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Hermeneutical Trajectories of the Hemorrhaging Woman (Mark 5:25–34)

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Abstract: This study traces the hermeneutical trajectory of the healing of the hemorrhaging woman (Mark 5:25–34) to illuminate how changing interpretive frameworks have shaped understanding of Markan miracles. It then undertakes a socio-rhetorical interpretation of the narrative to offer a contemporary understanding of the text. Historically, this narrative was read apologetically, foregrounding the miracle as proof of Jesus's divinity and a model for the efficacy of faith. The form-critical shift reclassified it as a Novelle, prioritizing its *Sitz im Leben* for early community instruction and Christological confession. Contemporary scholarship, however, engages its literary artistry, particularly its function as a theological intercalation within the Jairus narrative. This hermeneutical trajectory reveals a critical development within the interpretation of Markan miracles in that they are no longer seen merely as a display of power but as sophisticated rhetorical devices. Hence, the narrative is a vehicle designed to draw vulnerable persons to Jesus and to demonstrate that the power of Jesus to heal is above his peers.

Keywords: Mark 5:25–34, hermeneutics, miracles, vulnerability, rhetoric, illness, faith

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Introduction

The narrative of the hemorrhaging woman's healing (Mark 5:25–34) stands as one of the most poignant and literarily sophisticated miracle narratives in the Gospel of Mark. Traditionally, this περιελθοῦσα (around him, to go around) account was interpreted through an apologetic lens, valued as a historical attestation to Jesus's divine power and a straightforward paradigm for the efficacy of personal faith (Taylor 1966, pp. 294–295). These initial readings, however, belie the complex rhetorical and theological depth of the passage. The history of its interpretation reveals a fascinating hermeneutical development, mirroring broader methodological shifts within New Testament scholarship itself. This article illuminates how the rhetoric of Markan miracles operates to present Jesus as superior to his peer miracle-workers of the first century CE and to form readers. An examination of the evolving scholarly engagement with socio-rhetorical analysis allows us to discern a critical movement: Mark's miracles are not merely wondrous events, but are sophisticated rhetorical tools designed to subvert social hierarchies, redefine purity and discipleship, and articulate the disruptive. This study will chart this hermeneutical journey to demonstrate how the hemorrhaging woman's narrative provides a crucial key for understanding the persuasive artistry and theological argument embedded within Mark's presentation of the miraculous.

The socio-rhetorical interpretation propounded by Vernon K. Robbins is used for the exegesis of the narrative. Socio-rhetorical interpretation is composed of five (5) main textures: (i) inner-textures; (ii) inter-textures; (iii) socio-cultural textures; (iv) ideological textures; (v) sacred textures. Each main texture is a web of sub-textures expected to express the node of coaxing through key topoi in the narrative. The inner texture is selected for the exegesis of Mark 5:25–34. It consists of repetition, progression, narrational, opening-middle-closing, argumentative, and sensory aesthetic textures (Robbins 2004, p. 2; 2016, p. xxii; 2016, pp. 329–364). Due to limited space, the repetitive and narrational textures are considered in this study. The article contributes to the discussion of Markan miracle catenae and their rhetorical conceptual blending to demonstrate the power of Jesus over that of other miracle workers and healing shrines in the first century CE. Mark 5:25–34 is a synoptic narrative (cf. Matthew 9:20–22 and Luke 8:43–48), with varied emphasis and theological concentration. The rationale for choosing the Markan version of the healing of the hemorrhaging woman is the considerable details that it provides. The details would help in examining the failed attempt by the woman to seek healing from medical personnel and other religious personages of the ancient world.

First-Century Medical Services and the Hemorrhaging Woman (Mark 5:25–34): An Argument Concerning Treatments Received and the Causes of Their Failure

The account of the hemorrhaging woman in Mark 5:25–34 provides one of the most detailed glimpses into first-century healthcare experiences preserved in ancient literature. The text explicitly states that the woman "had endured much under many physicians, and had spent all that she had, and was no better but rather grew worse" (Mark 5:26). This brief but devastating summary invites historical investigation into what medical attention a woman with chronic hemorrhaging would have received in first-century Palestine, and into why those treatments failed. The woman's failed medical treatments reflect the limitations of ancient gynecological knowledge, the syncretistic blend of empirical remedies and magical practices characteristic of Greco-Roman medicine, and the profound social and religious consequences that transformed a physical condition into an experience of total marginalization.

First-century medicine represented a complex fusion of Hippocratic traditions, Alexandrian anatomical studies, and practical gynecological knowledge. The most significant medical authority for this period was Soranus of Ephesus, who practiced in Rome during the reigns of Trajan and Hadrian (late first to early second century CE). Soranus' work *Gynecology* represents the most comprehensive ancient treatment of women's health, and his methods likely reflect practices available somewhat earlier in the century. Soranus described the pelvic organs, the process of labor, the use of vaginal specula, and various therapeutic interventions. The first century also saw the work of Aulus Cornelius Celsus (c. 25 BCE–50 CE) whose *De Medicina* Book III recorded observations on various medical conditions, and later Galen would synthesize much of this knowledge. Significantly, women also practiced medicine during this period; historical records mention female physicians including Aspasia, Metrodora, and a young Cleopatra who contributed to gynecological knowledge.

For a woman suffering from chronic hemorrhaging—likely menometrorrhagia potentially caused by fibroids, adenomyosis, or a bleeding disorder, first-century physicians would have prescribed a range of interventions. Soranus recommended wool tampons soaked in various astringent substances including wine, myrrh, or alum. These treatments aimed to create local coagulation and stem blood flow through chemical means (Weissenrieder 2017, pp. 265–285). Dietary restrictions would also have been imposed, based on humoral theories that certain foods promoted or inhibited bleeding. Patients might have been advised to rest and avoid physical exertion, and physicians sometimes recommended particular

positions or behaviors following intercourse for women experiencing reproductive difficulties (Pliny the Elder ca. 23–79 CE; Pedanius Dioscorides c. 40–90 CE).

