the rural folk who would have been more prone to such diseases and their problems.¹¹⁹

There is also the question of the social role of Jesus. Jesus can in many ways be considered a peasant himself, which places him in a world of his contemporaries, bringing his message and rituals as acts from the ground up.¹²⁰ There is also the aspect of Jesus as “a spirit-filled prophet who vanquished unclean spirits and illness associated with them.”¹²¹ This description omits the fact that Jesus also healed illnesses that were not linked to spiritual possession, which makes him a folk healer who gains authority and power to heal tacitly from the individuals he heals and communities that he operates in.¹²² Another take on this is made by Craffert who argues for Jesus as a shamanistic figure, which is an interesting take as it brings up many cognitive and ritual similarities between Jesus’ healings and traditional shamanistic figures in different culture.¹²³ Again, the role of the society in determining the profile and value of Jesus as a healer is implicit. Thus, the individuals being healed and the community in which Jesus heals would have also played a role in determining the role and importance of touch in the healing acts.

Whereas Luke is written in a way that takes purity and impurity into special consideration when writing about Jesus’ actions, it would be difficult to read such carefulness from the depictions in Mark.¹²⁴ Specifically, Luke seems to respect the rules of purity in a positive way whereas other gospels tend to portray purity rules in a negative manner.¹²⁵ This does not tell us how we should interpret Jesus’ actions towards purity, but it does remind us that everything we infer from

¹¹⁸ Rohrbaugh 2008, 150-151.

¹¹⁹ Rohrbaugh 2008, 153-156.

¹²⁰ Oakman 2008, 130-131.

¹²¹ Pilch 2008, 209.

¹²² Pilch 2008, 209-210.

¹²³ Craffert 2008.

¹²⁴ Koet 2000, 98-105.

¹²⁵ Koet 2000, 105.

the biblical texts is in the end an interpretation, especially when we are dealing with complex social and cultural issues.

Certain scholars have even been accused of circular reasoning when they have considered the purity ideas strictly from New Testament sources, which tend to show them as a negative system.¹²⁶ So we need to keep in mind that the examples I have chosen are from Mark, and that the author might have had an agenda when portraying these situations.

According to the system that Pilch and Craffert use, we can say that Jesus was *healing* people who were considered to be suffering from an *illness*, and that the healings were a social affair. Crossan used Pilch's theory to claim that Jesus is actively working against the social norms and restrictions that the purity system would impose.¹²⁷ However, to confirm this principle in our texts we have to examine these cases more specifically. The *diseases* that the sick are suffering from in the four texts that I've chosen are fever, leprosy, deaf-muteness, and blindness.

Of these the most obviously linked to the ideas of purity is leprosy in Mark 1.40-45. Leprosy is among the clearly defined laws for impurity in Leviticus¹²⁸ (Lev 13:8,14,45-46) where it is dictated that those who have contracted a skin disease of this kind must be exiled and secluded from society until the duration of the condition. As long as they suffer from this ailment, they are considered unclean and thus also touching or being otherwise in contact with them would contaminate others.¹²⁹ The Greek word *lepra* in the context of Leviticus and the healing stories of the New Testament does not refer to the actual disease known as leprosy, or Hansen's disease. It is believed that it was used mainly to refer to any skin condition, and that it has largely the same meaning as the Hebrew word *sara'at* which is how it appears in Leviticus 13.¹³⁰ The fact that any condition that was classified in this way made the person unclean is largely uncontested among scholars.¹³¹ Furthermore, Craffert argues that to be considered unclean meant that a person was unable to take part in either normal social discourse or any ritual activities. This would make them unwanted to the community and is what leads to the social exclusion, regardless of whether the society was aware of the

¹²⁶This is seen in Koet's criticism of Neyrey. Koet 2000, 96.

¹²⁷Crossan 1994, 80-83.

¹²⁸Koet 2000, 97.

¹²⁹Bock 2015, 135. Koet 2000, 97.

¹³⁰Craffert 2008, 248.

¹³¹Craffert 2008, 248. Horsley 2015, 120.

contagiousness of any skins disease, as the success of the community required the isolation of unclean persons.¹³²

In general, Pilch's model of healing in the world of the New Testament relies heavily on the idea that people may become unclean and that this uncleanliness is contagious. As I've referred to earlier, in cognitive systems dealing with magic, and rituals, there exists a cross-culturally verified belief that attributes, either positive or negative, are transmitted by contact.¹³³ In the case of leprosy, these attributes appear as both a physical problem and in a more abstract manner: The skin disease may prove to be contagious, but regardless of that, according to the purity system the state of being impure is also contagious. This idea of contagion can be considered an ingredient of a magicoreligious ritual.¹³⁴

So how does touching the unclean person affect Jesus in the case of Mark 1:40-45? Cotter argues that the touch in this case has specific meaning as Jesus doesn't conform to rules of the Torah and shows great sympathy in joining with the man on breaking the Torah rules.¹³⁵ Craffert also agrees to this idea when arguing that the healing consists of Jesus cleansing the leper of the ritual taint of being impure.¹³⁶ Here we have an interesting dilemma, as Koet argues that Jesus was merely willing to contract impurity in order to be able to heal him.¹³⁷ This point is highly disputable as many scholars seem to hold the view that the gospel stories do not show Jesus to be susceptible to impurity.¹³⁸ I do not see any clear evidence for claiming that healing the leper would make Jesus unclean. Especially since in 1:42 it is said that the man is cleansed on the spot. It could be argued that whenever Jesus touches someone who is suffering from an illness and might thus be impure he does not become contaminated if and when we consider a healing to actually take place. This is in line with how Koet himself considers the case of Jesus raising the girl from the dead (Mark 5:39, Luke 8:54, Matt. 9:24), where he asserts that since Jesus claims the girl to be merely sleeping he is not in fact rendered impure.¹³⁹ Nevertheless, even Pilch concedes that since some stories

¹³²Craffert 2008, 248. Pilch 2000, 68.

