The Case of the Bent Woman in Luke 13: 10-17

by John Wilkinson

Dr. Wilkinson, a minister of the Church of Scotland, has recently come home after serving for nearly thirty years as a medical missionary in Kikuyu, Kenya. He has interested himself for many years in the healing miracles of the Gospels and in other medical aspects of biblical study, and we appreciate the honour of being able to publish one of his papers in this field.

Jesus was on his last journey up to Jerusalem. He was making his way through the tetrarchy of Herod Antipas. On the Sabbath day he attended the service in a local synagogue, but we do not know the name of the place. Some say he was still in Galilee, and others that he had crossed into Peraea, but we do not know for certain where he was. We do know, however, that this was the last occasion on which he was allowed to enter and to teach in a synagogue. As he was teaching, Jesus noticed in the women’s section of the congregation, a woman with a spinal deformity, and he called her to him and healed her (Luke 13: 10-17).

The account of the healing of this woman is peculiar to the Gospel of Luke, and contains some special features which merit a closer examination than they usually receive in the commentaries. Most commentators regard this incident as primarily an illustration of the attitude of Jesus towards the law of the Sabbath, and spend more time on the attitude of the ruler of the synagogue than on the healing of the woman. When it is considered at all, there is no general agreement on the nature of her condition whether it was one of physical disease or demon possession. Nor is much usually said about the meaning of the reference to the activity of Satan in this case, apart from the suggestion that this probably implies that her disease was due to her sinful life.

It is the purpose of this article to examine these problems more closely, and more especially from a medical point of view, and to endeavour to establish whether this healing of the case of the bent woman was an exorcism or not.

We need not doubt the historicity of this story. Its atmosphere is wholly Jewish and its detail rings true to life. The deformed woman resigned to her deformity, the pharisaic attitude of the ruler of the synagogue, our Lord’s logical refutation of his objection, and the crowd’s delight in the discomfiture of his opponents and in his
glorious works are all set out clearly in the narrative and make it come to life. Also, it is no valid objection to the truth of this story that it is recorded by Luke alone.

I. THE HISTORY

The woman was a true Israelite, a daughter of Abraham (v. 16). We know that there are some diseases to which people of Jewish race are more liable than those of other races, but none of these diseases produces spinal deformity which this woman displayed. It is therefore unlikely that the reference to her race had any medical significance.

We are given no clue to her age other than that she is called an adult woman (γυνή). She had been incapacitated for eighteen years (v. 11), but was still able to attend synagogue worship on the Sabbath, and so she was not bed-ridden or completely crippled.

The only possible indication we are given of the rapidity of the onset of her disease is in the use of the aorist indicative ἑσθησεν in v. 16. Here Jesus speaks of the woman as being bound by Satan for eighteen years. The tense normally means that the action denoted by the verb took place instantaneously at a specific point in the past. Its use here, therefore, suggests two possibilities. Either the spinal deformity suddenly appeared at a definite point of time eighteen years previously, or the disease began then and its progressive development eventually produced her spinal deformity. From a medical point of view, the latter interpretation is to be preferred as the only cause of the instantaneous appearance of an abnormal spinal deformity would be an injury which produced a crush fracture of one or more spinal vertebrae. This is a possible cause of such a deformity in this woman, of course, but we would not expect it to be described as being bound by Satan when everyone knew that it was the result of an accident. Hysteria may also produce the sudden onset of deformity, but this deformity would not in the first instance be outside the range of the normal movement or position of the spine, although later when physical changes had occurred due to disuse of the part, the deformity might well become abnormal and permanent.

II. THE DIAGNOSIS

The condition of the woman is described as one of ἁσθενεία (vv. 11, 12). Most versions translate this as "weakness" or "infirmity". It is the common word used for sickness in the New Testament, and presumably came to be applied to the state of sickness because sickness usually caused physical weakness. We need, therefore, to look for more specific terms to give us a clue to the nature of the disease.

More specific information is given to us in verse eleven where we are told that the woman was "bent double". The verb is συγκυπτεῖν,
which is used only here in the New Testament. It is used in the
LXX version of Ecclesiasticus of being crouched or bent down in
humility (12: 11), or in mourning (19: 26), and thus presumably
implies a state of increased curvature of the spine in a forward
direction. The cognate verb ἀνακαίνοω is also used in v. 11, where the
woman is described as unable to straighten herself up and stand
upright. Such a state is called kyphosis in modern medical termin­
ology, and this word is derived from the verb κύπτω, although its
modern medical meaning is not necessarily that of its ancient usage.

