



Healing the female body: Representation of ideas about healing and the female body in Mark's gospel

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Abstract

Using narrative, reader-response and social feminist approaches, the study takes a discourse analysis of looking into representations of female bodies within the Jewish-Christian healthcare and Greek Hippocratic healthcare and how such surface in the representation of female bodies in Mark's healing stories. The study finishes by looking into comparable biases found in some African communities. The gospel of Mark contains some of the early Christian memory concerning Jesus as folk healer and this study selects narratives in the gospel of Mark whereby Jesus dealt with illness pertaining female patients. Instead of dealing with all narratives whereby Jesus healed a female patient, the focus will be on the story concerning the healing of Simon's mother-in-law and the story concerning the haemorrhaging woman. The underlying question is – what were the socio-cultural ideas concerning the female body and how do such ideas surface in the healing stories? The study hypothesises that, besides being stories that reveal Jesus' Christological powers or power as folk healer, the healing stories are site to investigate social cultural frameworks concerning illness and gender.

Keywords

Mark's gospel; healing; gender; culture; perception

Introduction

Among many, two dominant perspectives have been used to interpret the healing stories, namely, theological and social scientific perspectives. Theological perspectives simply read the healing stories as evidence of Jesus' identity as Messiah and that through his activities of healing; Jesus was restoring physical bodies and the announcing the kingdom (Howard

2001:48). The second perspective – the social scientific perspective uses models or types to imagine the role of Jesus as healer. Among some models that have been proposed are Jesus as Sangoma or shaman (Craffert 2008:213). Another approach within social scientific perspective imagines the meaning of Jesus' healing stories as social restoration activities. For example, using space theory, Halvor Moxnes, in his book *Putting Jesus in his Place* (2003) frames healing as activities that proclaim alternative spaces vis-à-vis the Empire and patriarchal household (Moxnes 2003). Equally, Elizabeth Malbon (Malbon 1986) and John Dominic Crossan (Crossan 1991) think that exorcisms, teaching and healing were activities that took place within the Jesus' households while the temple and the synagogue is contrasted as spaces associated with hegemony and lack of empathy. From this perspective, exorcisms are regarded as mythical tag-of-war against evil forces that threaten the household; kingdom and its members, while healing is restoration of people to their social gender roles. Emphasising the same perspective, Dominic Crossan views healing and feeding activities as gestures targeted towards nursing, nourishing and making the household whole. Therefore, for Moxnes, Malbon and Crossan, healing creates wholeness – restorations of bruised and buttered bodies towards making them carryout their gender roles.

While I agree with the social scientific interpretation concerning the social implication of Jesus' healing stories, I wish to provide the socio-cultural framework from which illness was understood. Hence, I am interested in the cultural imports that are noticeable in the healing of the female bodies. I premise this direction of inquiry on Helen King in *Hippocrates' Woman – Reading the Female Body in Ancient Greece*, who reminds us by saying that the body is a cultural artefact and that ideas about healing reflect our cultural presuppositions about bodies (King 2002:21). This study has the objectives of exploring socio-cultural assumptions about the female bodies embedded with Jewish-Christian healthcare systems as they surface in Mark's presentation of Jesus' healing of female bodies.

Exploration of ideas about healing and the female body in the Hippocratic writings