Beyond Greco-Roman medicine, the woman would likely have encountered traditional Jewish remedies. The Talmud preserves approximately eleven treatments for gynecological hemorrhages, some of which reflect the syncretistic blend of empirical observation and folk practice characteristic of ancient medicine. These included carrying the ashes of an ostrich egg in a linen bag (the bag material changing with seasons), drinking wine mixed with powdered rubber, or carrying a barley kernel found in the dung of a white female donkey. While some of these recommendations post-date the first century in their written form, they likely preserve older folk traditions that would have been available to Jewish women seeking healing (Babylonian Talmud, Shabbat 110b). That notwithstanding, the woman was more likely to undergo Greco-Roman medical services due to their availability during the ministry of Jesus in the first century CE.

1. The Causes of Medical Failure

The limitation facing first-century physicians was their incomplete understanding of female reproductive anatomy and physiology. While Soranus and others had made significant observations, the internal nature of female reproductive organs limited diagnostic capabilities. Without understanding the hormonal regulation of menstruation, the nature of fibroids or other structural abnormalities, or the mechanisms of coagulation, physicians could only treat symptoms empirically. The abrupt cessation of the woman's hemorrhage after touching Jesus's garment—described with the Greek adverb εὐθὺς (immediately, instantly, at once), represents a type of cure entirely beyond ancient medicine's capabilities. As modern medical understanding confirms, chronic organic bleeding cannot be resolved through psychogenic response or placebo; placebo cannot ligate ruptured vessels or shrink leiomyomas instantaneously (Dumont 1992, pp. 493–505).

The text's observation that the woman "spent all that she had" reflects the economic reality of ancient healthcare. Without insurance, governmental support, or charitable medical institutions, patients bore the full cost of repeated medical consultations and treatments. Each failed intervention consumed additional resources, creating a downward spiral of diminishing finances alongside deteriorating health. This economic dimension of suffering parallels contemporary observations about chronic illness and bankruptcy, though without any social safety net to cushion the fall. The cumulative cost of twelve years of treatment would have reduced a woman of even moderate means to destitution.

2. The Convergence of Physical and Ritual Impurity

Perhaps most significantly, the woman's condition carried religious consequences that compounded her medical suffering. Leviticus 15:25–27 rendered a woman with a chronic discharge ceremonially unclean, isolating her from synagogue worship, community gatherings, and normal social contact. This ritual impurity meant that her physical condition produced social death—she could not attend religious services, receive visitors without contaminating them, or experience physical touch. Archaeological discoveries of mikveh installations at first-century sites including Magdala and Jerusalem confirm the centrality of purity practices and the social ostracism that would have accompanied prolonged impurity. The woman's desperate act of touching Jesus's garment in a crowd represented a violation of these norms, risking public censure and potentially contaminating others. The woman's condition could render her infertile, adding grief over childlessness to her other sufferings. The twelve-year duration of her illness precisely matches the age of Jairus' daughter, creating a deliberate narrative parallel and rhetorical contrast between the woman whose womb could not produce life and the child who stood at the threshold of reproductive maturity. This literary structuring underscores the completeness of the woman's marginalization—she embodied the opposite of what her culture valued in women.

The hemorrhaging woman's twelve-year ordeal represents the convergence of multiple failures in first-century healthcare: the empirical limitations of ancient gynecological knowledge, the economic unsustainability of chronic illness, the social isolation imposed by purity regulations, and the psychological burden of unrelieved suffering. Her experience of having endured much under many physicians while growing worse reflects not the incompetence of individual practitioners but the structural limitations of an ancient medical system that lacked effective treatments for chronic gynecological conditions. The narrative's preservation of these details—the failed treatments, the depleted resources, the ritual impurity—establishes the completeness of her desperation and the corresponding magnitude of her healing. The medical failures of the first century thus serve, within the narrative, to highlight by contrast the comprehensive restoration that Jesus provides.

Analysis of the Various Interpretations of Mark 5:25–34

Mark 5:25–34 is not a novel narrative for Markan scholars or interpreters. Judith König offers a re-reading of the hemorrhaging woman by centering the analysis on power dynamics. She engaged narratological tools and concepts from social psychology as a heuristic framework. König argues that the

unnamed woman, whom she renames "the woman who took the initiative", is an agentive figure (König 2025, pp. 134–145). The article's core contribution lies in its differentiation between social and personal power. While readers may be convinced that Jesus possesses inherent social power, König demonstrates that within this specific narrative, Jesus does not actively exercise it. Conversely, the woman, despite holding no social power, displays personal power derived from her knowledge, desperation, and bold initiative to touch his garment.

König (2025, pp. 134–135) supports this thesis with a close reading of the narrative to highlight that to describe the woman as παθοῦσα (suffering) (Mark 5:26) is attributed to specific failed physicians and financial ruin, not merely her illness. Furthermore, the woman is not incapacitated but is among the few Markan patient-characters who act on their own (König 2025, p. 139; Marcus 2005, p. 358; Laurence 2013, p. 94). The argument of König encourages a re-evaluation of both figures: the woman—the patient without patience and Jesus—the passive healer to provide a fresh vocabulary for understanding agency and faith, solidifying the woman's role as a central actor in her own healing narrative.