The degree of fixation of her spine is not clear as there is a gram­
matical ambiguity in the narrative in v. 11. Whether we understand
her inability to straighten herself up to be partial or complete
depends on which verb we decide to modify with the adverbial
equivalent εἰς τὸ παντελὲς. The Latin Vulgate attached the
phrase to the participle μὴ δυναμένη and translated it by nec
omnino poterat sursum respicer e. Most English translations (e.g.
A.V., R.V., N.E.B., T.E.V.) have followed the Vulgate and have
made the spinal rigidity complete so that the woman could not
straighten herself up at all. A few other versions, including the
R.S.V., have with more probability attached the phrase to the
infinitive ἀνακάινει and translated the clause by “she could not
fully straighten herself up”. In other words, she had some spinal
movement although it was not complete.

From the description of the woman as “bent double” we may
assume that the site of her disease was the spine or vertebral
column. Since she could not stand erect, the disease must have
affected the bones, joints, ligaments or muscles of the spine. These
two physical signs narrow down our diagnostic field considerably.

Before we come to discuss specifically spinal diseases we must
first consider the suggestion that the woman’s condition was one
of hysteria as this diagnosis has been accepted by some authors.
Weatherhead diagnoses the disease as one of “hysterical paraplegia”1
which means that she would have paralysis of both lower limbs.
There is no suggestion of this in the narrative which implies that
she was able to attend synagogue worship, and that her trouble lay
in her back and not in her lower limbs. It is unlikely that she had a
paraplegia. Did she, however, have hysteria? It is possible that her
condition may have begun as a hysterical manifestation which
showed itself in some disturbance of the position or function of the
spine. Although this could explain the onset of her condition, after
eighteen years of disuse there would be physical changes in the mus­
cles, bones and joints resulting in a state of atrophy or wasting of the

1 L. D. Weatherhead, Psychology, Religion and Healing (Hodder & Stoughton,
muscles, stiffness of the joints and demineralization of the bones. The result would be that whilst in the early stages the condition would be easily reversible, once atrophy had begun, it would no longer be immediately reversible and certainly not after eighteen years. Thus her healing was not just the making of a hysterical woman do what she was perfectly well able to do, namely to stand erect. After eighteen years the physical changes which had occurred would prevent an instantaneous cure by natural means. It is on facts like these that the psychoneurotic theory of the nature of the healing miracles of Jesus breaks down, and we see no reason to suggest that the case of this woman was simply a case of hysteria.

Although we do not have sufficient detail to allow us to arrive at a certain diagnosis, it would seem to be most likely that the disease was one of the spine. The following list gives the main diseases which produce kyphosis or increased curvature of the spine.

(a) Infective diseases:
   1. Tuberculosis of the spine.
   2. Spondylitis ankylopoietica.

(b) Degenerative diseases:
   1. Osteoarthritis of the spine.
   2. Osteoporosis of the spine.

Some authors use the term *spondylitis deformans* for the diagnosis in this woman’s case. However, this term simply means an affection of the spine which causes deformity, and it is applied to a number of different conditions some of which are not very well-defined. It is often used as a synonym for *spondylitis ankylopoietica*, but in view of the ambiguity which surrounds the usage of the term, it is best to avoid it altogether. It is one of those descriptive names which have survived from older medical usage, but have not found a specific application to any particular disease in spite of the clearer differentiation of diseases in modern medicine. We have consequently not included it in our table.

In general, we may say that infective disease of the spine affects younger persons, and degenerative disease affects older persons. Hence the importance of a knowledge of the age of this woman, which is unfortunately not possible since it is not included in the narrative. Since, however, the effect of the disease had already lasted for eighteen years when she met Jesus, it seems reasonable to suppose that she was in the younger age group when the disease began. The shorter expectation of life in ancient society would also support

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this suggestion. If this is accepted, then it would appear more probable that her condition was due to an infective rather than to a degenerative disease.

