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The two blind men in Mark: a study from the social-scientific perspective

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ABSTRACT

This article examines the two blind healing narratives in the Gospel of Mark (8:22-26 and 10:46-52) from a social-scientific perspective, investigating the relevant Greco-Roman and Jewish cultural contexts for their interpretation. It is argued that Mark portrays Jesus simultaneously as a first-century supernatural physician, employing therapeutic methods recognizable to his contemporary audience, and as a messianic figure fulfilling the prophetic expectations of Isaiah. The analysis of ancient medical practices, theories of sight, and categories of disease in the Mediterranean world demonstrates that the narrative elements of the healings (use of saliva, laying on of hands, removal of the patient, two-stage healing) need not be read as symbols of the disciples' spiritual progress, but as well-known therapeutic procedures carried out with supernatural speed and efficacy. It is further argued that the two healings function as framing devices for the central section of the gospel, linking Jesus' journey to the Isaianic tradition of YHWH leading the blind and inaugurating the messianic age.

Keywords: Gospel of Mark, blind healing, social-scientific perspective, messianism, ancient medicine.

1 Introduction

What happens when the act of seeing becomes more than mere perception? In Mark, the representations of sight (most clearly in the two narratives of the healing of blind men) draw on Greco-Roman and Jewish medical and sensory expectations to portray Jesus rhetorically as a socially integrated physician and messianic figure. His acts of healing, which include touch, saliva, directive speech, and staged treatment, reflect contemporary medical practices and public healing rituals. Mark connects physical sight to emotional responses.

The hypothesis pursued here is that Mark deliberately frames the language of sight as a communication device within the narrative. The healings of sight are situated in idioms and medical practices familiar to the period, so that Jesus' authority is exercised through contemporary social gestures and should not be interpreted as merely symbolic.

This study engages with modern scholars on the different interpretive theories of the blind-healing narratives in Mark. It then examines early Church interpretations, as well as Greco-Roman and Jewish cultural perspectives on sight. Finally, it presents a

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more adequate interpretive approach to these two narratives, based on the cultural context and on what they communicate within the larger narrative of the Gospel of Mark.

2 Ancient contexts for sight and healing

It is important to emphasize that the senses, although rooted in the body, are a culturally interpreted phenomenon. In the Greco-Roman world, there were different theories to explain the process of vision. Aulus Gellius divides these theories into three: extramission theory of sight, as explained by the Stoics; mixed perception, as explained by Plato, in which the inner fire connects with the external light; and intromission perception, as explained by Epicurus, in which all objects produce images that float through the air until they reach the eyes (*Noctes Atticae*, 5.16.1-14).

It appears that in the first century BCE the Epicurean theory of vision, which involved images or particles entering the eye, was popular, as seen in the writings of Lucretius (*De rerum natura*, 4.200). For Lucretius, the eyes functioned independently of the brain with regard to the capacity to see (Lucretius, *De rerum natura*, 3.365). Plutarch, a first-century CE Platonist, seems to follow Plato's idea about the connection between internal and external light, although he mentions that it was not a popular belief (Plutarch, *De Facie Quae in orbe Lunae Apparet*, 4.10). In the second century CE, however, there was a shift in the understanding of vision with the popularization of the extramission theory of vision by Ptolemy and Galen. Galen's theories were particularly favored and became the norm in medicine until the seventeenth century (Vivian Nutton [2008, p. 355-82] presents an excellent summary of the legacy of Galen from his death to the seventeenth century in the book The Cambridge Companion to Galen).

Disease and illness are also culturally defined terms. Laura Zucconi observed that different cultures highlight different aspects of physiology, the etiology of diseases, and therapeutic measures to explain illnesses (Zucconi, 2019, p. 4). In discussing the eyes, the ancient Greek physician Galen observed that where there is sight there is health, but the absence of sight is considered disease (Galen, *Method of Medicine* I.49k). Malina and Rohrbaugh (2003, p. 368) believe that, in contrast with modern Western medicine, which focuses on regulating function, ancient medicine concentrated on restoring a person to a state of being considered socially valuable.

Sight was considered indispensable for everyday activities. Because of this, treatments for eye diseases were widely available. Galen listed different collyria (eye salves) that were beneficial for the eyes (Galen, *Method of Medicine* V.356k; *Hygiene* I.439k). Archaeologists have unearthed numerous collyrium stamps from the Roman Empire. These were stamps used to label eye ointments for the treatment of diseases as described by Galen, Celsus, and Pliny (Perez-Cambrodi *et al.*, 2013, p. 90-91). A 2013 survey of collyrium stamps concluded that the treatment of eye diseases in the Roman Empire was diverse, often in dialogue with other cultures, and even influenced by them (Perez-Cambrodi *et al.*, 2013, p. 98).

The treatment of eye diseases did not consist only of collyria but also included healing centers such as the Asclepion. Studies of these centers reveal that their locations were carefully chosen, since the environment was believed to play a fundamental role in healing (Christopoulou-Aletra *et al.*, 2010, p. 262). The presence of natural beauty, water, and adjacent religious and recreational buildings was a necessity for the Asclepion. Votive images of eyes, frequently found in Asclepion buildings around the Mediterranean, show that it was a common practice to seek healing for vision-related problems (Chaviara-Karahaliou, 1990, p. 135-139).