The worldview of the New Testament is based on Greco-Roman and Jewish cultures. While the New Testament reveals the emerging or sectarian belief system from Judaism, it is predominately Jewish in outlook and it seeks to understand Jesus within the prism of Jewish history and belief system. Therefore, the Christian healthcare system, as Hector Avalos indicates, should be interpreted as reform healthcare system within ambit of Jewish healthcare system (Avalos 1999:81). Like many other cultures, the Greco-Roman healthcare system had various sectors –the professional, public and folk sectors. However, the Greeks are mostly known for their professional healthcare system articulated in Hippocratic writings which are a collection of various books which explains processes of dealing with various illnesses. In short, the Greek Hippocratic healing system was divided into three schools or approaches of Dogmatists, Empiricists and Methodists (Edelstein 1987:173). Hippocratic writings portray the female body in binary perspective as subject vis-à-vis the male body. From this perspective the male body was regarded as ideal and perfect. Concerning this, Thomas Laqueur remarks that most ancient people believed that the ideal body is that of men and that the female body was mutation from the ideal (Laqueur 1990:25). Hence, there were cultural myths that explains how the female body with its physiological deformities came into being. The female body was understood as a product of left egg and left testicles resulting in the production of a physiologically weak female body – therefore culturally perceived as weak. Equally, during the 2nd century, Galen – the physician remarks that the female genitalia are the same as that of male except that they are inside. However, later during 3rd century and after the first autopsy on the female body was performed, the female body was then regarded as totally different from that of men (King 2002:22). The autopsy did not correct the negative image, instead it further reinforces ideas that the female body is physiological different from that of man. This stereotype persisted throughout the modern era.

Due to cultural assumptions about the female body, the Hippocratic writings cautions about not treating women bodies as if they are like that of men. To cement the tendentiousness and unpredictability of the

female body, several sections of the Hippocratic writings focus only on women's health and illness. For example, *Aphorisms* 5, *Coan Prognoses* 503–44 (L 5.700–8) and the last part of *Places in Man* (47, Loeb VIII 94–100) (King 2002:22). The pervasive assumption in these passages is that the female body needed to be learnt and understood differently from that of men (2002:22). For example, in *Gynaecology*, emphasis is placed on the female body as being complex due to the womb. The womb carries menstrual blood which if not managed well, the blood cycle may end up causing lung or other bodily diseases. Further in the Hippocratic section, *Disease of Woman*, menstruation is regarded as the main cause of variety of symptoms experienced by women (2002:22). The assumption is that being sick or weak is the natural condition of the female body.

The cultural import that women are physiological weak spills into ideas about occupation or gender roles. Given that women are physiologically weak, a woman was seen as incapable of doing tasks that a man can do. The bias towards the female body was extended to her ability to think or carry out tasks that require thinking. Being weak, the women were believed to have no capacity to think at the same level as men. Given this and since healing is a task that requires patience and through, gender roles of healing were seen as the duty of men while women take the tasks in caregiving. In the *Gynaecology* most sick patients are female and the healers are male (King 2002:22). In the history of nursing, most doctors are male healers while caregivers are female (2002:22). Concerning the women as caregivers pseudo-Demosthenes remarks, saying “You yourselves know how valuable a woman is in illness, being there to help a sick person” (pseudo-Demosthenes 59, *Against Neaira* 55–60). Plausibly, this statement assumes that male healers attend to the rational decision making associated with healing while female caregivers attend to the emotional needs of the patient.

Reception of ideas about healing and the female body in Mark

When reading Mark's gospel regarding Jesus' healing of female patients, what socio-cultural frameworks regarding healthcare, implicitly, come to surface? Mark was a northern Galilean or Southern Antiochian storyteller of Jesus' life and his narrative cannot be read in isolation from the ideas about healing and health in antiquity. To illustrate, I select three stories,

which are, the story concerning the demoniac (Mk 1:21–28ff), the story about Peter’s mother-in-law (Mark 1:29–31) and the story regarding the haemorrhaging woman Mark 5:21–34.

The story concerning the healing of the man possessed by a demon found at the beginning of Mark’s gospel (1:21ff) can be used to illustrate the contrast between healing of male bodies and healing of female bodies. Concerning this story, Mark reports, saying,

Suddenly, a man in the synagogue who was possessed by an evil spirit cried out, “What do you want with us, Jesus of Nazareth? Have you come to destroy us? I know who you are – the Holy One of God (1:23–24)!