Tuberculosis of the spine is a possible diagnosis in this case. We know that tuberculosis of bones and joints existed in the ancient Near East, although most of the evidence has come from Egyptian mummies. This disease destroys the front part or body of one or more adjacent vertebrae, so that the vertebrae collapse in front and this collapse produces a local acute backward angulation of the spine in the area where the disease has developed. This acute angular deformity produced by tuberculosis is possibly greater than is implied in the verb κοπτεῖν and its cognates which are used to describe the condition of this woman. Elsewhere in the New Testament these words are used to describe the act of stooping down, or in the case of ἀνεκοπτεῖν the act of standing up straight or looking up as in Luke 21:28. In v. 11 of our passage the woman is said not to be able to stand up straight or look up. Since she could not move her neck to look up, it is unlikely that her disease was tuberculosis. Tuberculosis does not usually develop in two parts of the spine at the same time, and so would not produce deformity of the back and the neck at the same time in the same person. Consequently, although she could not straighten up her back, she would be able to move her neck and look up. If, therefore, she had a spinal deformity which affected both the thoracic and the cervical spine, it was probably not due to tuberculosis.

The other disease which occurs in the younger age group is spondylitis ankylopoietica. This name is a descriptive one and is applied to an affection of the spine which produces fusion or ankylosis of its joints. It is used for a well-defined disease of the spine whose exact cause is unknown, but whose features suggest that it is related to infection by some agent at present unidentified. Its incidence in the ancient world is unknown, but the closely related rheumatoid arthritis is known to have afflicted both palaeolithic and neolithic man, and to have been widespread in ancient Egypt.

This disease as we know it today begins in early adult life and although it is more common in the male sex, it does affect women too. It begins in the lower part of the vertebral column where it produces a straight and rigid spine. To compensate for this straightness, the upper part of the spine assumes an increased forward curvature which eventually becomes fixed and rigid. Later, as a complication, a further increase in forward bending may occur and the patient assumes a permanent stooping position from which he

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cannot raise himself. This position is more like that of normal stooping than the acute angulation of the spine produced by tuberculosis, and is more appropriately described by the verb κωπτεῖν and its cognates. Also, since the rigidity affects the whole spine, the patient cannot straighten himself up nor raise his head to look up. It appears that this disease fits the scanty details recorded about this woman’s case better than any other, and that spondylitis ankylopoietica is the most probable diagnosis in this case.

The degenerative diseases are less likely to have been the cause of this woman’s bent condition than the infective ones because they begin later in life. Osteoarthritis of the spine is a disease of middle and old age. Its main effect is limitation of the movement of the spine, though it may also produce some degree of kyphosis. A more marked degree of kyphosis is produced by osteoporosis of the vertebrae in which their bony tissue becomes thin and decalcified, and may be compressed vertically to produce what is known as senile kyphosis or “the dowager’s stoop”. The true nature of this condition has been recognized only in recent years, although Macalister described this woman’s case as one of senile kyphosis in 1900. However, in terms of the medical knowledge of his day, he understood this condition to be due to spinal osteoarthritis, or “chronic osteitis of the vertebrae” as he calls it, and not to senile osteoporosis.

We have now completed our brief consideration of the possible diagnosis of this woman’s disease. The relevant details provided by the narrative are scanty, and the author’s main interest in recording the incident is not medical. Nevertheless it seems reasonable to suppose that the disease from which the woman suffered was that which we call today spondylitis ankylopoietica.

III. DEMON POSSESSION OR NOT?

The second problem raised by the case of the bent woman still divides commentators on the third gospel. It is the question of whether or not the basis of her physical condition was demon possession. This question perplexes not only commentators, but also translators, some of whom render the original of Luke 13: 11 in a way which suggests that the woman was demon-possessed, whereas all that the original says is that she “had a spirit of weakness for eighteen years”. Versions which understand this clause to mean demon possession include The Twentieth Century New Testament (1904), The Jerusalem Bible (1966), and The New English Bible (1970).

We begin our discussion of this problem by outlining the case in favour of the presence of demon possession in this woman.

The Case of the Bent Woman in Luke 13: 10-17

(a) The case in favour of the presence of demon possession.

The case for the occurrence of demon possession in the case of this woman rests entirely on two phrases which are used in the narrative of her healing.

1. The first phrase speaks of the woman “having a spirit of weakness” and is used by Luke in his initial description of her in v. 11.

2. The second phrase was used by Jesus himself when he referred to her as “this woman . . . whom Satan bound for eighteen years” in v. 16.

We propose, however, to postpone further consideration of the meaning of these two phrases, and in particular the question of whether they can be interpreted only in the sense of demon possession until we have looked at the case against the view that this woman was possessed by a demon.

(b) The case against the diagnosis of demon possession.

1. The narrative does not employ the vocabulary of demon possession. There are six cases of individual exorcism described in the synoptic gospels, and an examination of their vocabulary shows the following words to be characteristic of these descriptions.