Regarding blindness, Juan Alberto Casas Ramírez (2016, p. 20) concluded that in the New Testament world the lack of sight had not only physiological effects but also serious sociocultural repercussions, heightened in the Israelite context because of traditional considerations about the cause of blindness. Chad Hartsock, in his study Sight and Blindness in Luke-Acts, concluded that, from the perspective of ancient physiognomy, the topos of the blind man consisted of three elements: a condition of helplessness and lament, divine punishment or moral defect, and spiritual blindness or ignorance (Hartsock, 2008, p. 52-53, 72-73, 104). These prejudices socially excluded the blind from society and affected them at every level. These definitions conflict with our modern understanding of sight and blindness, but the aim of this research is not to impose our modern understanding on ancient texts, which would be anachronistic, but to fully understand the cultural perspective of the time in order to better appreciate the countercultural aspects of the passages.

3 The two blind-healing narratives

Commentators have suggested that the two blind-healing narratives function as framing devices in Mark (Boring, 2006, p. 231; Brooks, 1991, p. 132; France, 2002, p. 421; Healy; Williamson, 2008, p. 158; Marcus, 2009, p. 589; McCaulley et al., 2024, p. 119; Stein, 2008, p. 491; Strauss, 2014, p. 465; Tan, 2016, p. 146). This seems logical, especially because the second is positioned right before the triumphal entry into Jerusalem, as Jesus was passing through Jericho. The difficulty lies in the first blind-healing narrative. At first glance, it does not seem to be in a specifically strategic location; the narrative remains set around Galilee until chapter 10 and there is no apparent change in the plot. This has led some to consider that the narratives are thematically connected but are not framing structures (Beavis, 2011, p. 158; Myers, 1988, p. 239).

Some scholars have suggested that these two accounts represent progress in the disciples' understanding (Beavis, 2011, p. 159; Collins, 2007, p. 394; Strauss, 2014, p. 466; Tan, 2016, p. 146). The problem with this interpretation is the transformation of narrative accounts into symbolic, parabolic accounts. There is no well-established model that determines with certainty when a narrative was a living parable. The absence of "progress in understanding" in the Bartimaeus story also challenges this theory of "disciple representation." Alternatively, Ched Myers (1988, p. 239) believes that the two blind-healing narratives are connected to the two deaf-healing narratives, forming a bridge between the first and second halves of the story. He believes that these healings work together to motivate the reader to keep exploring the plot crisis of incomprehension amid difficult teachings. He also sees a connection between the healings of the blind and the deaf and messianic passages from Isaiah (Myers, 1988, p. 239). Tom Shepherd, in his study of Mark's sandwich stories, determined that the two blind-healing narratives in Mark are connected by the theme of blindness, a recurring theme in Mark, but are not an intercalation (Shepherd, 1993, p. 316-317). They do, however, play a role in framing Jesus' passion predictions (Shepherd, 1993, p. 359-360).

At a more basic literary level, these two healings of the blind are narrated to frame the central section, which corresponds to Jesus' journey to Jerusalem, from northern Galilee to the Temple, where there is greater emphasis on Jesus' coming suffering. It is unlikely that these two healings coincidentally frame the central part of the story, considering that there were other accounts of healings of the blind linked to Jesus in other gospels. There is also early Church attestation that connects these two passages. In *Homily* 79 (V) on Mark 8:22-26, Jerome connects the healing of the blind man of

Bethsaida with that of the blind man of Jericho, interweaving the interpretation of the two accounts as one.

3.1 Mark 8:22-26

Perhaps the most perplexing healing account of Jesus is the two-stage healing of the blind man of Bethsaida. This account is narrated only in Mark and differs greatly from the other blind-healing narrative in the gospel. There are three parts of this account that are important to address in light of the ancient therapeutic process. The first is the removal from the environment, the second is the two-stage process, and the third is the command to go home. This section will show that this passage portrays Jesus as a typical first-century physician, applying well-known therapeutic methods at supernatural speed, which speaks to both the character of Jesus and his mission.

As for the removal of the man from the environment, Kim Hua Tan speculated that it may be because of the village itself (Tan, 2016, p. 110). This aligns with the interpretation of Jerome, who believes that Bethsaida, as the home of the apostles, is a symbol for ancient Israel (Jerome, *Homily* 79.2). However, nothing in the text seems to indicate any negative aspects of the town; there are no rejections of Jesus, no direct statement of a lack of faith among those present, and no direct condemnation from Jesus. Others have theorized that the removal from the village may be a further exploration of the secrecy theme in Mark (Boring, 2006, p. 231; Kernaghan, 2007, p. 153; Stein, 2008, p. 393). However, the man is still in a public setting, since he sees people walking near him, which makes secrecy a doubtful motive (Gundry, 1993, p. 419; Schnabel, 2017, p. 193). Richard Horsley distinguishes between Jesus taking the man out of the village for privacy during the healing and the healing itself, which he notes was a public event in response to the petition of others (Horsley, 2014, p. 134). From a cultural perspective, Dexter Maben (2015, p. 1306) observed that Jesus did not look down on the man but honored him by taking him by the hand to a more private place. Considering the cultural context, this may be a more appropriate interpretation. Galen became famous for his dissections and lectures in the great cities of the time (Nutton, 2020, p. 35). Perhaps Jesus was indeed giving the man privacy and avoiding using the healing to increase his own fame (Strauss [2014, p. 355] argues that Jesus removes the man from the city to avoid being made king at that moment). This is not always the case: in other passages in Mark, Jesus performs healings in public.