Emily Reimer-Barry's (2004, pp. 283–299) article offers a methodologically ambitious and pastorally urgent interpretation of Mark 5:25–34 by reading the text in solidarity with women who have experienced pregnancy loss and abortion. Drawing upon historical-critical, feminist, and postcolonial interpretive strategies, Reimer-Barry foregrounds the ambiguity within the text to open up new possibilities for meaning. She argues that Jesus's response to the bleeding woman created space for her to tell her story without shame or blame and blessed her so that she could go in peace, which provides a paradigm for how the church might reframe its approach to women who have experienced reproductive loss. The article's strength lies in its constructive theological proposal: that Jesus's response models solidarity rather than judgment, creating conditions for testimony and blessing. Reimer-Barry's (2004) inclusion of abortion within the category of reproductive loss aims to challenge ecclesial approaches that have often prioritized condemnation over accompaniment. By reading across interpretive methods, she demonstrates how biblical texts can speak directly to contemporary pastoral crises. However, her focus on pregnancy loss and infertility might mean that she considers the possible consequences of hemorrhaging for a long period more than the hemorrhaging itself. It raises a question that requires further research to ascertain whether the woman is within child-bearing age or not in the context of the first century CE gynecology.

In addition, the article's brevity limits its engagement with potential tensions. The category of reproductive loss risks eliding significant differences

between miscarriage and abortion, particularly regarding questions of agency and moral responsibility that many women themselves experience as salient. While Reimer-Barry (2004) draws on postcolonial strategies, the application remains underdeveloped; the article might have benefited from sustained attention to how colonial histories shape both the narrative's production and contemporary reproductive politics. Nevertheless, as a work of pastoral theology, the article offers a timely and compassionate model for ecclesial practice that centers on women's experiences and voices.

Musa W. Dube (2004, pp. 115–140) expanded her interpretation of Mark 5:25–34 to cover Mark 5:21–43 in the context of HIV/AIDS in Africa. The expanded scope of her interpretation represents a landmark in postcolonial feminist biblical interpretation. Reading from and for the African context, Dube reconfigures the hemorrhaging woman as emblematic of Africa, a continent bleeding from colonial exploitation, neo-colonial economic policies, and the HIV/AIDS pandemic that disproportionately devastates women. Dube (2004) reads with accountability to those dying, asking not simply what the text meant but what it might mean for survival and healing.

Methodologically, Dube (2004) models a multi-sectoral approach that integrates historical criticism with postcolonial theory, feminist analysis, and epidemiological data. She demonstrates how biblical texts have been weaponized to stigmatize those with HIV/AIDS—framing illness as divine punishment—and instead recovers the Markan narrative as a resource for resistance and solidarity (Dube 2004, pp. 120–123, 130–132). The woman's desperate reaching for Jesus's garment becomes a metaphor for African women's agency amid structural violence.

The primary limitation of the work of Dube (2004) is its succinctness, though a large text (Mark 5:21–43) was considered as a chapter in an edited volume. It requires gestures toward arguments that deserve fuller development. The analogy between the woman's hemorrhage and Africa's bleeding risks flattening historical specificity, which are colonialism, structural adjustment and viral transmission. These are distinct phenomena that require careful differentiation. Nevertheless, as a programmatic statement, the work demonstrates how contextual reading can generate theological meaning that serves life rather than death. It remains essential reading for anyone seeking to understand postcolonial biblical interpretation as a practice of justice.

Candida R. Moss's (2010, pp. 507–519) "The Man with the Flow of Power: Porous Bodies in Mark 5:25–34" renders a counterintuitive reading that upends conventional interpretations of the hemorrhaging woman narrative. Moss argues that interpreters have been so focused on the woman's bleeding body that they have overlooked the parallel phenomenon: Jesus himself

becomes a bleeding (or rather, "power-flowing") body. Reading through the lens of ancient medical and philosophical understandings of porosity and permeability, Moss demonstrates that Mark presents Jesus's body as remarkably open and vulnerable, where power flows out of him involuntarily, without his conscious control.

The essay's central methodological contribution lies in its careful reconstruction of ancient physiological frameworks. Moss draws upon Galen, Aristotle, and Hippocratic traditions to show that ancient audiences would have understood bodies as porous, constantly exchanging substances with their environments (Moss 2010, pp. 511–514). Within this framework, Jesus's experience of power leaving him (Mark 5:30) is not a unique miracle but an intensification of normal bodily processes. This reading destabilizes assumptions about Jesus's absolute sovereignty and highlights his genuine humanity and vulnerability. Moss (2010, pp. 515–516) further argues that this porous Jesus stands in stark contrast to the "many physicians" (Mark 5:26) whose treatments failed precisely because ancient medicine lacked understanding of the dynamics of porosity. The woman intuitively grasps how bodies connect and how healing might travel across permeable boundaries. The essay thus repositions both characters: the woman as a knowledgeable agent and Jesus as a receptive, even passive, participant in his own power's outflow.

The article's primary achievement is its demonstration that attending to ancient embodiment frameworks transforms interpretation. Moss (2010) avoids anachronistic projections of modern individualism onto first-century bodies, instead recovering a worldview in which selves were always already interconnected, vulnerable, and permeable. The key limitation of the article is its relative brevity, because the argument could be extended to consider how this porous Christology might inform contemporary theological anthropology or ecclesiology. Nonetheless, as a piece of historical criticism, its attentiveness to both medical and literary texts is significant.

The selected works reviewed demonstrate both contextual readings and historical-textual readings. The contextual readings by Reimer-Barry (2004) and Dube (2004) represent an attempt to use the narrative to respond to contextual issues that may be pastoral, anthropological, political, and social. It demonstrates the use of the ancient text to respond to contemporary issues. This approach, without neglecting the historical context of the text, makes the narrative of the hemorrhaging woman relevant as a framework for providing solutions to contemporary issues. The historical-textual readings by König (2025) and Moss (2010) emphasize how the narrative could be understood in the context of first-century CE medical, gender and embodiment. While Reimer-Barry (2004), Dube (2004), and König (2025) focused on the woman as

the fulcrum of interpretation, Moss moved her attention to the body of Jesus that equally discharges power to heal. This article offers a socio-rhetorical interpretation of Mark 5:25–34 to argue that the implied narrator seeks to present Jesus as being above physicians and other competing miracle-workers of the first century CE. The narrative is a rhetorical piece to attract the vulnerable persons with chronic illnesses to Jesus. In the realm of religious discourse or compositions, rhetoric emerges as an incredibly potent instrument that significantly influences the formation of beliefs and the execution of practices, utilizing a diverse array of persuasive techniques that can sway individuals and communities alike. Some scholars (Henderson 1989, pp. 20–39; Thomas and Graham-Hyde, 2004; Reid 2008, pp. 109–142) argue that the goal of rhetoric is to persuade an audience to achieve the objective of the speaker/author, and the long-standing goal of religious discourse is to eventually persuade audiences. This does not mean that the event of the healing of the hemorrhaging woman did not take place. It is not within the scope of this study.