In hearing this story, the reader is reminded of the beginning of the story, which starts with the heading: Ἀρχὴ τοῦ εὐαγγελίου Ἰησοῦ Χριστοῦ Υἱοῦ Θεοῦ – the beginning of the gospel of Jesus Christ the Son of God. At a theological level, the story is framed within the context of Jesus’ power and the commencement of the kingdom of God through healing and total silence of demons. However, embedded within the narrative are cultural assumptions regarding male bodies and sickness. Using the Hippocratic writings as a lens, the story of the demoniac in the synagogue repeats the cultural idea that, though sick, the male demoniac is active and the man even taunted Jesus. The thought that he was subdued is the focus of the story, yet also underlying the narrative is that the man was aggressive – he portrayed agency – could talk back to Jesus and even recognised Jesus as the “holy one of God” (Stein 2008:85). Robert Guelich comments saying that by asking Jesus, the demoniac “demonstrates his true knowledge of Jesus’ identity” (Guelich 2018:56). With this background, we can now contrast it with descriptions concerning the healing of female bodies.

Representation of healing of Peter’s mother-in-law

Soon after narrating the aggression and agency of the demon-possessed man, Mark shifts and narrates the story concerning the healing of Peter’s mother-in-law. Equally, the healing of Simon’s mother-in-law is theologically framed within the narrative of Jesus’ power derived from God. From a theological lens, the healing of Peter’s mother-in-law may seem like continuation of demonstration of Jesus’ power over sickness and

demonic power. However, the presentation of bodies is different. In the story, Mark reports saying,

As soon as they left the synagogue, they went with James and John to the home of Simon and Andrew. Simon's mother-in-law was in bed with a fever, and they immediately told Jesus about her. So, he went to her, took her hand and helped her up. The fever left her, and she began to wait on them (1:29–31).

As background, Robert Stein reminds us that Peter was a widower who later re-married (1 Cor 9:5; cf. Stein 2008:85). Given that household composed of immediate family members, cousins and others, this suggests that other women who belonged to the household were responsible for taking care of her. Perhaps for not wanting to repeat the obvious stereotypes, the caregivers or nurses of Peter's mother-in-law could have been fellow female household members who were not mentioned in the story. Acting according to their gender roles, we can assume that Peter and Andrew arrived together with Jesus from the synagogue, which emphasises the cultural belief that men were socially located outside the domestic space while women stay at home.

In contrast to the masculine narrative associated with the healing of the demoniac (Mk 1:21ff), Peter's mother-in-law lied hopelessly in the house (domestic space) with fever. The story portrays her body as complicated, powerless and unable to help herself. Within most folk healthcare sector, sickness was caused by an external force entering the body, thus causing imbalance. Concerning this and in reference to the story, by lying down, helplessly, it signifies a powerful external illness that renders her body hopeless. In contrast to the male demoniac who was made even more powerful, illness makes the female body even more powerless. In antiquity healing was administered through various means such as herbs and food, such as fish (Ferngren 1992:2; Ferngren 2009:18). Eugene Boring remarks that in antiquity, fever was a life-threatening disease. Without wanted to further elaborate on the fever, Mark focuses attention of her body's inability to cope with external intrusion. Succumbing to pain, she lied down waited for help. In doing this, Mark seems to use cultural stereotypes that her physiologically weak body was made worse by the penetration of the disease.

Interestingly, Mark further tells us that after being healed she managed to stand up and serve the guest. While this part of the story celebrates Jesus' healing power, implicitly, it reinforces ideas that a weak female body is crushed under the weight of illness. In the previous story of the demoniac in the synagogue, which has a twin narrative in Mark 5, both represent a sick male patient, who though sick still has the strength to be active. The cultural side of the story is that, due to sickness, the woman became incapacitated and was unable to perform her gender roles (Boring 2006:66).