Gundry (1993, p. 417), on the other hand, believes that Jesus removes the blind man from the city because he needed privacy to work a difficult healing case. Along the same line of thought, Champlin (2014, p. 722) believes that it was easier to perform miracles in a more isolated place, which is why Jesus sometimes drew people away from crowds. I would like to expand on this interpretation and note that it was common practice to transfer the sick person to a new, quieter place for healing. This kind of practice can be found in the writings of Galen, as well as in the architecture of the Asclepion centers (Studies of the Asclepion centers reveal that their locations were carefully chosen, since the environment was believed to play a fundamental role in healing [Christopoulou-Aletra 2010, p. 259]). Therefore, the most likely reason for moving the man out of the city is to facilitate the healing, a common medical practice in antiquity, as well as to provide privacy and to honor the man.

After Jesus guides the man to a more appropriate place, he proceeds with the healing process, which consisted of the use of saliva, touch, questions and answers, and two stages. This healing account has been interpreted in various ways. Stein pointed out that an allegorical or symbolic interpretation of the healing method in this passage is rarely found among the early Church fathers (Stein, 2008, p. 394). Indeed, Ambrose and Jerome

connect the healing of the eyes with the removal of sin and with the baptism of the believer that opens his eyes, but there is no mention of the two-stage process (Ambrose, *The Sacraments* 3.15.4; Jerome, *Tractate on the Gospel of Mark*, Homily 5.6). Jerome wrote that "the historical facts are clear, the literal sense is obvious" (Jerome *Homilia* 79 V). He feels no need to explain why the miracle is presented this way. It is possible that this style of healing, interrupting the treatment to assess the efficacy of the method, was customary for this period. Interestingly, Jerome understands saliva in a way similar to that of the Greek philosophers: "The Lord's spittle, if I may so speak, is knowledge as from His very essence, for just as the word that comes forth from His mouth is medicine, so even does His spittle seem to come forth from the very substance of God" (Jerome *Homilia* 79 V). It is surprising, then, that modern interpreters tend to favor a symbolic interpretation of the two stages (Aymer; Kittredge; Sánchez, 2014, p. 195; Boring, 2006, p. 233; Brooks, 1991, p. 133; Donahue; Harrington, 2005, p. 258; Healy; Williamson, 2008, p. 158; Keener, 2014, p. 148; Kernaghan, 2007, p. 153-154; Marcus, 2009, p. 597; Myers, 1988, p. 240-241; Strauss, 2014, p. 356; Tan, 2016, p. 110). In this interpretation, the miracle is a living parable of the disciples' understanding of Jesus, in which the two stages mirror the slow process of spiritual enlightenment (Healy; Williamson, 2008, p. 158). Others, however, believe that it speaks directly about the Pharisees, who were not meant to be an example for the disciples (Schnabel, 2017, p. 191; Zondervan, 2015, p. 1305).

Stein (2008, p. 394), Gundry (1993, p. 418), and Schnabel (2017, p. 192), on the other hand, argue that the healing simply demonstrates Jesus' power. Some suggest that it reflects the pre-Markan tradition of how the healing actually occurred (Collins, 2007, p. 394). Others note that different healings required different methods (Champlin, 2014, p. 729). Perhaps the greatest counterargument to the symbolic or parabolic reading of the two stages is that there are no two clear stages in the disciples' understanding of Jesus in Mark (On this point, Stein [2008, p. 393] observes that the disciples have ups and downs throughout the rest of the gospel; therefore, it seems unlikely that the two stages are about the disciples gaining understanding in two stages). As a counterproposal, Pesch argued that this miracle is presented as therapy rather than as a sudden healing (Pesch, 1976, p. 416). He saw a strong connection between this account and the Epidaurian miracles, in which there is precision in the depiction and healing of the disease. Therefore, the purpose of this healing account, like that of most healing accounts, seems to be to reveal who Jesus is and to show his power and greatness (Stein, 2008, p. 394). To quote Stein: "like God (Ps. 146:8), Jesus can open the eyes of the blind, and for those readers familiar with Isa. 35:5–6, such a miracle is associated with the coming of the messianic age (cf. also Isa. 29:18)" (Stein, 2008, p. 394).

After the first stage, Jesus stops and asks whether the man sees anything. Pesch argued that, in this context, he is asking as a physician about the effect of the therapy (Pesch, 1976, p. 418). I believe Pesch was correct and would like to add Galen's advice to physicians. In *Method of Medicine* 3.162k, Galen discussed the importance of observing the progress of a treatment, arguing that a given therapy or medicine should be continued if it is effective, but that a new treatment should be undertaken if no success is achieved in the first days (Galen, *Method of Medicine*, p. 249). R. T. France argues that the use of *ommata* alongside saliva suggests a more formal healing ritual (France, 2002, p. 324). To explain the absence of this passage from the other gospels, M. Eugene Boring theorized that in this passage, alongside the healing of the deaf man in 7:31-37, Jesus is portrayed more clearly than in other stories as a typical Hellenistic thaumaturge, which is why Matthew and Luke omit them (Boring, 2006, p. 232-233).