While scholars like Reimer-Barry (2004), Dube (2004), König (2025) and Moss (2010) have advanced the study of Mark 5:25–34, their approaches exhibit two methodological weaknesses that necessitate an inner texture socio-rhetorical analysis. First, they prioritize ideological frameworks over textual-rhetorical constraints. König's (2025, p. 134) analysis imposes contemporary power dynamics onto the text, missing that Mark presents divine power as something Jesus embodies rather than wields. Moss's (2010) reading applies Greco-Roman medical models of bodily porosity to conclude that Jesus is also weak, misreading Mark's rhetorical strategy where Jesus's apparent vulnerability reveals superabundant divine power. Reimer-Barry's (2004, p. 112) solidarity hermeneutic risks hermeneutical colonization by reading contemporary pregnancy loss onto the woman's hemorrhage, potentially silencing the text's particular voice.

Second, these scholars neglect the passage's literary-rhetorical composition within Mark's narrative architecture. None adequately addresses how the pericope functions as the center of an intercalation with Jairus' daughter, where the twelve-year parallelism, healing by touch, and fear motifs create a theological argumentation through structural contrast. An inner texture analysis would attend to Mark's syntactical choices—like the long periodic sentence in 5:26 that enacts the woman's deferred hope—and to how Jesus's question "Who touched me?" rhetorically distinguishes faithful touch from mere physical contact, revealing divine authority. These weaknesses demonstrate that beginning with contemporary concerns risks hearing only one's own echo. Inner texture analysis, by attending to Mark's rhetorical strategies first, allows the text's transforming word to speak before asking

what implications it might hold for today.

Persuading Through Texture: The Rhetorical Design of Mark 5:25–34

Examining the inner texture of Mark 5:25–34 reveals sophisticated literary and rhetorical strategies embedded in the text. The passage demonstrates Mark's use of linguistic features to create theological meaning.

1. Twelve Years, One Touch, Lasting Faith: Repetition as Persuasion in Mark 5:25–34

The Gospel of Mark employs sophisticated rhetorical strategies to persuade its audience. This is particularly evident in the healing of the hemorrhaging woman (Mark 5:25–34). Within this pericope, Mark deploys a dense network of repetition of time, action, and verbal patterns that functions persuasively to shape the reader's understanding of faith, healing, and the identity of Jesus. This inner texture analysis argues that Mark's rhetorical use of repetition constructs a persuasive argument about the nature of faith and its power to restore, even as it prepares the reader for the larger theological claims of the gospel.

The most conspicuous repetition in the narrative is the twofold reference to the woman's twelve-year affliction. Mark 5:25 introduces the woman as one "who had been suffering from hemorrhages for twelve years" (οὖσα ἐν ῥύσει αἵματος δώδεκα ἔτη). The number recurs in verse 42 when Jairus' daughter is identified as being "twelve years old." This is not coincidental but represents a deliberate rhetorical strategy of intercalation, which can be termed a "Markan sandwich," where one story is inserted within another to create mutual interpretation. Intercalation functions to create dramatized irony between two or more characters and their actions in the separate stories, with the resulting ironies speaking to major theological themes in Mark, especially Christology and discipleship (Strauss 2014, pp. 167–168; Allison Jr. 2011, p. 150; Shepherd 1991).

The repetition of "twelve years" functions rhetorically to forge an inescapable connection between the two women. The number carries symbolic weight, representing the twelve tribes of Israel, which suggests that these narratives concern the restoration of God's people. Both women function as "representations of Israel," with the cumulative weight of seventeen literary elements in Mark 5:21–43 creating a rather strong argument for this symbolic interpretation (Kubiś 2020, pp. 346–355). More immediately, the repetition insists that the reader hold these two figures together: one at the beginning of life, the other suffering through what should have been the prime of life; one surrounded by family and a synagogue leader father, the other utterly alone and ritually unclean; one healed by Jesus's intentional action, the other by a

clandestine touch. The rhetorical effect is to demonstrate that Jesus's power operates across the entire spectrum of human need and social location.

Mark's rhetorical brilliance appears most strikingly in the syntactical construction of verse 26. The verse's grammatical structure demands careful attention from interpreters. It consists of a long periodic sentence employing a series of participles that describe the woman's condition before the main verb finally appears (Decker 2014). The text presents the woman as one "having suffered many things from many physicians" (παθοῦσα πολλὰ ὑπὸ πολλῶν ἰατρῶν), "having spent all that she had" (δαπανήσασα τὰ παρ' αὑτῆς πάντα), "having not benefited" (μὴ ὠφεληθεῖσα), and "having grown worse" (εἰς τὸ χεῖρον ἐλθοῦσα), before the long-delayed main verb: she touched (ἥψατο) Jesus' garment.

This accumulation of participles, each representing a stage of suffering and failed hope, creates a rhetorical crescendo that makes the final verb all the more instrumental in the narrative. The repetition of suffering through the participle chain enacts linguistically what the woman experienced temporally: twelve years of relentless, compounding misery. Each participle adds another layer of desperation, and the delayed main verb creates suspense that mirrors the woman's long wait for healing. When the verb finally comes, it carries the accumulated weight of all that preceded it. This syntactical repetition persuades the reader that this touch is no ordinary contact but the climax of years of suffering and hope. The rhetorical power of this construction lies in its ability to make the reader participate in the woman's experience. This is persuasion through form. Mark does not simply tell the reader that the woman suffered; he makes the reader feel the weight of that suffering through syntax.