<table>
<thead>
<tr>
<th>Greek</th>
<th>Meaning</th>
<th>Occurrence</th>
</tr>
</thead>
<tbody>
<tr>
<td>δαιμόνιον</td>
<td>demon</td>
<td>in all six cases</td>
</tr>
<tr>
<td>δαιμονίζομαι</td>
<td>be demon possessed</td>
<td>in four cases</td>
</tr>
<tr>
<td>πνεῦμα ἀκάθαρτον</td>
<td>evil spirit</td>
<td>in four cases</td>
</tr>
<tr>
<td>ἐκβάλλω</td>
<td>cast out</td>
<td>in five cases</td>
</tr>
<tr>
<td>ἐξέρχομαι</td>
<td>come out</td>
<td>in five cases</td>
</tr>
</tbody>
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It is significant that none of these words occurs in the account of the healing of the bent woman. In all the four undoubted exorcisms which are recorded by Luke, the agent of possession is always called a demon. The absence of this word from the present narrative suggests that Luke wishes to avoid describing this woman as having a demon or being demon-possessed. It is true that he speaks of her as “having a spirit”, but he does not call the spirit an unclean spirit as he does in the other three cases of exorcism in which he calls the agent of possession a spirit (see Luke 4: 33; 8: 29; 9: 42).

2. The method of treatment used by Jesus was not that of exorcism. In this case, he spoke directly to the woman and assured her of her cure. In exorcism he always spoke directly to the spirit and commanded him to leave the possessed person. Also, on this occasion Jesus laid his hands on the woman in order to heal her. This was a procedure which he never used in exorcism according to the gospel record.

3. The description of the cure is not like that of exorcism. Jesus described her cure as being loosed or freed from her weakness. This
verb \( \lambda \nu \omega \) is never used of exorcism. It is too mild a term to denote the casting out of demons. In any case, it is important to notice that she is loosed from her weakness and not from a spirit. Then there is no dramatic description of a spirit or demon coming out of her as we normally find in the accounts of exorcism in the synoptic gospels.

4. The presence of a recognized and well-known demon-possessed person in a synagogue service is unlikely. It is true that we are told of a demon-possessed man in the synagogue at Capernaum in Mark 1: 23, but this woman had an easily recognized deformity whilst he was presumably normal in his physical appearance. If this woman's deformity was generally believed to indicate that she was demon-possessed, it is unlikely that she would be allowed to worship in the local synagogue. The fact that she was allowed to worship there suggests that she was not regarded as demon-possessed by the people of the community in which she lived.

5. The material which is peculiar to the third Gospel does not contain an account of an exorcism. An argument based on this fact may not be a very strong one when taken by itself. However, when no account of an exorcism has been included in the material which comes from the same source as our narrative, and when our narrative does not conform to the usual description and vocabulary of an exorcism, then such an argument as this should be allowed its due weight. That weight is against the occurrence of demon possession in this woman.

Equally, of course, the fact that no case of exorcism is recorded in the special Lukan material means that we do not know what form or vocabulary would have been used by this source if it had recorded a case of exorcism. There is, however, no evidence that Luke has his own special vocabulary for exorcism narratives. When he includes in his gospel narrative the record of an exorcism from Mark or the source Q, he uses the same or a similar vocabulary as that used by the other evangelists. It may be presumed, therefore, that if he had described an exorcism from his own special source it would have been in similar terms to those used by the other evangelists.

We have now considered the evidence for and against the presence of demon possession in this woman. It is obvious that the evidence against demon possession is much stronger than that in favour of it, and would warrant the conclusion that this woman was not the subject of demon possession. Before we come to a final conclusion let us re-examine the argument in favour of the diagnosis of demon possession, and look again at the two phrases in the narrative on which this argument rests.
IV. THE SPIRIT OF WEAKNESS

The phrase “a spirit of weakness” in v. 11 is the phrase more than any other in this passage which has given rise to the idea that this woman was demon possessed. In view of this, we need to examine carefully the usage of this phrase in its context.

The first fact to note is that the word “spirit” occurs only once in this whole passage. Further, it is not qualified by the adjective “unclean”, nor yet does the word “demon” appear as a synonym in the passage. This is in marked contrast to the usage in the narratives of the six undoubted cases of exorcism recorded in the first three gospels. In all these cases the word “demon” is used of the agent of possession, and where the word “spirit” is used it is always made clear that an unclean spirit is being described. Thus when the word “spirit” is used alone it does not imply an evil spirit or the presence of demon possession.