Pesch also adds that what the man sees is remarkably similar to an Epidaurus account, in which a blind man had a dream of the god opening his eyes with his fingers,

and he saw the trees of the sanctuary; upon awakening, he went out and recovered his sight (Pesch, 1976, p. 419). I believe there are two problems with this connection: first, Jesus did not use his fingers, but rather saliva and the laying on of hands. Second, the blind man of Bethsaida did not see trees, but people who moved like trees (R. T. France [2002, p. 325] argues that *peripatontas* agrees with *anthrôpous* and not with *dendra*; therefore, he suggests the translation "I see people, and I see them walking like trees," which I follow in this study). Trees are a common object of reference, so there is insufficient evidence to establish a connection between the two accounts. This Epidaurus account, however, attests to the progressive-healing features of the restoration of sight. Likewise, the Platonic myth of the cave also discusses the progressive process of recovering sight, although it is not a healing account. The Markan account is therefore grounded in the ancient thought of progressive restoration of sight, characteristic of a progressive therapeutic process. However, the account diverges significantly from typical ancient therapeutic narratives in two critical respects: the remarkable speed of the healing and the absence of therapeutic trial and error. These elements suggest an extraordinary medical expertise that transcends conventional practice.

The use of saliva for healing has provoked many different interpretations of the text. From an ancient magical perspective, saliva was used in incantations for both positive and negative effects (Wenham; Blomberg, 2003, p. 137). One function of saliva was prophylactic, that is, the power to ward off evil (Wenham; Blomberg, 2003, p. 138). The Romans used saliva to ward off the evil eye, as seen in grandmothers anointing babies' foreheads with saliva to avert the evil eye (Juvenal, Satires II.31-34). To this day, some cultures use saliva to "cleanse" a person or object and remove evil. In Angola, objects that are found are spat upon to ensure that no evil spirits are attached to them. Pesch noted the strong exorcistic-apotropaic significance of saliva alongside touch (Pesch, 1976, p. 417). He observed that saliva was regarded this way because of its pneumatic capacity, being considered a condensed breath full of the person's spirit (Pesch, 1976, p. 418).

Morton Smith (1978) adds that magical healing practices included prayers as well as touch. He notes that fluid was believed to enhance touch, thus aiding in the healing process. Since saliva was the most common fluid available and was sometimes considered to have magical powers, "we find Jesus, like other magicians, smearing spittle on his patients or using a salve made with spittle" (Smith, 1978, p. 128). Galen suggested the use of touch alongside sight to confirm humoral properties, aiding in the diagnosis of the patient (Galen, *On Temperaments*, p. 149). In the Galenic understanding, however, touch itself does not provide healing, only confirmation.

Nevertheless, Dunn (1997, p. 380) argues that there is very little evidence of Jesus' use of magic, so the use of saliva should be understood charismatically and not magically. Sarah Bourgeois (1999, p. 40) determines that the account of Vespasian is not cognate with the Markan account because she considers Vespasian's use of saliva to be purely magical or supernatural, after hearing the god Serapis, and not normal therapy. However, the ancient lines between the magical, the supernatural, and the therapeutic were not well defined. This is evident in the Pergamon inscriptions and in the ancient writers (Edelstein [1998] does a good job of compiling various inscriptions from the Asclepieia that blur the line between the supernatural and therapy). When Galen's theory of fluids is brought into consideration, blindness could be caused by an imbalance of fluids; in that case, replenishing the fluids of the eye would restore sight. The balancing of the eye's fluids, then, was considered normal therapeutic practice, but it could only be performed with the correct fluid. It can be deduced that to cure blindness a superior, perhaps supernatural, fluid would be necessary, such as the saliva of a divine being. Benjamin Lee Gordon observes that the ancient Romans and Egyptians also believed that saliva could

restore proper sight, with the Egyptians using spit as "a solvent for disturbing the films in the eye" (Gordon, 1949, p. 773). Yamauchi adds that saliva was used for healing purposes in rabbinic sources as well (Wenham; Blomberg, 2003, p. 139). Pesch theorizes that perhaps saliva was considered so useful because it was condensed breath, carrying pneumatic properties (Pesch, 1976, p. 418). Jesus' use of saliva, therefore, can be understood as a therapeutic process, in which his saliva (full of his healing spirit) balances the fluids in the eye of the blind man of Bethsaida, gradually restoring his sight.

The use of saliva, however, was not always viewed positively. Bourgeois concludes that "just as the healing at Bethsaida has an aspect (the use of spittle) that they [disciples] find disgusting and disgraceful, there is a side of Jesus' role that they will find difficult to accept [his suffering]" (Bourgeois, 1999, p. 59). Jesus' use of saliva, then, carries magical, therapeutic, and cultural characteristics alike. Although therapeutic, the use of saliva was not so frequently employed for this treatment, perhaps because it carried a cultural connotation of revulsion. The powers associated with saliva, however, display the great control of the one who performs the miracle.

