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## Health Care

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# Health Care

## **Abstract**

One of the most recent developments in the study of illness and disease in the Bible is the shift from the study of biblical "medicine," which historically has emphasized diagnosing biblical illnesses, to the study of "health care" as reflected in biblical and related materials. This shift rests on the premise that healing practices should be treated as part of a healthcare system, which may be defined as a set of interacting resources, institutions, and strategies that are intended to maintain or restore health in a particular community. Such a system includes, but is not limited to, beliefs about the causes of illness, options available to patients, and the role of governments in health care.

## **Disciplines**

Biblical Studies | History of Christianity | History of Science, Technology, and Medicine

## **Comments**

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**HEALTH CARE.** One of the most recent developments in the study of illness and disease in the Bible is the shift from the study of biblical "medicine," which historically has emphasized diagnosing biblical illnesses, to the study of "health care" as reflected in biblical and related materials. This shift rests on the premise that healing practices should be treated as part of a healthcare system, which may be defined as a set of interacting resources, institutions, and strategies that are intended to maintain or restore health in a particular community. Such a system includes, but is not limited to, beliefs about the causes of illness, options available to patients, and the role of governments in health care.

Public hygiene, which refers broadly to the organized efforts of a community to promote health and prevent disease, is also part of any health-care system. Closely related is the emerging area of disability studies, which focus on how persons are treated based on presumed or real features of their bodies. Accordingly, this entry will discuss health-care systems in ancient Syria-Palestine in rough chronological order from the prehistoric periods to early Christianity.

- A. Prehistoric Periods
- B. Environment and Health
- C. Identifying Biblical Illnesses
- D. The Israelite Health-care System(s)
- E. The Second Temple Period
- F. Early Christianity
- Bibliography

#### A. Prehistoric Periods

Health care in the ANE is attested by the end of the Paleolithic, the first period of human material culture ending approximately between 20000–16000 BCE in the Near East. During the Neolithic (ca. 8500–4300 BCE) the domestication of animals probably introduced into human populations new pools of diseases carried by animals (e.g., bovine tuberculosis). Human tuberculosis is reflected in skeletal material from Egypt and Bab edh-Dhra (Jordan) as early as the fourth millennium.

The long existence of healing specialists in Syria-Palestine is reflected in the trephinated skulls at Jericho from at least the Neolithic period. The oldest known surgery for a determinable reason (intercranial infection) is evidenced near Jericho in the Chalcolithic period (ca. 3500 BCE). The activity of healing specialists is also attested by bone spatulas found at Tell Jemmeh (near Gaza) in the early first millennium, and the implantation of a bronze wire in a tooth at Horvat En Ziq, a small Nabatean fortress in the northern Negev in the Hellenistic era. Liver models found at Hazor and Megiddo in the Late Bronze Age may have been used in medical consultations.

The Amarna letters (14<sup>th</sup> cent. BCE) mention epidemics and the traffic of physicians in Canaanite royal courts. Ugaritic texts (e.g., Kirta epic) indicate that El,

the supreme god at Ugarit, was concerned with healing, especially infertility. In Tyre, Sidon, and other Phoenician city-states of the early first millennium BCE, Eshmun was a healing god whose temples may have provided therapeutic services. Yahweh, Resheph, and other Near Eastern deities brought both disease and healing.

Throughout all prehistoric and historic periods the extended family was probably the main caretaker for the ill. We see this practice in Mesopotamian texts that call upon family members to take care of disabled relatives. The Code of Hammurabi enjoins the family, rather than the state, to care for the ill. A number of biblical episodes also mention the role of the family in taking care of the ill, as in the case of Amnon (2 Sam 13:5-7).

#### B. Environment and Health

Israel in the pre-exilic period probably shared many of the health problems that were common in many Near Eastern settlements. The inadequate disposal of garbage and human waste was probably a constant threat to public health in Syria-Palestine. Towns (e.g., Gibeon) in areas of poor rainfall had to construct cisterns that were vulnerable to contamination.