Further, by inviting Jesus, a male itinerant healer to heal, the narrative reinforces the stereotype that trained male healers understood better the complicated female body. Like folk healers, the Markan Jesus has spiritual power that penetrates the weak female body. The Jewish-Christian healthcare system was based on a personalistic whereby holy men such as Hanina Ben Dorsa were believed to be endowed with spiritual powers. One sign that the healer had spiritual powers was the magic associated with his presence. Thus, touching or being near a holy man would transmit power from the man of God (Avalos 1999:39). After being raised-up, she served the visitors, signifying that her body connected to divine power that restored her weak body. Robert Guelich remarks saying that "touching", "raising" were common terms associated with healing and they indicate the transfer of power "from the healer to the weakness of the sick" (Guelich 2018:66). Noticeably, her restoration was mediated through the male healer -Jesus whose power transmitted to her helpless body.

Representation of haemorrhaging woman

The healing of haemorrhaging women, seemingly, carries similar motifs of helplessness and that the female body crushes under the weight of illness. In addition to the theological discourse of Jesus as Messiah who derives from God, this story has a sub-theme of Jesus as the best folk-healer. Strategically, to prove that Jesus is the best folk-healer, Mark begins by reporting that the woman had been to several healers but has experienced no change to her condition. Mark reports, saying, "And a woman, which had an issue of blood twelve years, and had suffered many things of many physicians, and had spent all that she had, and was nothing bettered, but rather grew worse" (Mk 5:25–26). As mentioned, categories of healers during that time

were: profession Hippocratic healers, public medicine know and passed from generation to generation. The last category is the folk healer sector composed of healers who use divination and magic. Implicitly and having money, the woman had been to professional healers who had social prestige and know to charge exorbitant fees. Similar to his approach in the healing of Peter's mother-in-law, Jesus used acquired or embodied divine power. Concerning *modus operandi*, most folk healers prescribe herbs or others such as Hanina Ben Dosa would heal using divine power or divination (Bokser 1985:42).

In this story, Mark is interested in accentuating the profile of Jesus as best folk healer (Dube 2018:1). Besides being the best folk-healer who could heal conditions when others have failed, Mark wants us to know that Jesus was a folk healer that healed without charge (Mk 5:25). Noticeably two parallel narratives are observable – the theological narrative that reveal Jesus as best folk-healer and the other subtext that describes her body as physiologically weak and helpless and of interest is the latter; that is, the subtext concerning the representation of her body.

The story of the haemorrhaging woman in Mark 5:25–34 best reveals the cultural assumptions regarding the sick female body, as evident in the Hippocratic writings. That she spends money seeking healing speaks to her social status that she had money and could afford professional healers. However, implicitly, Mark reveals a cultural assumption about her body. As we have noted from the Hippocratic understanding of the female body, it is physiological weak and second class to that of a man due to its inherent condition of carrying a womb and ovaries which makes her body complicated and naturally sick. Visiting many physicians who could not find solution to her body suggests that her condition was worse.

Haemorrhage healing took several forms; some would prescribe wine containing rubber, alum and garden crocuses, while others prescribe onion mixed with summons (Lane 1974:191). Such varieties of methods further point to the complications and lack of known healing methods for the disease. Several views have been presented concerning her body as it carries the disease. For example Eugene Boring comments saying that her condition meant social ostracization or divorce, and this may explain the absence of her children or husband from the narrative (Boring 2006:159).

Boring's comments focus on her body as an unwanted other, dislocated from society. Furthermore, R.T. France says that the story was narrated to evoke sympathy towards the woman's condition (France 2002:236). The sympathy from the crowd may emanate from the fact that she inhabits the female body, which, by nature, is imperfect. This reinforces the Hippocratic teaching that being a woman was physiologically sick. In knowing this, she was supposed to accept its imperfection as part of her reality. The deteriorating sick bodies is a recurrent theme in several Jewish writings (Tob 2:10; Sir 38:15; b. Qidd 4:14; Guelich 2018:296). Equally and notably, her body was presented as the natural condition of being female. She carries the bleeding womb, which is her natural death sentence. Presented in a narrative sandwich, and similar to the dying body of Jairus' daughter, her body is also dying (Boring 2006:159). Her body which crawl through the crowd is presented as timid, impure and unwanted (Stein 2008:266). Even the Jewish Mishnah teaches that contact with menstrual blood was supposed to be avoided (France 2002:236). Again, the healer who could understand her body is male – Jesus.