Mark uses complex vocabulary to discuss the restoration of sight in verse 25. Pesch speculated that perhaps it was to emphasize the healing gestures (Pesch, 1976, p. 419). France believes that these words are used to demonstrate the complete restoration of sight (France, 2002, p. 325). Marcus points to the extramission aspect of vision in the words used in the account. He translates *telaugós* as "shining afar," guided by the idea that vision was thought to occur when the inner light reached the outer world, but that in the case of a blind person, this light was trapped unless it was released (Marcus, 2009, p. 596). This idea aligns with contemporary theories of vision and may be a possible translation of *telaugós*. This term generally means "more clearly" when used as an adverb, but its etymology comes from the idea of shining afar (Montanari, 2015, p. 2113). This word can be seen in LXX Psalm 18:9: "the commandment of the Lord is clear, it illuminates the eyes." Marcus also comments that the difference between *diéblepsen* and *enéblepsen* in verse 25 is that "the beam of light within the man's eye breaks through the internal barrier that has been blocking it and is therefore free to travel out into the external world (*dieblepsen*)and begin striking objects there (*eneblepen*), thereby restoring his sight" (Marcus, 2009, p. 595). This interpretation aligns with the theory of extramission of vision explored earlier in this article. The complex vocabulary in this account seems to emphasize the therapeutic aspect of this healing, demonstrating that Jesus was aware of the problem and had the power to heal the man of a frequently intractable disease at incredible speed.

Now, after the healing, Jesus tells the man to go home and not to return to the village. As mentioned above, some believe that this is a sign of secrecy. Mark Strauss (2014, p. 355), however, believes that Jesus sends him away to avoid excessive publicity and the presumption of making him king. Gundry (1993, p. 419) analyzed other passages in which Jesus sends the healed person home and concludes that none of them speaks of secrecy, but that the phrase is an assurance that the person has been restored. He concludes that 8:26 "carries a demonstration of healing: the man can now see to go home without needing people to take him there as he did need them to bring him to Jesus" (Gundry, 1993, p. 419). From a therapeutic perspective, after the healing was performed, the person was expected to leave the place of healing and presumably go home (This can be seen in the healing inscriptions of the Asclepieia, which usually conclude with the phrase "he/she went out" or "he/she departed." Although it does not specify that the person goes home, it is implied [Edelstein; Edelstein, 1998, p. 230-237]). This was not only common but also a confirmation that the healing had taken place and a restoration of the family relationship, since the person can now fully return to his family.

From a pastoral standpoint, this account reveals a model of ministry that is deeply incarnational and contextualized. Jesus does not simply exercise his power in the abstract, but adapts it to the need and cultural context of the one he serves. By taking the man out of the crowd to a quiet place, Jesus demonstrates a pastoral sensitivity that honors the dignity of the sick person and recognizes the emotional and physical limitations of the one who suffers. This practice reflects a fundamental principle for the Christian community: the need to create healing spaces where the marginalized can be restored without embarrassment or shame.

Furthermore, the gradual method of healing is not merely technical but deeply relational. Jesus asks the man whether he sees anything, not for his own information, but to include the sick person in the process of his own restoration. This dialogue-centered approach transforms healing from a unilateral act into a mutual encounter, in which the voice and experience of the sufferer are valued. For the contemporary community of faith, this suggests that authentic pastoral ministry requires listening, patience, and a willingness to accompany others at their own pace of transformation.

Finally, sending the healed man home indicates a crucial communal dimension: healing is not an end in itself, but a return. The man is restored not only for himself, but for his family, for his village, for his place of belonging. This reflects the Church's vocation to restore individuals so that they can once again contribute to communal life. The Gospel of Mark, in this way, presents not only a powerful Jesus, but a Jesus who deeply understands that genuine restoration is always also a return to community, a reentry into the social fabric from which illness had isolated the individual. The pastoral task, therefore, extends beyond the moment of healing: it embraces the ongoing accompaniment of the restored person in his reintegration and his new ministry among his own.

3.2 Mark 10:46-52

Similarly to the first healing account, some commentators have taken the account of the healing of the blind man in Mark 10 as a symbolic narrative or a metaphor for discipleship (Beavis, 2011, p. 159; Boring, 2006, p. 306-307; France, 2002, p. 422; Stein, 2008, p. 491-492; Tan, 2016, p. 146). In this account, Bartimaeus publicly identifies Jesus as "Son of David," a significant messianic title, and Jesus affirms this by granting his request for sight, after which Bartimaeus joins him on the journey to Jerusalem. The theme of discipleship is clearer here than in the earlier healing at Bethsaida, where Jesus' identity is not explicitly declared, nor is there an invitation to follow him. However, this "pattern" is not consistent: in other passages, Jesus calls people who have made no statement about his identity to follow him (2:13-14), while some people who affirm Jesus' identity, such as the rich man (10:17-22), are not invited or are unable to follow him. In other words, a correct statement about Jesus' identity does not seem to be a decisive requirement for being part of the group. Only Jesus' personal call determines belonging, and those who are called may still hold misconceptions without being excluded from the group, as in the case of the Twelve.

As an alternative to the metaphorical discipleship reading, Ched Myers (1988, p. 282) argues that the position of the Bartimaeus healing in proximity to the story of the rich man serves to highlight a social inversion: Bartimaeus, a marginalized blind beggar who faithfully follows, contrasts vividly with the rich man who encounters Jesus but ultimately does not become his follower. Stein (2008, p. 498) also sees this connection between Bartimaeus and the rich man, but also notes the contrast with the disciples, who do not perceive that discipleship means following Jesus by being a servant. In this sense,

the Bartimaeus episode deepens Mark's theme of identity, inclusion, and the inversion of social status within the community of disciples.