¹³³ Czachesz 2013, 168-169. Pilch 2000, 57-70.

¹³⁴Czachesz 2013, 168-169.

¹³⁵Cotter 2010, 39-41.

¹³⁶Craffert 2008, 290.

¹³⁷Koet 2000, 99.

¹³⁸Bock 2015, 136.

¹³⁹Koet 2000, 100.

include a part where Jesus must move away from the town or place that he healed in that he might have been considered impure or unclean.¹⁴⁰

This conflict of whether or not Jesus becomes unclean when he touches the sick highlights the loaded social conflict that is ingrained in these healing miracles. I attest that the texts show us situations where Jesus is touching people who have been isolated by law from the society. Since touch is an essential part of maintaining and building social relationships and important to human on many levels¹⁴¹, this touch would have a very important effect not only in a healing sense but on a social and psychological level as well.

The other cases are harder to place in this context. However, there are mentions in Misnah where deaf-mutes are exempted from slaughtering meat or from representing the community in certain situations that appear to show deaf-mutes to be held in low esteem as they are often linked with “imbeciles” and “minors”.¹⁴² This would to me suggest a similar case of low social standing, which would make touching them in the manner that Jesus does in Mark 7:31-37 to be a case of Jesus going against custom.

Some scholars such as Horsley also add in a political factor, claiming that Jesus is acting against social norms by touching and healing people who should have been isolated and whose cleansing from the taint of impurity should have been with the priests of the temple.¹⁴³ However in the case of Mark 1:40-45 there is a clear account of Jesus commanding the man to still verify himself to be pure by visiting the temple and following the laws. Crossan and Horsley agree that by healing the leper Jesus is bringing him back into the social fold, restoring his ability for social interaction.¹⁴⁴ This is the core message in most healing stories, and it applies in my mind to each of the examples I’ve chosen. For the feverish mother-in-law, she was no longer sick and bedridden, both of which would have secluded her from social interaction. The leper became pure again and was cleansed of his social taint. The same can be argued for the deaf-mute, since deaf-mutes were considered social outcasts, and it is not a stretch to imagine the same being the case for the blind. The touch of Jesus enables the restoration of the sick back to the social world, bringing them back in a very concrete and physical manner from the shadows, raising them up in more ways than the physical.

¹⁴⁰Pilch 2000, 68.

¹⁴¹Gallace & Spence 2016, 229-230. Løseth et al. 2016, 240.

¹⁴²Cotter 1999, 243-246.

¹⁴³Horsley 2015, 122.

Considering the idea of social touch, that human touch creates a positive emotional reaction, I would argue that the presence of physical human contact in a situation where a person has been excluded from social interaction is a powerful factor. I bring up again Fulkerson's retort that touch is experienced on a base physical level and on a level of social experience.¹⁴⁵ Craffert asserts in his claims to liken Jesus to shamanistic healer figures that the healings of Jesus should be understood within the biopsychosocial paradigm. This argues that the healing effect might be derived from the social circumstance, where Jesus cleanses his patients of ritual taint, yet still go beyond being a simple social matter as it gains deeper meaning as an act of healing in the social and cultural setting to affect the healing.¹⁴⁶

Healing by touch has at times been considered a unique trait of Jesus. Lalleman and Ayayo are among some scholars who have especially claimed that healing by merely touching, sans other magical means, is something that differentiates Jesus from other healers of his time.¹⁴⁷ There is some basis for this. However, we must acknowledge that healing by touch is not a special trait limited only to Jesus' healings. Certainly, laying-on of hands was a common method of healing in both the medical and magical practices of the ancient world.¹⁴⁸ And touch certainly can be considered a fundamental form of magic when performed by a healer in a magicoreligious setting.¹⁴⁹ The healing effect in the gospel stories is instantaneous, which does separate it from the traditional treatments and processes used in the medical treatment of for example leprosy.¹⁵⁰

In general, there does seem to be a connection between the ideas of healing, being healthy and sick and the purity system, of pure and impure, that is apparent in the Jewish culture at the time of the gospels. It is my suggestion that these two systems are linked, that we can in broad terms consider those who are sick to be impure and those who are pure to be healthy. This could be a similar situation as the relation between pure & impure and holy & common.¹⁵¹ I do not mean to say that the purity system is exclusively a medical system, or even that all the people who are sick would be impure by the Jewish law. Rather, I accept the

¹⁴⁴Crossan 1994, 82-83. Horsley 2015, 122.

¹⁴⁵ Fulkerson 2016, 329-333

¹⁴⁶ Craffert 2008, 260-291.

¹⁴⁷ Lalleman 1998, 360-362. Ayayo 2014, 390-391.

¹⁴⁸ Craffert 2008, 294.

¹⁴⁹ Aune 2006, 394-395. Czachesz 2013, 178.

¹⁵⁰ Cotter 1999, 218, 223-228.