Reception of sick female body in African hermeneutics

In this section, I demonstrate that Mark's presentation of weak female bodies and their socially designed gender roles has comparative insights from some African cultures. With caution, my reference to African readers must be understood as a general category since Africa is a large continent with various and different degrees of cultural progresses. Here, I take an imaginative role of an African reader engaging with Mark's text. After demonstrating comparative aspects, I finish by attempting to theorise how the African readers view the sick female body.

While there is continuity, difference exists among the Shona people in particular and Africans in general, African female bodies are defined through the lens or ideas of *fertility and production/labour*. Victor Turner who carried ethnographic research among the Ndembu people of Zambia observed that life moves from birth, puberty, marriage, and death (Turner *et al.* 2017:20). Culture dictates to the African women that marriage is a crown celebrated by the entire village. Importantly, marriage carries value if the female body is able to reproduce for the numerical growth of the

clan. The importance of marriage and fertility is found in many rituals performed to prepare the female body towards marriage. For example, among the Shangani people of Zimbabwe and Northern part of South African, a girl child upon reaching puberty is taught strategies concerning how to please her husband during sex. Using a similar metaphor associated with nature, the extent of fertility of the female body is visible through her bodily features. Shona poetry is ubiquitous with statements where agricultural imageries are evoked to describe the female body. From this cultural worldview, the two healing stories concerning the sick female body in Mark would make the African reader to ask: What if the African female body that is supposed to reproduce has become sick. To the African reader Mark's two stories are heard as having three implications:

(a) Implication towards gender roles

To an African reader, the story of Peter's mother-in-law and that of the haemorrhaging woman have serious implications towards gender roles and fertility. Upon being married, African woman should perform household chores: cooking, cleaning, and fetching firewood and or water. While Mark does not reveal such consequences, upon reading the two stories of sick women, an African reader is reminded of the fact that when the mother is sick, there is no food, and all domestic duties that require her attention come to a halt. Upon arrival, and in the absence of other females around the household, it would mean that Jesus and Peter arrived at a dirty household where there was no food for the guests. In most African households, before the arrival of guests, it is the gender role of the African woman to prepare food and clean the homestead before the visitors arrive. While modern African women taking roles outside the domestic space may make use of helpers, still the household is her responsibility. By concluding the story concerning the healing of Peter's mother-in-law with the statement that she rose and prepared for the guests, as well as the possibility of presence of fit male bodies around the homestead, this reveals her gender role of preparing food for them.

(b) Implication towards sexuality and marriage

Further and equally important, the two stories remind the African reader of the implications of the sick female body towards conjugal rights and

marriage in general. In most African societies, the sick female body could be perceived as condoning the husband to look for a surrogate sexual partner. Besides acting as a device for the numerical growth of the clan for the purposes of labour, polygamy was device to fulfil the husband's sexual desire. Research in HIV and AIDS noted that among many factors, African masculinity prides in how many female partners one took to bed. Given this, to an African reader, the haemorrhaging woman was a candidate of divorce and or permission to request for a return of *lobola* or the bride price. Among the Shona people of Zimbabwe, if the wife is always sick, the husband has the right to return his wife to her parents' and request for a refund of the *lobola* price money. To avoid returning the money, the wife's parents may request time to look for a solution to their daughter's health. Upon recovery, she may return to her husband. If she does not recover, then her family should compensate their son-in-law with another bride from their clan or return the bride price money. If applied to the haemorrhaging woman and given that her children and husband are not mentioned in the story, it is possible that she was coming from her biological parents' home after being left there by the husband. Given her condition and the number of years being sick, it is plausible to assume that her husband had remarried or was given a surrogate wife.