A Greek concept related to blindness is that of the blind prophet or seer. Hartsock (2008, p. 79, 81, 207), however, observed that although this can be seen in characters such as Tiresias, these are rare exceptions to the rule. He also pointed out that there is no mention in the Bible of a blind seer, but that Bartimaeus would be the closest to this trope (Hartsock, 2008, p. 158). Bartimaeus is not presented as a prophet here; rather, he embodies the most common characteristic of a blind person: helplessness and a pitiable condition. Nevertheless, despite his condition, he is one who sees clearly in contrast with other characters in the narrative.

Some have suggested that the title Son of David may be a reference to Solomon, the original son of David, who was associated with the power of magic to heal and to perform exorcism by later magical texts such as the Testament of Solomon (Wenham; Blomberg, 2003, p. 134). Loren Fisher (apud Wenham; Blomberg, 2003, p. 134) observed that the name Jesus used by later magicians may be the result of an interpretation that Jesus was healing in the name of Solomon, which would explain why he is called Son of David in Mark. This would identify Jesus as a magician in Mark. Yamauchi, however, believes that this is only a remote possibility. I would like to add that it is the name Solomon, and not his title Son of David, that is found in ancient incantations. Furthermore, as seen in later Aramaic incantation bowls, Solomon himself was not even associated with power, but rather his signet ring (given to him by Michael in the Testament of Solomon to expel demons and heal people) is evoked in the incantations (Marcus; Mokhtarian, 2025, p. 232). Burberry concludes that "Solomon himself is not the source of the power, and his name is not invoked" (Marcus; Mokhtarian, 2025, p. 232). Therefore, the title Son of David used by Bartimaeus must have a different origin. The present evidence seems to suggest that the phrase is more closely tied to messianic Old Testament passages concerning the descendants of David. The title Son of David is used explicitly to refer to the coming Messiah in Psalms of Solomon 17.21. In Mark, Jesus' title is established here and then contested in chapter 12, where Jesus wins a challenge-riposte argument, reestablishing his authority.

In contrast to the disciples, Bartimaeus, at the close of the Way Section, offers a positive model. Although physically blind, he already sees, for he sees Jesus as *huiós Dauíd*, a messianic title (10:47-48), and he is driven to action. His request *hína anablépsô* (10:51) is immediately granted. More significantly, Bartimaeus *ekolouthei autôi en têi hodôi* (10:52). The term *hodós* carries thematic weight throughout Mark, beginning with the citation of Isaiah in 1:2-3 about preparing the way of the Lord. Following Jesus on the way means following him to the cross, something the disciples persistently resist understanding.

In Mark 10, the author is not concerned with portraying Jesus as a physician, as in chapter 8, but rather as a messianic figure. Richard Horsley goes so far as to suggest that this healing was not a special act of God, but that, alongside the healing of the woman with the flow of blood, it is Bartimaeus' trust that heals him (Horsley, 2014, p. 136). Trust is definitely an important aspect of this healing, but it does not negate divine intervention. In the original Jewish context, anyone would have identified God as the source of the healing. In his intertextual study of Isaiah and Mark, Joel Marcus connects Isaiah 42:16, which describes YHWH leading the blind by the hand, with Mark 8 and 10 (Marcus, 1992, p. 34-35). He believes that the central section of Mark, framed by the two healings of the blind, connects to the concept of the triumphal processional march of YHWH found in Isaiah, as Jesus follows the way to Jerusalem (Marcus, 1992, p. 35). The messianic aspect of Mark is illuminated by Isaiah and directly connected to God's presence and action. Therefore, the Gospel of Mark portrays Jesus as the ideal Messiah

who inaugurates the kingdom of God, characterized by the healing of the blind, as described in Isaiah.

The Bartimaeus narrative reveals a radically inclusive model of community in which pastoral listening precedes and makes healing possible. When Jesus asks, "What do you want me to do for you?", he imposes no healing but confers dignity on the marginalized man, legitimizing his right to name his own needs. This act contrasts luminously with the disciples, who seek power and prestige, and especially with the rich man, who cannot renounce his structures of privilege. Bartimaeus, by contrast, recognizes Jesus as Messiah and follows him on the *hodós*, the way that leads to the cross. Whereas the blind man of Bethsaida returns to his biological family, Bartimaeus is incorporated into a fictive family, the community of followers. This difference is theologically significant: his restoration is not merely individual, but implies a new identity, a new status, and full participation in a community whose values subvert the social structures that excluded him. For contemporary Christian communities, Bartimaeus exemplifies that authentic inclusion requires creating spaces where the marginalized not only receive healing, but are heard, dignified, and fully integrated into community life.