¹⁵¹ Milgrom 2000, 29-31.

notion that is made by Neyrey and accepted by Koet that “sick people are impure in a social system”, which carries certain notes of social sciences but also relates to this discussion.¹⁵² I reason that the cognitive idea of contagion is a key factor in understanding the cultural and social aspect of the sick being considered as impure. They were already in most cases tainted in a ritual sense by the purity laws. Furthermore, they were suffering from diseases and were among the poor and underprivileged, meeting both the medical and morale issues that would be felt as contagious.¹⁵³ It is merely helpful to understand this notion of being contagious as being considered impure, although the distinction between the strict ritual laws of Jewish culture and our “social impurity” is not clear cut. However, the similarities seem to correlate my idea that Jesus touching the sick would have been considered a breach of both cultural tradition and these base psychological instincts.

Jesus healed people who were poor and outcast, and who were suffering from illness that made them impure. Touching those who were impure should have rendered him impure as well, but there is some doubt about whether he was considered to have become impure in the act of healing. Touch in situation like this is clearly breaking certain societal boundaries and it is an act of violation of supposed rules of the social environment. Yet, touch is such a base feature of human society and humans expect and want to be touched that to receive that touch as an outcast could have had a strong compounding effect on the affective properties of touch, creating a strong positive emotional reaction.

Forming a cognitive model of Jesus’ healing touch

So far, I have established that Jesus employed a healing touch as a core part of his healing repertoire. In the gospel of Mark, he has multiple healing stories where touch plays a key role. The cultural review shows that the sick were among the social outcasts and that touching them would have been in conflict with social norms. In some cases, especially in the case of leprosy, Jesus should have been rendered impure and unclean, yet there is no clear answer to whether or not this was the case. Touching the sick also would have gone against the basic ideas of social purity, that the uncleanliness is contagious. All this serves to make the

¹⁵²Neyrey 1999, 271-301. Koet 2000, 96.

¹⁵³ Czachesz 2016, 24-26.

touch of Jesus to seem like a strong symbol or show of parity and support to those who have been denied it by the society.

It is helpful for our understanding to put the healings into certain theoretical models that have been formulated in the field of CSR. Using such models and theories helps us map out some of the cognitive systems and links that take place in a ritual healing and show the role that touch plays in them. Making these kinds of models and systems is not unique to CSR, as they appear in social sciences and other fields as well where they help us visualize and understand the relations between events and theories and between people in general.

For example, in the case of miracle studies and touch, Robbins has used the work of Fauconnier and Turner to create a social-rhetorical interpretation of Jesus' healings as a rhetorlect.¹⁵⁴ This is part of the social scientific approach to Biblical studies and it examines how the narratives of the stories form and what kind of expectations there are in such cases. The idea that Robbins' gives is that Jesus and the people who come to him for healings can be seen to form certain kind of frame groups with a set of beliefs and identities, where Jesus is the healer, who has the power to heal, and the people who come to touch him are those in need of healing. And the power to heal is linked with the touch between the healer and those that need healing. Robbins uses Luke 6:19 where people are trying to touch Jesus to be healed as an example of how this works. This model by Robbins places great power and focus on the touch of Jesus as the healing factor.¹⁵⁵ Robbins' model assumes that there are certain group identities and presuppositions at work that frame the story. The model also forms a cause and effect relation between people wanting to touch Jesus and the supposed healing power of Jesus' touch. This creates what Robbins calls a blended space where "Touching Jesus is Being Healed".¹⁵⁶

Opting this kind of framework for the four cases that I have highlighted gives us similar results. In the case of the leper, deaf-mute and the blind man we can see that the sick approach Jesus in the hopes of being healed and Jesus responds by touching them as part of his healing ritual. For the mother-in-law suffering from fever, the expectation comes from an outside party, as Jesus is asked to heal her. The same cause and effect relation is observable and we can

¹⁵⁴ Robbins 2007, 184-187.

¹⁵⁵ Robbins 2007, 186.

¹⁵⁶ See illustration in Robbins 2007, 186.

accept the idea that this verifies our understanding that Jesus touch was understood to be a strong healing factor.

From a ritual perspective, the first model we can opt for this task is McCauley and Lawson’s theory of ritual competence, which includes the principles of superhuman agency. This is how humans cognitively perceive and understand ritual actions. The model breaks rituals down to agents, where you generally have two participants agents and you have an act, which has a quality depending on the kind of action it is.¹⁵⁷ A ritual action would then look like this, with one of the agents being connected to the supernatural:

ACTION		
PARTICIPANT	ACTION COMPLEX	PARTICIPANT
Agent	Act Action Quality	Agent

Now our four cases of Jesus healing by touch are as follows:

1:29-34: Jesus heals the fever of the mother-in-law by taking her hand and raising her up.

1:40-45: Jesus heals the leper by touching him and pronouncing him clean.

7:32-35: Jesus heals a deaf-mute by touching his ears, spitting and touching his tongue and speaking a command.

8:22-25: Jesus heals a blind man by spitting on him and putting his hands on him, twice!

These cases follow a similar pattern where we can identify the elements based on the ritual competence theory of ritual form. The form that presents itself could be displayed like this:

ACTION		
PARTICIPANT	ACTION COMPLEX	PARTICIPANT
Supernatural Agent	Act Action Quality	Agent
Jesus	Healing By touch (And command)	The sick

This gives us what I would describe as the ritual skeleton of Jesus’ healing rituals. From this we see that touch has a central role as the driving action quality for the healing rituals. Specifically, we can rationalize that the people partaking of the ritual attribute some of the healing power of Jesus to his touch. In a form like this we have Jesus acting as the supernatural agent, as the healing powers work

¹⁵⁷ Following the notation given in Lawson & McCauley 1990, 84-136.

through him, and specifically through his touch. It shows how the idea of a magical, supernatural healing factor is embedded in suppositions about Jesus and how it is then translated to a healing action through the action quality, which in this case is the physical touch.