Parts of Jericho, Tell Beit Mirsim, and other towns apparently had drains, some of which may have carried sewage, by the Middle or Late Bronze ages. Excavations in Jerusalem have recovered toilet seats, one of which was found in a separate cubicle of a house, dated to about 586 BCE. However, such amenities were probably uncommon in most of Israel.

Although there are many textual references to washing and related hygienic activities (Gen 18:4; Ps 60:8), it is likely that personal hygiene was generally poor in the absence of abundant water supplies. Ruth 3:3 indicates that even bathing was sometimes seen as a special or uncommon event.

#### C. Identifying Biblical Illnesses

Historically, the study of biblical medicine has focused on providing modern medical diagnoses for ancient conditions. Unfortunately, the precise identification of most diseases in the Bible has been notoriously difficult, especially in cases of epidemics (Num 25; 1 Sam 5:6-12). Nonetheless, many plagues are viewed as the result of Israel's contact with outside groups (e.g., Midianites in Num 25). The stories of the plagues on Egypt in Exod 7–10 also recognize that epidemics can alter the course of history.

Archaeoparasitologists have established the probable existence of certain intestinal diseases (e.g., tapeworm [*Taenia*] and whipworm [*Trichuris trichiura*] infections) in ancient Israel.

The condition usually translated as "leprosy" (tsara'ath צַרְעָתָא) receives the most attention in the Bible (Lev 13–14), but it should not be confused with the disease now classified as leprosy, and otherwise

known as Hansen's disease. Leprosy, although caused by a microbe (*Mycobacterium leprae*), is not highly contagious. Overall, the Hebrew *tsara'ath* does not have a simple modern equivalent because it probably encompassed a large variety of diseases that produced a chronic discoloration of the skin.

There are also various references to blindness (2 Sam 5:8) and musculoskeletal disabilities (2 Sam 9:3). Infertility, which is another illness frequently mentioned in the Bible (Gen 16:1-2; 1 Sam 1:5-6), diminished the social status of the afflicted woman (Gen 30:1-20). Some sort of mental disorder seems evidenced by Saul's malady in 1 Sam 16:14-16.

Circumcision, which is depicted as early as 2400 BCE (Fifth Dynasty) in a bas relief from Saqqara, Egypt, often has been explained as medical or hygienic in origin. However, newer research raises serious doubts about this theory. In 1999, the American Academy of Pediatrics declared that it could find no significant medical or hygienic advantages for circumcision. None of the biblical texts used to explain the origin of circumcision (e.g., Gen 17:9-14) provide hygiene as the reason. Accordingly, some scholars view circumcision within the wider practice of slavemarking (Exod 21:6), while others see it as a symbolic expression linked to fertility rituals and kinship solidarity. In any case, the medical problems that may result from ancient circumcision range from infection to being disabled for at least a few days (see Gen 34:25).

#### D. The Israelite Health-care System(s)

All religious healing systems presumed, of course, that deities could heal, but economics can also explain why certain options were chosen. Most health-care systems in biblical lands had a variety of options that were probably arranged hierarchically, depending, in part, on the needs and means of the patient. Prayer was probably one of the first, and most economical, options chosen by patients in all systems. In general, the management of any illness has two major phases, the first of which is the seeking of information (e.g., cause, diagnosis), and the application of that information in the restoration of health (i.e., therapy).

All health-care systems have an explanatory framework (etiology) for the nature and origin of an illness. The OT has at least two principal explanations for illness. One, represented by Deut 28, affirms that health encompasses a physical state associated with the fulfillment of covenant stipulations that are fully disclosed to the members of the society, and illness stems from the violation of those stipulations. Therapy includes reviewing one's actions in light of the covenant.

The book of Job offers a contrasting yet complementary view that argues that illness may be rooted in divine plans that may not be disclosed to the patient at all, and not in the transgression of published rules. The patient must trust that God's undisclosed reasons are just.

Perhaps the most distinctive feature of the Israelite health-care system depicted in the canonical texts is the division into legitimate and illegitimate consultative options for the patient. This division is partly related to monolatry, insofar as illness and healing rest ultimately upon Yahweh's control (Exod 15:26; Job 5:18), and insofar as non-Yahwistic options are prohibited. The meaning of "magic" is in great dispute in modern scholarship, and there is no agreement on whether distinctions between "legitimate" and "illegitimate" consultants can be classified by the relative use of "magical" or "nonmagical" approaches.