Verse 28 reports the woman's internal speech: "For she kept saying, 'If I but touch his clothes, I will be made well'" (ἔλεγεν γὰρ ὅτι Ἐὰν ἅψωμαι κἂν τῶν ἱματίων αὐτοῦ σωθήσομαι). The imperfect verb ἔλεγεν (she kept saying) indicates repeated, habitual action. This repetition of inner speech serves a persuasive function: it demonstrates that the woman's faith is not a momentary impulse but a settled disposition. Her repeated self-address constitutes a form of faith formation. The rhetorical effect on the reader is to present this woman as a model of persevering faith, one who stands in stark contrast to the disciples who will later flee and deny Jesus. In the reception history of the passage, the woman has frequently functioned as a "model of empowerment against the forces of death" and an "exemplar of life-giving action," displaying "bold, risk-taking action" that has "inspired subsequent generations of interpreters" (Joynes 2012, p. 117).

Furthermore, the content of her repeated speech emphasizes the minimal condition for healing: "if I but touch his clothes." The particle κἂν (even, only) underscores the modesty of her request. She does not demand Jesus's

attention, a public healing, or even a word. Her faith is so robust that she believes even the most indirect contact will suffice. This repetition of humble expectation persuades the reader that authentic faith trusts not in elaborate formulas but in the sheer power of Jesus's presence.

The narrative presents a remarkable parallel between the woman's perception and Jesus's: "Immediately her hemorrhage stopped, and she felt in her body that she was healed of her disease. Immediately aware that power had gone forth from him, Jesus turned about in the crowd and said, 'Who touched my clothes?'" (Mark 5:29–30). The adverb εὐθύς (immediately) appears in both clauses, creating a parallel structure that links the woman's healing to Jesus's perception. This repetition of "immediately" with two different subjects creates a rhetorical synchronization of experience. The woman knows she is healed at the same moment Jesus knows power has left him. Their knowledge coincides, suggesting a profound connection that transcends normal human interaction. The repetition persuades the reader that this healing involves not merely physical cure but relational encounter. Jesus and the woman are drawn into mutual awareness.

The disciples' response provides comic relief but also rhetorical contrast: "You see the crowd pressing in on you; how can you say, 'Who touched me?'" (5:31). Their question, repeated in substance from their perspective, highlights the distinction between merely physical contact (crowd pressure) and faith-filled touch (the woman's intentional reaching). Jesus's persistence in seeking the toucher, despite the disciples' protest, demonstrates that this distinction matters. The repetition of the question asked by Jesus, challenged by the disciples, and answered by the woman drives home the point that faith transforms ordinary contact into saving encounter. When the woman comes forward, Mark reports that she "came in fear and trembling, fell down before Jesus, and told him the whole truth" (5:33). The phrase "fear and trembling" (φοβηθεῖσα καὶ τρέμουσα) echoes traditional theophanic responses to divine presence throughout Scripture. This reaction repeats patterns established in Israel's encounter with God, suggesting that the woman recognizes she has entered sacred space.

The woman's testimony, telling "the whole truth" (πᾶσαν τὴν ἀλήθειαν), reiterates and makes public what the reader already knows from the narrator's earlier account. This repetition serves a forensic function: what was hidden (the clandestine touch, the private healing) becomes public testimony. The woman's words mirror the narrator's, confirming the accuracy of the account and providing multiple witnesses to the event, a crucial consideration in a rhetorical culture that valued testimony. Jesus's response includes a term of address not used elsewhere in the gospels: "Daughter" (θυγάτηρ). This familial designation, repeated in his blessing, transforms the woman's identity.

No longer an anonymous sufferer, no longer defined by her uncleanness, she becomes part of Jesus's family. The repetition of "daughter" in verse 34 echoes and fulfills the earlier reference to Jairus' daughter, creating another link between the two stories and suggesting that both women now share in the same familial relationship to Jesus.

Jesus's final words to the woman contain a threefold blessing: "Daughter, your faith has made you well; go in peace, and be healed of your disease" (5:34). The phrase "go in peace" (ὕπαγε εἰς εἰρήνην) repeats a standard Hebrew farewell (שָׁלוֹם לֵךְ־לְ) but carries deeper resonance here. The peace Jesus offers is not merely absence of conflict but šālôm: wholeness, completeness, restoration. The final clause, "be healed of your disease" (ἴσθι ὑγιὴς ἀπὸ τῆς μάστιγός σου), might seem redundant given that she has already been healed. This repetition serves a persuasive purpose: it confirms that the healing is permanent and comprehensive. The present imperative ἴσθι (be) suggests a continuing state. She is to remain healed. The word μάστιξ (scourge, affliction) emphasizes the severity of what she has suffered, making the healing all the more remarkable.

This threefold blessing: declaration of faith's efficacy, gift of peace, confirmation of healing repeats and expands the healing already experienced. The rhetorical effect is to show that Jesus's words do not merely acknowledge what has happened but complete it, adding dimensions of relational restoration and communal reintegration that the clandestine touch alone could not accomplish. These narrative structures "manifest profound theological engagement of the evangelist" and "merge different episodes with distinct theological purposes," concerning themselves with "the most essential topics of the Markan theology, such as Christology, especially in relation to suffering, requirements of true discipleship, vision of the future ecclesiastical community" (Kusio 2015, pp. 265–274).

The full persuasive force of repetition in this passage emerges only when we consider how the hemorrhaging woman's story repeats and inverts elements of the Jairus narrative that frames it. Both feature female figures associated with the number twelve. Both involve desperate situations beyond human remedy. Both require faith—Jairus' initial plea, the woman's persistent trust, Jairus' renewed faith when told his daughter has died. Both culminate in Jesus calling the female "daughter" (θυγάτηρ in 5:34; κοράσιον, "little girl," in 5:41, but with the same familial implication).