Sørensen's framework of magical ritual actions, which highly relies upon cultural aspects, can be used in many ways to strengthen this claim. We can see touch in these cases making these healing rituals. Jesus is expected to have a healing effect on the people that seek him out, which makes these rituals agent-based agency. This means that Jesus has a role, like shamans have in their society where their power and their role are linked through sacred and profane space. However, to be such a shaman or a healer is more than any one trait or thing, it is a complex system of connections that define one as a shaman. In the same way, it could be argued that touch from just anyone would not have had the healing effect that the touch of Jesus had, because of the expectations and the role of Jesus as the healer.¹⁵⁸

Returning to some of the definitions for magical actions that were given by Czachesz¹⁵⁹ and others¹⁶⁰ in the previous chapter, we can analyze this established formula to see if it exhibits those properties so we can classify the touch as a magical action. These actions can be understood to have ritual power or efficacy as they are part of successful healing rituals, where there is in each case a section where the miracle is accepted and understood. In the story of the leper there is an attestation that he is cleansed in verse 1:42 and in verses 44 and 45 there are two different mentions that relate to the community and its acceptance of the ritual. In 44 the leper is commanded by Jesus to visit the temple to attain confirmation for the cleansing and in verse 45 the leper ignores Jesus' command of remaining silent as he spreads the news of his cleansing. I would argue that these factors, which appear in some form in each of the four cases (The mother-in-law immediately begins to act as normal, the deaf-mute begins to speak normally and the blind man sees again.)

These cases also contain certain inherent theories on how the healing act should work. Each of the cases includes a person with an illness of some sort, fever, skin disease, blindness or deaf-muteness. In certain cases, there were established social and ritual rules for how these were meant to be treated.

¹⁵⁸ Sørensen 2007, 63-80 & 141-169.

¹⁵⁹ Czachesz 2016, 18-19.

However, each case exhibits the trait that there is an expectation of Jesus being able to heal the person in question. This carries the second rule of Czachesz that there is a “rule system” in place for these actions. The people who approached Jesus expected to be healed and this expectation was fulfilled. The narrative framework of Robbins’ is a prime example of this idea being exhibited in the case of a crowd wanting to touch Jesus because he is understood to have healing powers.¹⁶¹

Each of these cases involves Jesus healing an illness, or as we in the modern western would understand, curing a disease, with a simple touch and at times a command. Our modern understanding of science and medicine tells us that fever, skin disease, blindness or deaf-muteness are not conditions that can be remedied by simply touching the patient. This would make these actions have an effect in the observable reality and not simply a ritual unseen one. We cannot guess at how the people of Jesus’ time would have understood this point, but as it is Czachesz’ point that magical actions should affect change that is inherently (dis)provable¹⁶², the healing touch of Jesus certainly matches this criterion.

These four cases all contain a clear material element of touch. In addition, Mark 1:40-45 and Mark 7:32-35 contain a spoken verbal component. This fits with Nissinen’s idea that magic is tied to a ritual function¹⁶³, which we have already established Jesus’ healings as. There is also a clear intent to affect a real positive physical change in the world as Jesus clearly aims to heal the people who come to him in these stories. Thus, these are not merely symbolic actions but clear magical and ritual ones.

Although I have not written about the subject of the theology of Mark¹⁶⁴ in this study, it is relevant to mention that it provides us with a clear link to divinity through Jesus, which is an important qualification for most magical and ritual action. This link also confirms the supernatural agency of Jesus which I have presumed in mapping out the ritual form of Jesus’ healing rituals. All this can be summed up by the notion that Jesus is healing with what in scholarship can be referred to as a magical touch.¹⁶⁵

¹⁶⁰ Nissinen 2016, 49-50. Jokiranta 2016, 98-99.

¹⁶¹ Robbins 2007, 184-187.

¹⁶² Czachesz 2016, 18-19.

¹⁶³ Nissinen 2016, 39-50.

¹⁶⁴ For some of the individual remarks on the miracles stories in question see Meier 1994, 690-714.

¹⁶⁵ Uro 2016a, 225.

So far, we have gathered that undoubtedly, the touch of Jesus had a meaningful role in the healing rituals that Jesus performed in the gospel stories. However, to go deeper into which factors beyond the ritual itself might have attributed to this we can evaluate our texts and theories with the ideas of social and affective touch. I would argue that fundamentally this is a question about *experience*, how humans experience the world and which factors contribute to this experience. This is at the root of many cognitive models, how the human mind works and how it affects our experience of the world around us.

The cognitive studies of touch that I have explored and explained in this study are based upon the workings of CT afferents, which activate on physical skin to skin contact when we touch or are touched.¹⁶⁶ Physical touch is present in each case, though in two cases the touch is in relation to the tongue, eyes or ears of the patient. Whether this would have a clear and obvious relation to the CT afferent effect is unsure, but I find it hard to believe that the process would be possible without skin to skin contact in any of these cases. The case of the feverish mother-in-law and the leper are straightforward in this aspect. Thus, my basic assumption about these cases is that there would have been skin to skin contact in the process of the healing ritual, which would activate the CT afferents and thus enable affective touch. Social touch is then present as well. Therefore, I find it reasonable to analyze these cases from the perspective of affective and social touch.