In addition to its presumed efficacy, simple prayer to Yahweh was probably the most common legitimate option for a patient because it required no great economic or physical effort. Petitions and thanksgiving prayers uttered from the viewpoint of the patient are attested in the Bible (e.g., Isa 38:10-20).

Many psalms (e.g., 38, 39, 88, and 102), in particular, may be intended as prayers for use by patients. These psalms also record important Hebrew concepts concerning illness and health care. In Ps 38 the author attributes illness to Yahweh's anger and "hand" (v. 2). This concept is similar to the frequent Mesopotamian use of "the hand" (Akkadian: *qatu*) of a deity to describe the divine origin of an illness. As in many descriptions of illness in Mesopotamia, the patient in Ps 38:1-4 attributes Yahweh's anger to the patient's own sin. Confession is regarded as part of the therapy (v. 18), and the patient complains about the social consequences of illness (vv. 11-12).

Tangible treatments mentioned in the Bible include "bandages" (Ezek 30:21), "mandrakes" for infertility (Gen 30:14), and "balsam" from Gilead, which may have been an important source of medicinal substances exported to Egypt (Jer 46:11). Incense, oil, and combs found in various sites in various periods (e.g., at Megiddo in the Late Bronze Age, Masada in the Roman period) may have been used to combat lice and other ectoparasites that may have been significant vectors of disease.

Illegitimate options, which were probably widely used by Israelites, included consultants designated in Hebrew as *rof'im* (רופאים, 2 Chr 16:12; NRSV, "physicians"), non-Yahwistic shrines (2 Kgs 1:2-4), and probably a large variety of "sorcerers" (Deut 18:10-12). Female figurines found in most periods in Israel, especially in domestic contexts, may have been involved in fertility rituals. The largest known dog cemetery in the ancient world was uncovered at Ashkelon, and may be associated with a healing cult of the Persian period.

Prophets are probably the foremost legitimate consultants in the canonical texts, and they were often in fierce competition with "illegitimate" consultants. Deuteronomy 18:10-17 seems to advocate the monopoly by the Yahwistic prophet of all the consultation functions, including probable ones for illness, that had been previously distributed in a wide variety of consultants

in Canaan. Stories of healing miracles (e.g., 2 Kgs 4: 8) in the Deuteronomistic History may reflect an effort to promote prophets as the sole legitimate consultants. Their function was to provide prognoses (2 Kgs 8:8) and intercede on behalf of the patient (2 Kgs 5:11). Unlike some of the principal healing consultants in other Near Eastern societies, the efficacy of Israelite prophets resided more in their relationship with Yahweh than in technical expertise.

Shrines of Yahweh were probably another significant legitimate option in the pre-exilic period. In 1 Sam 1 Hannah visited the temple at Shiloh to help reverse her infertility. Second Kings 18:4 indicates that prior to Hezekiah the bronze serpent made by Moses as a therapeutic device (Num 21:6-9) was involved in acceptable therapeutic rituals in the Temple of Jerusalem. Metal serpents have been found in temples (e.g., the Asclepieion at Pergamum) known to have been used for therapy during the first millennium BCE. Metal serpents, such as those found in or near shrines at Timna, Tell Mevorakh, and Hazor in the Late Bronze Age, may have been involved in therapeutic rituals, but other functions cannot be excluded.

The centralization of the cult in Jerusalem and the reforms attributed to Hezekiah (715-687 BCE) and Josiah (640-609 BCE) may have wrought significant changes, whether in theory or in practice, to the health-care system. Shrines that may have formerly functioned as therapeutic centers (e.g., Shiloh) may have been destroyed.