Yet the stories also invert each other. The woman acts secretly; Jesus raises the girl publicly. The woman is healed by her own initiative; the girl is raised by Jesus's initiative. The woman's healing delays Jesus's arrival and causes the girl to die; the girl's resurrection demonstrates that delay does not diminish Jesus's power. These repetitions with variation persuade the reader that

Jesus's authority extends over both chronic illness and death itself, over both the ritually unclean outsider and the synagogue leader's daughter, over both those who approach secretly and those who request openly.

The rhetorical power lies precisely in their juxtaposition; each story illuminates the other, and together they make a case for Jesus's identity that neither could make alone. It follows an A-B-A schema, where the 'B' story seems unrelated to both the 'A's. Yet this apparent unrelatedness masks a profound theological connection: both characters are desperate to receive a blessing from Christ, and through the intercalation, Mark employs irony by having the woman healed first, demonstrating that she has the greater faith.

Mark's rhetorical use of repetition in 5:25–34 operates on multiple levels to persuade the reader. The repetition of "twelve years" connects two stories and two women, demonstrating the scope of Jesus's power. The accumulation of participles in verse 26 enacts linguistically the weight of suffering. The repeated inner speech of the woman models persevering faith. The parallel "immediately" statements link human experience with divine awareness. The woman's public testimony repeats and confirms the narrator's account. Jesus's threefold blessing completes and expands the healing. And the intercalated structure of the two stories creates a web of repetition and inversion that makes a comprehensive case for Jesus's identity and authority. Through these varied repetitions, Mark persuades his audience that faith—persistent, humble, risk-taking faith—opens the way for Jesus's saving power. The woman who suffered for twelve years, who touched one garment, models a faith that lasts.

2. Whose Story? Whose Truth? Narrative Persuasion in Mark 5:25–34

The healing of the hemorrhaging woman in Mark 5:25–34 presents a question for any reader: whose story is this, and whose truth does it tell? At first glance, the answer seems obvious: this is a story about Jesus, demonstrating his power to heal. Yet a closer examination reveals a more complex narrative strategy. Mark employs sophisticated techniques of narrative persuasion that shift the reader's allegiance between characters, creating a dynamic interplay of perspectives that ultimately serves the gospel's larger theological purposes. Through the use of privileged information, intercalated structure, and deliberate ambiguity of point of view, Mark persuades his audience to adopt multiple, sometimes competing, truths about healing, faith, and identity.

The hermeneutical question embedded in the subtitle is: whose story is this? The answer is not as straightforward as it might appear. "The implied reader is provided with background information about the history and motivation of the hemorrhaging woman. Rather than focusing solely on the

protagonist Jesus, the narrator shifts the focus of the story onto the woman and explains her unsuccessful attempts, over the years, to find a cure for her ailment" (Miceli 2016, pp. 139–160). This shift of focus is not accidental but represents a deliberate narrative strategy. The narrative presents multiple issues: the woman's issue about her suffering and hope, the disciples' issue about the pressing crowd, Jesus's issue about the power that has gone forth from him, and the narrator's issue that encompasses and interprets all of these. Mark does not simply declare one of these matters to be correct and others false; rather, he orchestrates them in a way that persuades the reader toward a more comprehensive understanding.

One of the most striking features of Mark's narration is the asymmetry of knowledge between characters and between characters and readers. "The account offers the audience the ability to see previous events from the woman's point of view in order to understand her tragic struggle and emotionally connect with her inner thoughts" (Miceli 2016, p. 140). This privileged information—the woman's twelve-year suffering, her failed treatments, her financial ruin, and most importantly, her internal deliberation (she kept saying, "if I but touch his clothes, I will be made well") creates a bond between reader and woman that transcends the narrative's temporal frame. "Many minor characters remain without backstory or insight into their motivation in the Markan narrative, even though they are woven into the story's fabric quite expertly" (König 2025, p. 137). The woman's backstory is exceptional in Mark's gospel, where characterization is typically spare and action-oriented. This exceptional treatment signals to the reader that this character matters, that her perspective deserves attention.

The rhetorical effect of this privileged information is complex. On one hand, it aligns the reader with the woman. The readers know why the woman touches Jesus's garment; the readers share her hope and understand her desperation. When Jesus asks "Who touched me?" the answer is even known before the woman comes forward. This shared knowledge creates what narratologists call "dramatic irony"—a situation in which the reader knows more than a character does. But the irony is layered: Jesus knows something the reader does not (that power has gone forth from him), while the reader knows something Jesus does not (the woman's identity and motivation). Neither possesses the full information; both must come together for the narrative to reach its completion.

"The nameless woman's affliction undoubtedly serves as a motivator for the scene's plot. Clearly the woman is moved to act in the way she does by the affliction" (König 2025, p. 140). Yet the text is remarkably restrained in describing the affliction itself. Instead, Mark focuses on the woman's suffering at the hands of physicians (Mark 5:26). This emphasis is rhetorically significant.

By detailing the failure of human medicine, Mark persuades the reader that the woman's situation is hopeless from a human perspective. She has exhausted every conventional resource: medical, financial, and presumably social, given her uncleanness. Her issue is one of complete desperation. Yet alongside this desperation, Mark presents another issue about the woman: her initiative. She was not incapacitated by the affliction. She is indeed among a minority of patient-characters in the gospel of Mark who take initiative and do not wait passively to be healed (König 2025, p. 141). This active dimension of her character challenges any reading that would reduce her to a passive recipient of Jesus's power.