The importance of touch differs from culture to culture in that people in different cultures and societies are used to different amounts of touch.¹⁶⁷ The direct effects of this on a wider scale are yet unclear, but it does mean that it is not possible for us to have a perfect understanding of what touching meant to the people of the ancient world. However, we know that touch is a key element in human interaction and that idea is based on concepts and theories that would have been true for humans even thousands of years ago. Yet, science is only beginning to understand why and how touch affects our experience of social situations and why we feel good on a physical and emotional level when we are touched.¹⁶⁸

Affective touch tells us that touch can change the emotional response of a situation. In the four cases examined here, each one includes a physical touch between Jesus and the patient. Nothing would suggest that the touch would be

¹⁶⁶ McGlone et al. 2014, Løseth et al. 2016 & Vallbo et al. 2016.

¹⁶⁷ Fulkerson 2016, 344.

anything but an ordinary touch, such as the ones that have been observed to inflict affective responses. Regardless of any miraculous attributes or events or even healing factors, we can at least say that the touch of Jesus would have had a positive emotional effect, simply because being touched is such a base human need.¹⁶⁹ The midas touch effect¹⁷⁰ would indicate that the simple fact that Jesus touched his patients, made those patients experience the situation differently than if there was no touch involved. Touch plays a part in creating positive feelings which in a ritual setting should be considered a strong factor. Especially it might explain why touch seems to be a common ritual method as observed by Sered and Barnes.¹⁷¹ In addition, the motif of a magical touch as a healing technique might be due to our very nature being conditioned towards having a positive reaction to being touched.

Rituals are not only centered on individuals but on groups as well. Although it has been said that while religious rituals are about the community, magical rites are not.¹⁷² It reminds us that the magical touch might be the most important factor to the individual being healed by Jesus, but the ritual itself might have a larger function in the group that is present to witness it. Simply observing Jesus touching someone who was considered a social outcast might have been a strong force. This would be in line with Gallance and Spence's idea that there is a link between the senses that react to touch and those that control our sense of self and others.¹⁷³ In the cases that we have I would raise the case of the mother-in-law as an example where the plea for healing comes from outside, it is presumably witnessed, and afterwards she is quickly taken back into social functions. In the leper's case he is told to have spread the news about his healing, which spread quickly, which might also attest that simply being aware of the healing touch might have altered the perception of people in some way.

Magic is also the generally accepted to be linked with ritual efficacy, being one of the key mechanisms that enable rituals. Some ritual actions are such that they are meant to create change in the environment, such as in healing rituals. This kind of terminology works even if we decide to avoid the term magic, when we can replace it with that of ritual efficacy, as in what does a ritual accomplish.

¹⁶⁸ Suvilehto et al. 2015.

¹⁶⁹ Gallance & Spence 2016 228-230.

¹⁷⁰ Crusco & Wetzel 1984.

¹⁷¹ Sered & Barnes 2007.

¹⁷² Uro 2016a, 222. In this context Uro quotes Durkheim, who while influential in his theories has since been passed by a slightly more nuanced view on the subject.

Yet these two terms are not contradictory and they can be used together as well.

¹⁷⁴ Therefore, I argue that the magical touch of Jesus was a key provider of ritual efficacy of his healing rituals. My argument is that the touch has a central enough role in stories of Jesus healings, that we can reason it to have been among the driving ways in which the rituals gained effective power.

This effective power could have been partly based on the affective properties of touch. I would argue that the people that were healed by Jesus were in fact affected by the cognitive effects of touch, which shifter their experience of the ritual they were partaking. This is in line with what is understood about the effects of touch on social situations. The fact that we have stories in the gospels which repeatedly show touch to be a part of the healing process would also coincide with the notion that touch was understood by the community and society to have an impact. Perhaps even seeing and hearing about Jesus touching sick people had an affective effect, which would explain some of the cases such as Mark 5:27-29 and Luke 6:19 where it is noted that simply touching Jesus without his knowledge has a healing effect.

I would argue that in a cognitive model of the healing ritual, the experience of being healed was altered by the fact that Jesus touched his patients. And based on the studies and the texts I would assert that the effect was positive, that it reinforced belief in the healing powers of Jesus and likely even attributed to the general ritual efficacy of the ritual. To consider rituals where touch is employed without considering the underlying ideas of affective and social touch would seem to be lacking, and it is my argument that this line of thinking has a place in religious and biblical studies.

Conclusion

In this study, I have examined how miracle studies has progressed from its roots as mostly cultural and historical study towards the current trends in cognitive science of religion. I have then showcased how the sense of touch has been studied in the field of cognitive psychology and detailed the ideas of affective and social touch. My focus as a biblical scholar has been on the healing stories of Jesus in the gospel of Mark, from where I narrowed down the cases where physical touch is mentioned to four clear cut cases of Jesus healing by

¹⁷³ Gallace & Spence 2016, 232.

¹⁷⁴ Uro 2016a, 222-224.

touching. Given the cultural and social factors of the healings I postulate that the ideas of purity / impurity, cleanliness / uncleanliness, healthiness / sickness, healing / illness and curing / disease are all linked to the same idea and experience of social isolation and standing. Jesus seems to be breaking with traditions when he is touching and healing the sick, whether that tradition is considered to be the boundary between the healthy and the sick or a merely political one.