The Prayer of Solomon (1 Kgs 8) may be seen, in part, as an attempt to mitigate the loss of the therapeutic roles of the Temple of Jerusalem and outlying shrines. In effect, the Prayer announces that it is not necessary to come to the Temple for therapy, as extending the hands toward the Temple is sufficient to receive healing (1 Kgs 8:38-39). The story of Hezekiah's illness in 2 Kgs 20:1-11 also shows that coming to the Temple was not necessary for healing. Hezekiah, in fact, intends to go to the Temple after he is healed (2 Kgs 20:5).

Newer studies are also emphasizing how authors use disabled characters to promote political and theological agendas in their narratives. Thus, the disability of Saul's descendants may be a sign that they are disqualified from dynastic succession. For example, Saul's daughter, Michal, is infertile in 2 Sam 6:23, and Mephiboshet, Saul's only surviving descendant at one point, is lame (2 Sam 9:3). The auditory perceptiveness of Ahijah, the unsighted prophet (1 Kgs 14), may be part of a larger emphasis on the superiority of hearing over seeing in the Deuteronomistic History.

Of course, throughout the Bible, one finds the use of certain conditions as symbols of unbelief (Isa 43:8), ignorance (Isa 42:16; 56:10), and other moral defects (2 Pet 1:9). In contrast to these negative attitudes, certain persons are said to have done more after they became disabled than before. For example, Samson is said to have killed more people after his eyes were

removed than when he was fully sighted (Judg 17:30). There were laws against the mistreatment of the blind (Lev 19:14; Deut 27:18).

### E. The Second Temple Period

By the post-exilic period the Priestly Code, which may be viewed as an extensive manual on public health that centralizes in the priesthood the power to define illness and health for an entire state, severely restricted access to the Temple for the chronically ill (e.g., "lepers" in Lev 13-14; compare 2 Sam 5:8 on the blind and the lame) because of fear of "impurity."

Laws concerning pure foods (e.g., in Lev 11) were associated with the maintenance of excellent health in some biblical passages (e.g., Dan 1:15), but the motives for the food laws may not be always restricted to health practices. In particular, many scholars think it unlikely that the fear of infections is responsible for prohibitions against eating pork in ancient Israel (Lev 11:7). Cattle were also susceptible to some infections, but were not prohibited. Other explanations for the prohibition against pork cite economics or the role of pork in maintaining ethnic boundaries.

In any event, the theology of impurity, as a system of social boundaries, could serve to remove socioeconomically burdensome populations, and especially the chronically ill, from society. New demographic groups (those exiled because of chronic illnesses) may have been created by these policies, as the group of "lepers" roaming outside the city in 2 Kgs 7:3 indicates (see also 2 Sam 5:7-8). In effect, the Priestly Code minimizes state responsibility for the chronically ill, leaving the eradication of illness for a future utopia (Ezek 47:12; compare Isa 35:5-6).

Thanksgiving or "well-being" offerings (Lev 7:11-36) after an illness were probably always acceptable and economically advantageous for the Temple, and may have served as public notice of the readmission of previously ostracized patients to the society (Lev 14:1-32).

The demise of the prophetic office in the early Second Temple period probably led to the wide legitimation of the *rofi'im* (compare Sir 38), but various types of folk healers and midwives (Exod 1:15-21) may actually have been the most common health-care consultants.

Another important witness to health care in the Second Temple period is found in the Dead Sea Scrolls. Here, one finds at least two distinct attitudes toward the disabled, particularly the blind, deaf, and lame. On the one hand, the Temple Scroll appears to regard the blind and deaf as inherently impure, and expands the restrictions found in Leviticus insofar as the Temple Scroll does not allow the blind access even to the entire city of Jerusalem. Similar restrictions are found in the Rule of the Community (1QSa). On the other hand, the remarkable text called *Miqsat Ma'ase Ha-Torah* ("some precepts of the Torah") appears to

object to the presence of the blind and deaf in the Temple because of their inability to execute certain procedures, instead of because they are inherently impure. And while in the OT Yahweh is presumed to be the only sender of disease, in the DSS a complex demonology to explain disease is in evidence. The text identified as 4Q560, e.g., seems to reflect the idea that certain demons were responsible for specific illnesses.