The disciples offer a competing issue, one grounded in empirical observation. When Jesus asks "Who touched my clothes?", the question is absurd from their perspective—many people are touching Jesus, and any distinction between kinds of touch is invisible. The disciples' response is not false, merely incomplete. The crowd is indeed pressing upon Jesus; many touches are occurring. Their observation accurately describes the visible reality. Yet their response misses what Jesus knows: that one touch is qualitatively different from all others. Jesus's persistence in seeking the toucher, despite the disciples' protest, demonstrates that "this Jesus can heal even when he does not initiate it. The disciples' response, limited to the observable, cannot account for the invisible reality of faith-filled touch. The rhetorical function of the disciples' interjection is to highlight by contrast what the reader already knows from the privileged information about the woman. Their incomprehension serves to validate the privileged position while also reminding the reader that truth is not always accessible to casual observation.

Unlike many healing narratives where Jesus speaks words of healing or performs deliberate actions, here he is initially passive. The power flows from Jesus without his conscious direction; he "immediately knew in himself that power had gone forth from him" (Mark 5:30). This passive experience of power is theologically significant. Jesus's statement includes a dimension of divine agency that operates through him, perhaps even beyond his conscious awareness. Yet his subsequent action by seeking the one who touched him demonstrates that this passive experience does not exhaust his enquiry. He actively pursues connection, insisting on bringing the hidden healing into public acknowledgment. When the woman comes forward "in fear and trembling" and tells him "the whole truth" (Mark 5:33), Jesus responds with words that transform her identity: "Daughter, your faith has made you well; go in peace, and be healed of your disease" (Mark 5:34). Mark had introduced the woman by calling her a woman with 'an issue of blood.' She had no name, no relationships, no geographical location; her disease is the sole marker of her identity. But in this verse, Jesus gives her a new identity marker: she is his

daughter (Smith 2018). Jesus then, is not merely about power but about relationship.

The narrator's orchestration of multiple perspectives serves a persuasive purpose. Allowing the reader access to the woman's inner life, the narrator creates emotional investment in her healing. By showing Jesus's passive experience of power and his active pursuit of relationship, the narrator deepens the reader's understanding of Jesus's identity. Through the inclusion of the disciples' incomprehension, the narrator warns against superficial readings. The narrator demonstrates the universal scope of Jesus's saving power. The narrator's issue, then, is not reducible to any single character's perspective but emerges from their juxtaposition. The final question—"whose truth?"—must include the reader, whose understanding is shaped by the narrative's persuasive strategies. The reader's truth, constructed through engagement with the narrative, includes both the woman's perspective and Jesus's, both the desperation and the healing, both the hidden touch and the public acknowledgment. Faith as the woman models it is: persistent, risk-taking, humble yet confident. Jesus is one whose power operates irresistibly yet who insists on personal relationship. Healing encompasses not just physical restoration but identity transformation and communal reintegration. This readerly truth is not simply imposed by the text but emerges from the reader's active engagement with multiple perspectives. The methodology of perspective criticism enables us "not only to recognize point-of-view moves in a passage of biblical narrative, but also to discern the significance of these moves for the interpretation of the passage" (Miceli 2016, p. 141).

Mark 5:25–34 demonstrates that narrative persuasion often works not by declaring a single truth but by orchestrating multiple truths in dynamic relationship. The woman's truth of desperation and initiative evokes empathy. The disciples' truth of empirical observation provides contrast. Jesus's truth of power and relationship reveals his identity. The narrator's truth of intercalated structure demonstrates universal scope. And the reader's truth, constructed through engagement with all these perspectives, becomes a model of persevering faith.

The question "whose story? whose truth?" thus receives a complex answer. This is the woman's story, yet it is also Jesus's story. This is the truth of desperate faith, yet also the truth of divine power and the truth of human incomprehension and the truth of restoration. Mark persuades his audience not by simplifying but by layering, not by reducing but by multiplying perspectives. In the end, the reader is invited to inhabit all these truths, to move with the woman from hidden desperation to public restoration, to marvel with the disciples at Jesus's strange question, to wonder with Jesus at

the power that flows from him, and to trust with both women—the hemorrhaging woman and Jairus's daughter—that faith opens the way to healing and new identity. The story's persuasive power lies precisely in its refusal to let any single perspective have the final word, insisting instead that truth emerges from the faithful interplay of all who seek Jesus.

Reading the Miracles: Implications of Inner Texture Rhetorical Interpretation of Mark 5:25–34 for Understanding Miracles in Mark's Gospel

Inner texture rhetorical analysis, which attends to the literary, syntactical, and narrative strategies by which a text persuades its audience, yields significant implications for understanding the broader function of miracle narratives in Mark's Gospel. The healing of the hemorrhaging woman (Mark 5:25–34), when subjected to this mode of analysis, reveals patterns of persuasion that illuminate how Mark deploys miracle traditions to shape his readers' understanding of Jesus's identity, the nature of faith, and the meaning of salvation. This essay argues that inner texture analysis of this pericope demonstrates that Mark's miracle narratives function not primarily as proofs of divine power but as complex rhetorical instruments designed to persuade readers toward faith, redefine purity boundaries, and construct a vision of comprehensive restoration that encompasses physical, social, and spiritual dimensions.

Rhetorical devices in Mark demonstrate that miracle narratives function as deliberate tools to galvanize the readers' response to the oral gospel they have already received. Mark deploys miracle narratives to both challenge and encouragement, simultaneously condemning its audience's lukewarm response to the gospel they have heard preached while seeking to inspire obedience, faith, and whole-hearted passion for that same gospel (Karura 2020, pp. 101–121). This insight reorients the understanding of Markan miracles, showing that they are not merely records of past events but persuasive compositions aimed at forming contemporary readers.

The hemorrhaging woman narrative exemplifies this rhetorical purpose. Mark's construction of the narrative privileges the reader with access to the woman's inner thoughts, details her twelve-year suffering through an accumulation of participles, and structures the whole as an intercalation with Jairus's daughter serves to draw the reader into the woman's experience. By presenting faith in this active, embodied manner, Mark persuades his readers that authentic trust in Jesus requires not passive waiting but courageous initiative.