Furthermore, I have shown how some of the models of CSR can be adapted to these healing stories to form a cognitive skeleton of the healing events. These theories all point to the importance of the healing method as a key element in a ritual healing, especially in a magicoreligious ritual. This method in these stories is the physical touch. I have remarked upon the importance of touch based upon the theories of affective and social touch. I would argue that physical touch had an important role and meaning in the healing rituals of Jesus as the method of healing.

The meaning of touch is further elevated by the idea that touch is a powerful creator of emotional responses in social situations. My claim is that the meaning of touch was tied to how the participants experienced the ritual healings. This has merits from both the cultural and social aspects as well as the cognitive models. Culturally it would have been a loaded gesture to touch those who were considered sick or impure, and this creates a tense situation. In addition, the affective and social effects of touch would have increased the tense emotional reactions further, does providing touch with additional efficacy for the ritual. One aspect that I have not explored to the fullest is that of ritual theory, which is something that could be worked on in further studies that wish to implement the theories of social and affective touch.

In conclusion, I would argue that when considering the social setting and the ritual and cognitive ideas surrounding the healing rituals of Jesus in the gospel of Mark we can conclude that the physical touch was an important factor towards the effectiveness of the ritual. In a magical sense, the touch acted as the main method of healing in which the magical properties were cognitively ingrained. Touching the sick also went against established social and ritual rules, as it violated both the Jewish purity laws as well as general societal purity principles. In addition, the idea of social touch reminds us that touch has a key role in human societies and it is key to human development, which implies that touch would be a

powerful motivator to persons who have been denied normal social contact by their society.

Finally, the added affective properties of the touch itself would have further created positive feelings in the participants, both the person being healed as well as the people who were perceiving the ritual. All in all, touch as one of main human senses plays an important role in establishing emotions in human contact, and this holds true for a ritual setting as well. I believe this study has created an opportunity for the theories of affective and social touch to be integrated more deeply into the work done in the field of cognitive science of religion as well as this kind of biblical exegesis which focuses on the early Christian rituals.

Bibliography

Primary sources and aides

New International Version. Bible Gateway, www.biblegateway.com Accessed May-Oct. 2017.

Novum Testamentum Graece 28th Edition. Nestle-Aland. www.nestle-aland.com Accessed May-Oct. 2017.

Biblehub Greek lexicon and Concordance. Biblehub.com/greek Accessed May-Oct. 2017.

Secondary literature

Aune, David E.

2006 Magic in Early Christianity. *Apocalypticism, Prophecy and Magic in Early Christianity*. pp. 369-420. Tübingen: Mohr Siebeck.

Ayayo, Karelynne Gerber

2014 Magical expectations and the two-stage healing of Mark 8. *Bulletin for Biblical Research*, 24 no 3, pp. 379-391.

Bock, Darrel

2015 *Mark*. New Cambridge Bible Commentary. Cambridge University Press.

Bultmann, Rudolf

1963 *History of the Synoptic Tradition*. Trans. J. Marsh. New York: Harper & Row. Originally published in 1921 (*Die Geschichte der synoptischen Tradition*)

Capps, Donald

2008 *Jesus the Village Psychiatrist*. Louisville: Westminster John Knox Press.

Cotter, Wendy

1999 *Miracles in Greco-Roman antiquity: A Sourcebook for the Study of New Testament Miracle Stories*. London: Routledge.

2010 *The Christ of the Miracle Stories: Portrait through Encounter*. Michigan: Baker Academic.

Craffert, Pieter F.

2008 *The Life of a Galilean Shaman: Jesus of Nazareth in Anthropological-Historical Perspective*. Cambridge: James Clarke & Co.

Crossan, John Dominic

1994 *Jesus: A Revolutionary Biography*. New York: HarperCollins.

Crusco, AH, & Wetzels, CG

1984 The Midas touch: The effects of interpersonal touch on restaurant tipping. *Pers Soc Psychol Bull* 10:512–517

Czachesz, István

2013 A Cognitive Perspective on Magic in the New Testament. *Mind, Morality and Magic*. Ed. István Czachesz and Risto Uro. pp. 164-179. Durham: Acumen.

2016 Magia ja mieli: Miksi meidän täytyy tutkia magiaa ja miksi sen on ajankohtaista raamatuntutkimukselle. *Raamattu ja Magia*. Ed. Kirsi Valkama, Hanne von Weissenberg & Nina Nikki. Suomen Eksegeettisen