Later, we find such an idea elaborated in *T. Sol.* 18, which may have been originally a Jewish work composed as early as the 1<sup>st</sup> cent. Here, thirty-six demons are responsible for afflictions of specific body parts (e.g., Artosael affects the eyes). In the apocryphal book of Tobit, we find the demon Asmodeus mentioned as the assassin of bridegrooms.

## F. Early Christianity

During the 1<sup>st</sup> cent. CE there was a variety of health-care systems available in Palestine. These health-care systems included those associated with Isis, the Egyptian goddess, and the Greek god Asclepius. In addition, there were secular Greco-Roman traditions associated with Hippocrates, Celsus, and other physicians. In general, good health in Greco-Roman rational traditions resided in a balance of essential substances in the human body. A good diet was viewed as crucial in maintaining that balance.

Given this plurality of health-care systems, NT authors and stories attempted to address real complaints about health care in the Greco-Roman world. One complaint centered on its cost. Some costly imported medicinal substances (e.g., myrrh) were the subject of sarcastic criticism by Greco-Roman authors (e.g., Pliny). At the same time, medical treatment could entail much pain for little or no gain (see Mark 5:26; Luke 8:43). Accordingly, Christianity may have attracted patients who were too poor to afford the fees charged in many Greco-Roman traditions (see Matt 10:8; compare Acts 8:19-20).

Some Greco-Roman traditions insisted that travel to a shrine was necessary for healing. Yet, the popularity of certain healing centers could result in crowding that effectively denied access for the persons who most needed healing (see John 5:1-9). Other traditions restricted healing to certain days, and physicians could be in short supply in some areas.

While prayer in all Near Eastern religious traditions presupposed belief in a deity who heals, Christianity exhibited some significant differences in the role of prayer in healing. Many Greco-Roman traditions combine prayer with elaborate rituals at healing centers, but Christianity's emphasis on the value of faith alone or on very simple rituals served to eliminate the need for travel to such centers (see Matt 8:8; John 5:1-9). Likewise, Christianity resisted temporal restrictions on when healing could be administered (Mark 3:2-5).

In early Christianity, illness may be caused by numerous demonic entities who are not always acting at Yahweh's command (Matt 15:22; Luke 11:14), and not necessarily by the violation of covenant stipulations (John 9:2). Illnesses mentioned include fevers (Mark 1:30), hemorrhages (Matt 9:20), and what has been identified by some scholars as epilepsy (Mark 9:14-29).

The cure for illness may be found in this world, and not simply in some utopian future. Christian healing procedures could also integrate previous approaches rather than reject them outright. For example, some scholars also see the continuation of Mesopotamian healing traditions in the transfer of demons to swine in Mark 5:12-13, and Asclepius traditions in the use of spittle for healing of the blind man at Bethsaida in Mark 8:22-28.

Early Christianity also may be seen as a critique of the Levitical health-care system. Matthew 10:8; Mark 14:3 and other passages indicate that Jesus and his disciples appear to target the very demographic groups ("lepers," blind, and the lame) who may have been marginalized by the health-care policies reflected in Leviticus.

For example, narratives show how Jesus touches lepers without experiencing any adverse effect (Mark 1:41). Such stories also indicate how Jesus' activities served to reintegrate the sick back into the family.

At the same time, there were other Jewish healers said to be active around the time of Jesus (e.g., Hanina ben Dosa). Indeed, early Christianity preserved many older Hebrew traditions regarding miraculous healings (Acts 5:16; 9:34) and collective health (Jas 5:16). In particular, one may also see Jesus' healing activities as a fulfillment of the arrival of the kingdom of God, which entailed healing the blind, deaf, and lame (compare Isa 35:5-6).

Theological themes could be expressed through healing stories. The progressive healing of the blind man at Bethsaida, for instance, could mirror the progressive revelation of Jesus' messianic mission in Mark. The interplay between blindness/darkness and light has also been linked to the theme of recognizing the divine nature of Jesus and his movement (e.g., John 9:10-11; Acts 9:18).