4 Discussion: implications for understanding sight in Mark

It is important to mention the study by Glenney and Noble (2014, p. 74), in which they explored the Bethsaida healing account in light of the modern understanding of prosopagnosia, which refers to being cognitively blind despite having the physical capacity to see. This phenomenon has been observed in some blind individuals who undergo sight-restoration surgeries but remain unable, for some time, to cognitively identify what they see. They believe that the Markan account reflects this, in that Jesus first restores the man's physical ability to see and then restores his ability to understand what is seen (Glenney; Noble, 2014, p. 76-77). The greatest counterargument to their view is Joel Marcus's proposal of the extramission theory of vision. They dismiss this interpretation, arguing that the main issue in the passage deals with the cognitive apparatus and not the light-detecting apparatus (Glenney; Noble, 2014, p. 78-79). This may be true from a modern perspective; however, it does not seem to have been the case in antiquity. In ancient thought, there was a close connection between sight and understanding, and a separation of the two was not common. Galen, for example, sees a close connection between the eye and the brain, believing that liquid and pneuma flow from the brain, where the soul resides, to the eyes, allowing the light-like pneuma to reach objects (Galen [*Hygiene*, 1.73k] believed that the hollow *neuroo* [duct or nerve] connected the eyes to the brain, and that some liquids flowed between the two. Galen describes this neuron as the largest of all because it had an adaptive structure of alternating softness that allowed the *pneumatikén ousían* [pneumatic substance] to flow from the brain to the eyes. He also notes that this *neuroo* connects the eyes directly to the brain and eventually becomes assimilated to the brain [Galen, 2005, p. 456]). There is no description of a second, cognitive stage. Galen is an example of how people in antiquity saw a connection between sight and understanding at a physiological level. It seems difficult to believe that Mark was describing a stage of physiological healing followed by cognitive healing, since these were not separate ideas in that culture. Glenney and Noble's conclusion is that the two blind-healing accounts in Mark are metaphors for the disciples, contrasting the blind man's superior understanding with that of the disciples, who have the capacity to see but do not understand (Glenney; Noble, 2014, p. 82). Unfortunately, they do not explain how the man of Bethsaida had a superior understanding to that of the disciples. The text gives no information about the man's understanding of Jesus. The function of this

passage as a metaphor for the disciples' understanding remains doubtful, in light of the fact that Mark never presents a moment when the disciples finally "understand."

The Markan understanding of sight seems to be primarily aligned with the Greco-Roman understanding of extramission. The healing of the man at Bethsaida is the clearest example of extramission, in which the man's inner light was blocked by an obstacle in his eyes. Jesus, operating as a physician, unblocks the passage of light (perhaps by balancing the fluids of the eyes), allowing the man to recover his sight.

Jesus is portrayed both as a supernatural physician and as the Messiah in the sight-healing accounts in Mark. In his dissertation on the miracles of Jesus, Foubister (1981, p. 93) observes that the most elaborate descriptions of Jesus' healing methods are found in Mark. The author believes that the aspect of touch is symbolic and not magical (Foubister, 1981, p. 93). He argues that Jesus' healings should be interpreted differently from thaumaturgic techniques because there was no manipulation or mysterious magical movements (Foubister, 1981, p. 98). It seems, then, that Mark is framing Jesus as the ideal servant physician in this account.

Eric Eve points out that, despite being in a culture where the primary function of medicine was to identify the agent responsible for the disease, Jesus never does so (Eve, 2002, p. 352). This is evident in Galen's writings, where the primary function of sight for physicians was to provide a successful diagnosis (Galen, *On Temperaments*, p. 148). Instead, Jesus operates primarily from a therapeutic perspective, healing the illness without a diagnosis. This is certainly true in the healing accounts of the blind in Mark. There is no explanation for the illness: not from Jesus, not from the other characters, and not from the narrator. Jesus' only concern is to heal. These accounts show that Jesus is operating as a physician, but perhaps supernaturally. Like the gods in the Asclepion inscriptions, Jesus already knows the source of the illness, and his action is purely therapeutic. The author shows that Jesus knew the intricate details of the sense of sight in the healing of Mark 8, but also that he could open the eyes of the blind with just a word in Mark 10. The author highlights Jesus' knowledge and power through these stories, positioning him as a physician superior to his contemporaries.

Jesus' therapeutic approach to healing also agrees with the general understanding of sight in Mark: a conduit for emotional movement and a catalyst for serving action. Jesus sees, is moved, and promotes change. In both blind-healing accounts, he brings about the restoration of sight as well as reintegration into the community for these men, who were previously on the margins of society and are now reintegrated, whether by returning home or by joining a new family group.

Though focused on the Gospel of Matthew, Shin points out that the "core of Jesus' healing ministry was the declaration of forgiveness of sin, which was believed to be the cause of disease in Jewish tradition" (Shin, 2023, p. 8). As evidence, he cites Deuteronomy 28:20-28, John 9:2-3, 4 Ezra 3:21-22, and Josephus Ant. 17.168 (Shin, 2023, p. 4). Although Shin brings interesting perspectives on theological patterns, there is insufficient evidence to establish this from a social-scientific perspective. All these passages cited by Shin are instances where the authors point out God's justice enacted through disease, either in the past or future. The 4 Ezra passage implies that diseases are a result of the fall, but not necessarily a direct result of personal sin. Therefore, it should be noted that in Jewish communities, disease was sometimes understood as the cause of personal sin, but only when explicitly interpreted by religious leaders. Because of this, it is not possible to state that "solving the issue of sin was a priority in Jesus' healing ministry" (Shin, 2023, p. 8). Forgiveness before healing is present only in the healing of the paralytic in Mark 2:1-12, and even here Jesus implies in his speech that one does not depend on the other, but that it is simply a sign pointing to Jesus' divinity, which is what gives him authority. In all other passages, Jesus either only forgives or only heals the

person. It would be more appropriate to state that Jesus' healing ministry was an important part of his messianic identity, following the messianic expectations of prophets such as Isaiah, together with the forgiveness of sins and the restoration of the kingdom of God.