This conclusion is supported by the construction used in Luke 4: 33. In this verse Luke describes the demoniac in the synagogue at Capernaum as “a man having a spirit of an unclean demon”. Luke derives this story from the Markan tradition which speaks of him as “a man with an unclean spirit” (Mark 1: 23). Luke’s construction here is therefore his own, and may be regarded as providing a parallel to the phrase we are considering. From this construction it appears that when Luke uses the phrase “to have a spirit of”, he does not mean to imply that the person described is demon-possessed. What he means is described by the noun in the genitive which follows the phrase. In the example of the synagogue demoniac, the man was in fact demon-possessed, and so the genitive described the spirit as that of an unclean demon. In the case of the bent woman, however, the noun in the genitive case defines her state as one of weakness without any reference to demon possession.

These considerations suggest that when Luke uses the word “spirit” in this phrase he does not refer to a spiritual being such as a demon, but to a state of mind or of the human spirit produced by the condition defined by the noun in the genitive. This condition may be demon possession or it may not. In this woman’s case it was weakness, and we therefore interpret the phrase “a spirit of weakness” as meaning that it was the weakness which produced the spirit, and not the spirit which produced the weakness. In more modern terms, we may say that the result of the long period of physical weakness was a state of profound mental depression.

We conclude, therefore, that the use of the phrase “a spirit of weakness” by Luke in his description of this incident does not require us to believe that he was describing this woman as the subject of demon possession.
V. THE BOND OF SATAN

In v. 16 Jesus described this woman as bound by Satan. This description has been taken along with Luke's characterization of her as having a spirit of weakness, and made the basis of the diagnosis of demon possession. We have just seen that Luke's phrase need not carry this implication. What then are we to say of our Lord's reference to the bond of Satan?

Nowhere else in the New Testament do we read of anyone who was bound by Satan, and so we must seek the meaning of the phrase within its present context.

His healing of the bent woman had involved Jesus in an argument with the president of the synagogue about Sabbath observance. Jesus replied to him using an *a fortiori* argument. If on the Sabbath day you untie the bond which has confined your animals to allow them to drink, how much more is it necessary to untie the bond of this woman who has been bound by Satan for eighteen years? The use of the words "bound" and "bond" by Jesus is thus explained by the parallel which he draws for the purpose of his argument.

It is relevant to remark also that from a descriptive point of view the use of the word "bound" is very appropriate to disease of the locomotor system of the body. This type of disease interferes with joint and bodily movement and in many cases the most apt description is that the affected person appears to have his joints partly or wholly bound so that their movement is restricted.

There is a further implication in the usage of the word "bound" which is significant for the interpretation of the phrase we are considering. Bonds are put on from without, and not from within. This fact would argue against the condition being due to demon possession for this affects the personality and the body of the possessed from within, and not from without.

We come to the conclusion, therefore, that Jesus' reference to the bond of Satan does not mean that this woman was demon-possessed. What it does mean is that her condition is due to the activity of Satan as the primary cause of sin and disease. This idea appears elsewhere in the New Testament, notably in the case of Paul's "thorn in the flesh" of which he speaks in 2 Corinthians 12: 7. This condition may very well have been chronic or vivax malaria, as Sir William Ramsay suggested, but nevertheless it was due to the activity of Satan, and Paul goes on to describe it in the same verse as "a messenger of Satan". Similarly, this woman suffered from a rheumatic affection of the spine whose causation may be less well

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known than that of malaria, but which is equally attributable to the activity of Satan.

VI. CONCLUSION AND SUMMARY

We have now completed our consideration of the two problems presented by the case of the bent woman when it is considered from a medical point of view.

The first problem was the identity of the disease which produced her bent condition. The data are scanty and the conclusion cannot be certain, but the most probable diagnosis is that of *spondylitis ankylopoietica*. If this diagnosis is correct, it is the only case of a rheumatic disease which is identifiable in the Bible.

The second problem was the cause of her condition and the nature of her healing. Was the cause that of demon possession, and her healing a case of exorcism? We suggest that the evidence is in favour of physical disease, and against the presence of demon possession and the occurrence of exorcism in her case.

The main contribution which this account makes to the biblical view of health and disease is its clear implication that disease is due to the activity of Satan. The cure of disease is therefore an illustration of the power of God over evil and over Satan which is expressed and revealed in the life, death and resurrection of Jesus Christ.

*Edinburgh*