It is difficult to evaluate one health-care system as better than another because we lack precise data to measure their effectiveness. Some institutions meant to cure may have actually spread diseases by concentrating sick people in small spaces (e.g., Asclepieia). The best medical technology (e.g., scalpels, forceps, dental drills, and splints) may have helped only simple problems (e.g., extraction of lodged weapons). In general, trauma (from accidents, strife), malnutrition, and disease maintained general life expectancy to under forty years during the biblical periods.

In any case, the study of health care is in the midst of a transition from emphasis on determining diagnoses of ancient conditions to more holistic approaches cen-

tered on how socioreligious frameworks interact with health care. Disability studies, which focuses on how certain conditions result in the differential valuation of human beings, will probably become increasingly important. Disability studies, in turn, will probably interact more intensely with the study of physiognomy, the ancient art or “science” that judged human character on the basis of physical appearance.

In addition, one is already witnessing the growth of what may be termed “corporeal criticism,” which centers on the entire experience of embodiment. Indeed, the integration of medical anthropology, sociology, and biblical studies will probably become more significant in the study of health in ancient Israel and the Near East within the coming decades.

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HECTOR AVALOS

HEAP OF STONES [גַּל אֲבָנִים] gal ‘avanim]. This phrase is used in different ways in the OT. Heaps of stones are markers set up to cause future generations to remember a major event or person. Stones may be set up to mark a covenant agreement, as between Jacob and Laban in Gen 31:46–52. In other instances heaps of stones mark the burial places of three people, Achan, the King of Ai, and Absalom, none of whom are positive figures in the literature (Josh 7:26; 8:29; 2 Sam 18:17).

C. MARK MCCORMICK

HEART [לֵב] lev; καρδία kardial]. Most of the inner organs of the human body—throat, nostrils, kidneys,

entrails, and the heart—have specific symbolic meanings in the Bible. The kidneys, e.g., were considered to be the location of conscience, presumably because they are the part of the body that is likely to cause pain for someone with bad conscience. Unlike Western cultures, which primarily associated the heart with feelings and emotions, Near Eastern culture emphasized its role in thinking, reasoning, and planning. The heart characterizes humans first and foremost as “rational beings” that are susceptible to teaching and learning, as Deut 29:3 points out: “Yet to this day, Yahweh has not given you a heart to understand, or eyes to see, or ears to hear.” Just as every other part of the human nature has its particular perceptive function so, too, has the heart.

The heart also pertains to human conduct and action. The Shema (Deut 6:4–5) distinguishes three forms in which Israel is supposed to love God: with all its soul (nefesh נֶפֶשׁ), with all its heart (lev), and with all its powers (me’odh מְּוֹדָה). Assuming that the language here is not merely cumulative, these three capacities point to different ways in which human beings immerse themselves in the world around them. Especially in the psalms the soul expresses human neediness and dependence on natural as well as social environments that support and sustain the life of the individual. By the same token, the soul stands for the human longing and desire to connect with the world of the living—as opposed to the she’ol (שְׁאוֹל), the Netherworld, to which the soul is headed once it loses this connection. In contrast to this intuitive and existential longing, me’od emphasizes the physical strength and, occasionally, also the economic power of a human being. Given these two capacities that enable the individual to love God it is safe to assume that the heart, too, expresses a distinct aspect of human vitality.

The heart is also important for theological reflection on the human condition. In the non-priestly parts of the flood narrative humankind is characterized as thoroughly and incurably evil. More specifically it is the “imagination of the thoughts of his heart” that makes a person evil (Gen 6:5). Here the heart stands for the capacity of human beings to act consciously and also strategically—the Hebrew term khashav (חָשַׁב), in a more literal translation, suggests that humans are able to “make plans.” However, nothing good springs from what the heart conceives and desires. As Gen 8:21 explains, human wickedness is not merely a product of their socialization, it is with them from the days of their youth on. And this is not as a consequence of human choice, but rather simply seems to be their nature. Note that both Gen 6:5 and 8:21 are observational and not explanatory statements: it is not said that human beings themselves are guilty for their evil hearts, nor that God created them evil. Indeed the question “why” is never asked. One hardly would have understood this as coincidental, but rather as