The rhetorical pairing of fear and faith throughout the narrative further illuminates Mark's persuasive strategy. The woman approaches with

boldness but responds with "fear and trembling" when called to account (Mark 5:33). This repeated pairing functions rhetorically to position the reader between these two possibilities, inviting self-examination: will we respond to Jesus's power with fear or with faith? The implication for understanding Markan miracles is significant: each miracle story contributes to this ongoing rhetorical project of reader formation. Miracles are not isolated displays of power but carefully crafted narratives that model appropriate responses to Jesus and warn against inappropriate ones. The hemorrhaging woman models faith as bold, risk-taking action. The disciples often model fear and incomprehension. Readers are subtly persuaded to identify with the woman rather than with the disciples.

Inner texture rhetorical analysis of Mark 5:25–34 reveals that miracle stories in Mark's Gospel are far more than simple accounts of supernatural events. They are sophisticated rhetorical compositions designed to form readers. The hemorrhaging woman's story, read with attention to its rhetorical strategies, illuminates patterns that recur throughout Mark's miracle traditions. This finding carries significant implications for contemporary interpretation. Readers who approach Markan miracles seeking only historical information or proof of divine power miss their rhetorical purpose. These stories were composed to persuade, to move readers from fear to faith, from exclusion to inclusion, from desperation to restoration. They continue to perform this persuasive work when read with attention to their literary artistry and theological depth. The miracle stories of Mark's Gospel, read rhetorically, do not merely inform but transform—inviting readers to become, like the hemorrhaging woman, those who reach out in faith and receive far more than they sought.

Conclusion—Above All Healers: The Supremacy of Jesus in Mark 5:25–34

The healing of the hemorrhaging woman in Mark 5:25–34 functions within its first-century context as a deliberate rhetorical argument for Jesus's supremacy over contemporary healers, both the physicians of Greco-Roman medicine and the miracle-workers of Jewish and pagan traditions. Mark constructs this narrative to demonstrate that Jesus operates on an entirely different plane from other healers: where physicians fail utterly, Jesus heals effortlessly; where magical practitioners require ritual manipulation, Jesus's power flows irresistibly through faith alone; where other healers are constrained by purity boundaries, Jesus transcends them. Through careful narrative contrast and theological emphasis, Mark persuades his audience that Jesus is not merely one healer among many but the unique embodiment of divine healing power.

1. The Failure of Physicians as Rhetorical Foil

Mark's introduction of the woman establishes an immediate contrast through his unflattering portrait of conventional medicine, and creates a rhetorical crescendo emphasizing the complete failure of human medical intervention. This stands in marked contrast to Luke's more diplomatic account, which simply notes that she could not be healed by anyone (Aryeh 2025, pp. 233–242).

The woman's experience reflects a world where "health was prized as the ultimate good" and where debilitating illness could mean "descent into poverty and an untimely death" (Remus 1997, p. 1). The woman's twelve-year ordeal and financial ruin would have resonated with first-century readers familiar with the limitations of contemporary medicine. The rhetorical function of this medical failure is to establish a stark contrast. The physicians, despite their numbers, could only worsen her condition. Jesus heals instantly and completely with no apparent effort. The power that twelve years of human medicine could not produce flows forth from the moment faith makes contact.

The woman's approach, touching Jesus's garment from behind, would have evoked familiar associations with contemporary magical practices. The Taylor & Francis monograph on magic in Byzantium notes that in this pericope, "Jesus is functioning in this narrative exactly like the magico-medical amulets made of hematite which were meant to prevent or cure hemorrhaging: somebody makes purposeful contact with a supernaturally charged medium (Christ's person or at least his clothes) and is instantly healed through its immanent power." First-century Judaism and Hellenism were replete with beliefs about the transfer of power through sacred garments, priestly vestments, and the fringes of a rabbi's cloak (Petropoulos 2008, pp. 1–7).

This particular miracle "comes as close to the essence of Graeco-Roman magic as any in the Bible." A pagan would probably have construed it as an act of magic (Petropoulos 2008, p. 4). This context is crucial for understanding Mark's rhetorical strategy. Yet Mark distinguishes Jesus from magical practitioners. While magical amulets required proper ritual handling and correct formulas, Jesus's power operates through a different mechanism. Furthermore, Jesus's response transforms the encounter from anonymous transaction to personal relationship. Where magical practice seeks impersonal power transfer, Jesus seeks personal connection.

2. Comparison with Asclepius and Greco-Roman Healers

Recent scholarship has explored comparisons between Jesus's healing

methods and those of Greco-Roman healers, particularly Asclepius, the Greek god of medicine. These comparisons illuminate Mark's rhetorical strategy. The Asclepius cult was widespread in the first-century Mediterranean world, with healing temples (asclepieia) where suppliants would sleep, dreaming that the god would touch them or prescribe remedies. The parallels are striking: both involve sick people seeking divine intervention; both involve touch; both result in reported healings. Yet Mark's presentation distinguishes Jesus in crucial ways. Where Asclepius healings typically required incubation rituals, offerings, and purification ceremonies, Jesus heals spontaneously and without ritual preparation. Where Asclepius's power was localized in specific temples, Jesus's power operates wherever he goes, even in crowds, even without his conscious direction. Where Asclepius's healings were often gradual or required follow-up rituals, Jesus's healings are instantaneous and complete. The woman's experience of immediate healing, public acknowledgment, personal address contrasts favorably with the more ambiguous and ritual-bound experiences associated with Asclepius.

Perhaps the most profound distinction between Jesus and other healers lies in what he gives beyond physical cure. Jesus addresses the woman as "Daughter," a term used nowhere else in the Gospels. No physician, no matter how skilled, could bestow such identity. No magical amulet, no matter how powerful, could confer such belonging. The woman who approached as an anonymous, unclean outcast leaves as a beloved daughter. This restoration distinguishes Jesus from every competitor in the ancient healing marketplace.

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