In the conclusion of his study on healings of the blind and the deaf in the Bible, Casas Ramírez (2016, p. 30) says that Jesus' healing action was to reveal the arrival of the eschatological time, putting an end to the period of exile, as well as to demonstrate the inclusive, vindicating, and purifying character of the Kingdom of God. The two healing passages in Mark analyzed in this study show this social restoration of individuals. This restoration brought not only a reintegration of social status but, in the case of Bartimaeus, a new status of participation in the Kingdom of God.

5 Concluding Remarks

The readings of the two blind-healing narratives in Mark reveal a coherent narrative project that operates on two complementary planes: the medical-therapeutic and the messianic-prophetic. In Mark 8:22-26, the evangelist presents Jesus as a supernatural first-century physician, whose actions, such as removing the sick person from the crowd, using saliva, laying on hands, assessing the progress of the treatment, and returning the healed person to his home, find precise parallels in the Greco-Roman medical practices documented by Galen and in the healing rites of the Asclepion centers. At the same time, the speed and efficacy of the procedure place Jesus above any contemporary physician. In Mark 10:46-52, the emphasis falls on messianic identity: Bartimaeus recognizes in Jesus the "Son of David," a title with explicit messianic connotations in the Psalms of Solomon. The immediate healing by word confirms what the earlier narrative had hinted at therapeutically.

The two narratives function as framing devices for the central section of the gospel, which narrates Jesus' journey from Galilee to Jerusalem. This structure is not accidental: it evokes the Isaianic tradition of YHWH who leads the blind along the way (Isa 42:16) and inaugurates the messianic age through the restoration of sight to the blind (Isa 35:5-6; 29:18). Marcus accurately observes that the framing of the two healings connects Jesus' itinerary to the triumphal march of YHWH in Isaiah. In this sense, the reader of Mark is invited to see the Messiah behind the physician, and behind the Messiah, the presence and action of God.

The social-scientific interpretation of these passages offers an important corrective to the exclusively symbolic readings that predominate in modern interpretive circles. Without denying the theological dimension of the narratives, this approach demonstrates that Jesus' methods were culturally intelligible to his audience, who saw them not as random magical gestures but as recognized therapeutic procedures, performed with divine authority. Physical blindness is healed as physical blindness. This literalness is theologically significant: Mark's Messiah is one who transforms the real condition of real people, reintegrating them into the community and opening to them the path of life.

Lastly, the language of sight in Mark is never neutral. The text reveals that the sensory grammar of the gospel transforms the act of seeing into a drama of knowing, believing, trusting, and belonging. Physical eyes are opened, moral vision awakens, and the final gaze rejoices. Those who see physically (disciples, religious leaders, crowds) are often the ones who remain blind to the full meaning of Jesus' identity and mission, while a marginalized beggar on the roadside sees what others cannot. The two blind-healing accounts anchor this sensory grammar in body and history: men who literally could not see come to see, and in seeing, they follow. It is this movement (from blindness to sight,

from the margin to the way) that the evangelist proposes as a model of encounter with Jesus, and that the reader is challenged to repeat.

The study of the two healing narratives in Mark offers the contemporary Christian community a fundamentally practical lesson: the integral restoration of the marginalized is as much a theological matter as a concrete pastoral requirement. If Mark portrays a Jesus who not only recognizes the dignity of the blind but who removes them from the crowd to listen to them, assesses their progress, and reintegrates them into the community and the way, then the Church is called to do the same. This means, first of all, that pastoral care cannot be reduced to purely spiritual or symbolic language. Real problems such as poverty, illness, social exclusion, and lack of voice demand real responses that are incarnated in body, time, and history. The Church that wishes to follow Mark's Messiah must develop a pastoral praxis that combines respectful listening, attention to concrete needs, and deliberate inclusion of those who have been left at the margins. This implies, concretely, creating safe spaces where the voice of the marginalized is not only heard but actively sought; recognizing that restoration is a process that may require multiple approaches (like the progressive assessment of the blind man of Bethsaida); and understanding that true healing is inseparable from communal reintegration and full participation in the life of the people of God.

Second, pastoral leadership must be culturally attentive and sensorially aware. Jesus approached the blind through methods that were culturally recognizable and trustworthy in his Greco-Roman context, such as gestures, touch, and questions. Likewise, the Church today must communicate the gospel in ways that respect the cultural and sensory "idioms" of its communities. This goes beyond mere aesthetic adaptation, and implies recognizing, as Mark demonstrates, that the transcendent becomes intelligible through the bodily and the particular. Christian communities must therefore reject both an abstract spiritualization that ignores people's bodies and stories, and a pragmatism that loses the sense of Jesus' messianic presence. The call is for a balanced praxis: care rooted in material reality, yet oriented by messianic hope; attentive listening to concrete problems, yet shaped by the conviction that God is acting to transform all things. In this logic, every genuine pastoral act is a small sign of the triumphal march of Christ that Mark announces at the two ends of his central Way Section.

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