(c) Comparative African lens into illness and female body

Lastly, to an African reader, the two healing stories of sick women have an implication for the household members and fellow community members. Unlike countries in the West, African women, do not live individualistic lives. Life is communally lived. Given this, a sickness such as that of Peter's mother-in-law would be known by the neighbours. Upon meeting at the wells or markets, the concerned neighbours would ask *Mgonjwa huyo alilalaje* ("how did she spend the night?"). Sickness is not private. To most African societies, sickness violates life-rhythm, and ancestors must be evoked to stabilise the situation. However, the story of the haemorrhaging sister would receive different reactions. To an African reader, sickness must not persist and, if it does, it is an indication that the ancestors are upset. Africans live within a cyclical, enchanted worldview where material reality is dictated by spiritual response. While the African neighbours would ask *Mgonjwa huyo alilalaje*, because of blood, the haemorrhaging sister evokes

suspicion that her sickness could be punishment from the ancestors. An African reader of the stories would ask: Is her sickness due to punishment from the ancestral spirits? Could it be due to an avenging spirit?

Intersecting the African female body with reproduction and labour

In this last section, I intersect ideas concerning reproduction, labour and the gender roles of the African female body. Given that an African female body is the subject of labour and reproduction within the domestic space, how do we theorise the African female body and its health? Most theories especially those informed by the psychoanalysis of Sigmund Freud focus more on sexuality and leave out the variable of labour. For Sigmund Freud, the sexualised female body is naturally inclined towards the *petra* or and the *phulas* (Freud 1947:58). To an extent, Freud's perspective might be helpful in explaining the body as subject of reproduction within African societies. A similar conclusion would be reached if we make use of Julia Kristeva (Kristeva 1986:15).

Womanist perspective of Mercy Amba Oduyoye, Isabel Phiri, Musimbi Kanyoro highlights the variable of the female body and its oppression by patriarchy (Oduyoye 1995:12; Phiri 1997:45; Kanyoro 2001:101). In my view, a theory about the African female body must give equal emphasis concerning social categories of labour and reproduction. Her body is the subject of labour in feeding the family and yet expected to reproduce. The two tasks are not mutually exclusive. In most African contexts where men work in far-away mines and farms, her labour in the domestic space ensures the survival of the family through cultivating the field and selling small items at the market. In addition, culture also demands her to reproduce kids that would assist her during her old age. Her reproduction is her investment. In the cycle of labour and reproduction, sickness means starvation and loss of hers' and her family's future.

The Shona people label a non-fertile female body as *ngomwa*, and a persistently sick person as *mutenda* (and *Molwetsi* in *Tswana*). A *ngomwa* person is less of a burden because she can work, and her childbearing duties can be replaced by a surrogate wife or by polygamy. However, a sick and a non-fertile person is indeed a burden; she cannot work, and her womb cannot reproduce labour. Within peasant societies whose survival depends on the full labour contribution of household members and healthy

productive womb, a sick and a non-fertile woman is indeed a burden and useless to the household. Perhaps their inclusion in Mark's healing stories is testimony to Mark's narrative of Jesus' commitment towards transforming the household by marking household members as fully accepted (inclusive) and participating members of society.

Conclusion

This study traced discursive representation of female bodies in Mark's gospel and discovered that the cultural perceptions contained in the Hippocratic writings may influence the manner in which Mark represent sick female bodies. Contrast was noted in that while male bodies are represented as sick but having agency, female bodies are presented as physiologically helpless. Both illustrations – Peter's mother-in-law and the haemorrhaging woman – received healing while on the flow. Their bodies were represented in the context of gender and excesses. For example, concerning Peter's mother-in-law, her sickness could not allow her to perform her gender role, while the haemorrhaging woman had lost money and perhaps family. As noted, the cost accrued from healing supports the cultural perception that her body is naturally physiologically weak. Important to note is the fact that both healings were done by a male healer: Jesus. In what seems to be sexual innuendo, both bodies were healed through a transference of power, the spirit moving away from Jesus into the female body, that then resulted in them being healed. Similarly, there is a motif of the female body as reproductive and yet, equally so, one that provides labours. The complexity of the female body as labour and reproduction is evident in most African societies.

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