- Seuran Julkaisuja 110. pp. 16–41. Helsinki: Suomen Eksegeettinen Seura.
- Dibelius, Martin
1935 *From Tradition to Gospel*. Trans. B. Woolf. New York: Charles Scribner's Sons.
- Douglas, Mary
1966 *Purity and Danger: An Analysis of Concepts of Pollution and Taboo*. New York: Praeger.
- Elliott, John
2008 Purity: The Epistle of James in Rhetorical and Social-Scientific Perspective: Holiness-Wholeness and Patterns of Replication. *The Social World of the New Testament*. Ed. Neyrey, Jerome & Stewart, Eric. pp. 105-122.
- Engel, George
1977 The Need for a New Medical Model: A Challenge for Biomedicine. *Science* 196.4286. pp. 129-136.
1997 From Biomedical to Biopsychosocial: Being Scientific in the Human Domain. *Psychosomatics* 38. pp. 521-528."
- Field, Tiffany
2001 *Touch*. MIT Press, Cambridge.
- Fulkerson, Matthew
2016 Affective Touch from a Philosophical Standpoint. *Affective Touch and the Neurophysiology of CT Afferents*, edited by Olausson, Wessberg, Morrison & McGlone. Springer, New York.
- Gallace, Alberto & Pence, Charles
2016 Social Touch. *Affective Touch and the Neurophysiology of CT Afferents*, edited by Olausson, Wessberg, Morrison & McGlone. Springer, New York.
- Gazzola V, Spezio ML, Etzel JA, Castelli F, Adolphs R, & Keysers C
2012 Primary somatosensory cortex discriminates affective significance in social touch. *Proc Natl Acad Sci U S A* 109: E1 657–666
- Horsley, Richard A.
2015 *Jesus and Magic: Freeing the Gospel Stories from Modern Misconceptions*. Cambridge: James Clarke & Co.
- Hägg, Joni
2016 *Jesus and Magic in Scholarship: Can Jesus' healings be considered magic; reviewing Richard Horsley's arguments. Mark 1:40-45 as a case study*. Bachelor's thesis, University of Helsinki, faculty of theology, department of New Testament exegetics.
- Jokiranta, Jutta
2016 Siunaamisen teoriaa: Kognitiivinen näkökulma. *Raamattu ja Magia*. Ed. Kirsi Valkama, Hanne von Weissenberg & Nina Nikki. Suomen Eksegeettisen Seuran Julkaisuja 110. pp. 94–114. Helsinki: Suomen Eksegeettinen Seura.
- Jourard, Sidney M.
1966 An exploratory study of body accessibility. *British Journal of Social and Clinical Psychology* 5. pp. 221-231.
- Kaše, Vojtěch.
2016 Ekklesiologiaa, kristologiaa ja magiaa. *Raamattu ja Magia*. Ed. Kirsi Valkama, Hanne von Weissenberg & Nina Nikki. Suomen Eksegeettisen Seuran Julkaisuja 110. pp. 220–237. Helsinki: Suomen Eksegeettinen Seura.

- Kelley, Andrew J.
2014 Miracles, Jesus, and Identity: A History of Research regarding Jesus and Miracles with Special Attention to the Gospel of Mark. *Currents in Biblical Research*, Vol. 13, 1 pp. 82-106.
- Koet, Bart J.
2000 Purity and Impurity of the Body in Luke-Acts. *Purity and Holiness: The Heritage of Leviticus*. Ed. Poorthuis, Marcel & Schwartz, Joshua. pp. 93-106. Boston: Brill.
- Lalleman, Pieter J.
1997 Healing by a Mere Touch as a Christian Concept. *Tyndale Bulletin*, 48(2), pp. 355-361.
- Lawson, E. Thomas & McCauley, Robert N.
1990 *Rethinking Religion: Connecting Cognition and Culture*. Cambridge University Press.
- Legare, Cristine H. & Souza, André L.
2012 Evaluating Ritual Efficacy: Evidence from the Supernatural. *Cognition* 123. pp. 1-15.
- Løseth, Guro & Leknes, Siri & Ellingsen, Dan-Mikael.
2016 The Neurochemical Basis of Motivation for Affiliative Touch. *Affective Touch and the Neurophysiology of CT Afferents*, edited by Olausson, Wessberg, Morrison & McGlone. Springer, New York
- Luomanen, Pyysiäinen & Uro
2007 *Explaining Christians Origins and Early Judaism: Contributions from cognitive and social science*, ed. Luomanen Petri, Pyysiäinen, Ilkka & Uro, Risto. Brill, Boston.
- Martin, BAS
2012 A stranger's touch: effects of accidental interpersonal touch on consumer evaluations and shopping time. *J Consum Res* 39:174–184
- McCauley, Robert N. & Lawson, E. Thomas
2002 *Bringing Ritual to Mind: Psychological Foundations of Cultural Forms*. Cambridge University Press.
- McGlone F, Wessberg J, Olausson H
2014 Discriminative and affective touch: sensing and feeling. *Neuron* 82:737–755
- McGlone, Francis & Walker, Susannah & Ackerley, Rochelle
2016 Affective Touch and Human Grooming Behaviours: Feeling Good and Looking Good. *Affective Touch and the Neurophysiology of CT Afferents*, edited by Olausson, Wessberg, Morrison & McGlone. Springer, New York.
- Meier, John P.
1994 *A Marginal Jew: Rethinking the Historical Jesus*. Vol. 2: *Mentor, Message, and Miracles*. New York: Doubleday.
- Milgrom, Jacob
2000 The Dynamics of Purity in the Priestly System. *Purity and Holiness: The Heritage of Leviticus*. Ed. Poorthuis, Marcel & Schwartz, Joshua. pp. 29-32. Boston: Brill.
- Nemeroff, Carol & Rozin, Paul
1994 The Contagion Concept in Adult Thinking in the United States: Transmission of Germs and of Interpersonal Influence. *Ethos* 22. pp. 158-186.

- Neyrey, Jerome H.
1999 *The Social World of Luke-Acts: Models for Interpretation*. Hendrickson Publishers.
- Nissinen, Martti
2016 *Magiaa Vanhassa Testamentissa. Raamattu ja Magia*. Ed. Kirsi Valkama, Hanne von Weissenberg & Nina Nikki. Suomen Eksegeettisen Seuran Julkaisuja 110. pp. 42–70. Helsinki: Suomen Eksegeettinen Seura.
- Oakman, Douglas
2008 Was Jesus a Peasant? Implications for Reading the Jesus Tradition (Luke 10:30-35). *The Social World of the New Testament*. Ed. Neyrey, Jerome & Stewart, Eric. Hendrickson Publishers, Massachusetts. pp. 125-140.
- Ono, Koichi
1987 Superstitious Behavior in Humans. *Journal of the experimental analysis of behavior* 47. pp. 261-271.
- Pilch, John J.
2000 *Healing in the New Testament: Insights from Medical and Mediterranean Anthropology*. Minneapolis: Fortress Press.
2008 Healing in Luke-Acts. *The Social World of the New Testament*. Ed. Neyrey, Jerome & Stewart, Eric. Hendrickson Publishers, Massachusetts. pp. 201-219.
- Poorthuis, Marcel & Schwartz, Joshua
2000 *Purity and Holiness: The Heritage of Leviticus*. Ed. Poorthuis, Marcel & Schwartz, Joshua. Boston: Brill.
- Pronin, Emily & Wegner, Daniel & McCarthy, Kimberly & Rodriguez, Sylvia
2006 Everyday Magical Powers: The Role of Apparent Mental Causation in the Overestimation of Personal Influence. *Journal of personality and social psychology* 91. pp. 218-131.
- Pyysiäinen, Ilkka
2004 *Magic, Miracles and Religion: A scientist's perspective*. AltaMira Press.
- Reitzenstein, Richard
1978 *Hellenistic mystery-religions: their basic ideas and significance*. Translated by Steely, John E. Wipf and Stock. Originally published in 1927 as *Die hellenistischen Mysterienreligionen*.
- Robbins, Vernon K.
2007 Conceptual Blending and Early Christian Imagination. *Explaining Christian Origins and Early Judaism: Contributions from Cognitive and Social Science*. Ed. Petri Luomanen, Ilkka Pyysiäinen & Risto Uro pp. 161-195. Boston: Brill.
- Rohrbaugh, Richard L.
2008 The Social Location of the Markan Audience. *The Social World of the New Testament*. Ed. Neyrey, Jerome & Stewart, Eric. Hendrickson Publishers, Massachusetts. pp. 143-162.
- Rozin, Paul & Millman, Linda & Nemeroff, Carol
1986 Operation of the Laws of Sympathetic Magic in Disgust and Other Domains. *Journal of personality and social psychology* 50. pp. 703-712.
- Schirmer, Annett & Wijaya, Maria Teresa & Liu, Siwei
2016 The Midas Effect: How Somatosensory Impressions Shape Affect and Other-Concern. *Affective Touch and the Neurophysiology of CT Afferents*, edited by Olausson, Wessberg, Morrison & McGlone. Springer, New York.

- Sered, Susan & Barnes, Linda
 2007 “Teaching Healing/Healing Rituals”. *Teaching Ritual*. Ed. Christine Bell. AAR; Teaching Religious Studies. Oxford University Press. pp. 195-208.
- Smith, Morton
 1978 *Jesus The Magician*. Harper & Row, New York.
- Sørensen, Jesper
 2007 *A Cognitive Theory of Magic*. Cognitive Science of Religion Series. Lanham: AltaMira.
- Sperber, Dan
 1975 *Rethinking Symbolism*. Cambridge University Press.
- Taussig, Hal
 2009 *In the Beginning Was the meal: Social Experimentation & Early Christian Identity*. Fortress Press, Minneapolis.
- Taves, Ann
 2014 “Magical thinking” and the Emergence of New Social Movements: Cognitive Aspects of Reformation Era Debates over Ritual Efficacy. *Journal of Cognitive Historiography*, Vol 1, no 2.
- Theissen, Gerd & Merz, Annette
 1998 *The Historical Jesus: A Comprehensive Guide*. Fortress Press, Minneapolis.
- Thompson, Erin Hope
 2016 The Effects of Touch. *Affective Touch and the Neurophysiology of CT Afferents*, edited by Olausson, Wessberg, Morrison & McGlone. Springer, New York.
- Tomson, Peter J.
 2000 Jewish Purity Laws as Viewed by the Early Church Father and by the Early Followers of Jesus. *Purity and Holiness: The Heritage of Leviticus*. Ed. Poorthuis, Marcel & Schwartz, Joshua. pp. 73-91. Boston: Brill.
- Uro, Risto
 2016a Jeesus parantajana: Rituaalitutkimuksen näkökulma. *Raamattu ja Magia*. Ed. Kirsi Valkama, Hanne von Weissenberg & Nina Nikki. Suomen Eksegeettisen Seuran Julkaisuja 110. pp. 220–237. Helsinki: Suomen Eksegeettinen Seura.
 2016b *Ritual and Christian Beginnings: A Socio-Cognitive Analysis*. Oxford: Oxford University Press.
- Valkama, Kirsi, von Weissenberg, Hanne & Nikki, Nina.
 2016 *Raamattu ja Magia*. Ed. Kirsi Valkama, Hanne von Weissenberg & Nina Nikki. Suomen Eksegeettisen Seuran Julkaisuja 110. Helsinki: Suomen Eksegeettinen Seura.
- Vallbo, Åke & Löken, Line & Wessberg, Johan
 2016 Sensual Touch: A Slow Touch System Revealed with Microneurography. *Affective Touch and the Neurophysiology of CT Afferents*, edited by Olausson, Wessberg, Morrison & McGlone. Springer, New York.