

2013

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Recommended Citation

Tyler, Kenneth (Lance) (2013) "Principles of Jesus' Healing Ministry," *Journal of Applied Christian Leadership*: Vol. 7: No. 2, 8-20.
Available at: <https://digitalcommons.andrews.edu/jacl/vol7/iss2/2>

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KENNETH (LANCE) TYLER
**PRINCIPLES OF JESUS'
HEALING MINISTRY**

For many, one of the most distressing existential experiences to face is a life-threatening health crisis. Even the most competent of individuals can be overwhelmed by the sense that something is seriously wrong with the medium of our existence and there is the possibility that whatever future we have will be radically different.

Reactions vary tremendously. Cultural conditioning, education, socioeconomic status, personality—all modulate a person's response to facing unimaginable life changes. From passivity that borders on resignation to violent remonstrance which frightens bystanders, each patient endeavors to integrate an unwelcome diagnosis and prognosis. None of the patient's inner turmoil occurs in a vacuum. Family and medical personnel are often drawn into the resulting theater of corporeal and emotional reassessment. Commonly this process advances in waves, not without frequent reverses and roadblocks that test coping skills to the limit. It is at this time that healthcare providers, pastors, chaplains, family, and friends provide an anchor that allows an individual to begin to piece together enough insight and courage to make needed decisions for their future. The trust of the suffering person must be gained in order for emotional, spiritual and physical healing to begin.

Jesus' ministry as described in the book of Mark provides insight into how trust can be established. Following are discussions of 13 narratives from the book of Mark that capture principles used by Jesus in His response to suffering. Each episode contributes one or more aspects of God's attitude toward the sick and unfortunate that will help build an understanding of partnership not only in healthcare but also in other life situations. Further, these stories illustrate principles that, if adopted thoughtfully by healthcare providers, may strengthen both the

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ministry and the patient's quality of care through insights gained for service. The purpose of this article is to describe approaches that build trust for all who minister to others through effective and intentional communication. The Bible reference for each healing story is given because it may be helpful to read the biblical account before reading the discussion.

1. Appropriate Use of Authority (Mark 1:21-28)

This is a brief interaction with an "unclean spirit" which seems to be controlling the man even while he is in the synagogue. Besides the physical and emotional disability that curtailed normal work pursuits, the stigma of impurity adds significance to this story (Jamieson, Fausset, & Brown, 1997, paragraph on Mark 1:23).

Jesus' arrival and remarks, however, initiated a radical change to the order of events. The outburst, as Cole (1976) observes, was in response to Jesus' teaching as the demon recognized both His person and authority (p. 61). The issue regarding Jesus' right to heal arises numerous times in the Gospels and His authority is cast in contrast to the scribes and Pharisees in attendance. In this case Jesus entered into no dialog; in fact He forbade it, demanding simply that the demon submit to His lawful authority and trouble the man no longer.

Jesus' concern for people guided His teaching and healing ministry, particularly for those who were trapped by life circumstances beyond their control. While having great authority and without decrying institutional religion per se, He used it judiciously to promote His Father's kingdom, and to serve disenfranchised and hurting individuals. Respect for Him and His teaching grew significantly in the eyes of the open-minded as a result of this episode.

What authority do healthcare providers, educators or pastors have? How can family members exercise their authority for the benefit of their loved ones?

2. Guarding Modesty While Providing Intimacy (Mark 1:29-33)

Immediately upon exiting the synagogue, Jesus and a few of His closest followers entered the house of Simon and Andrew. It was not uncommon at this time for extended families to live in the same dwelling as a husband and wife. When the disciples drew Jesus' attention to the sick woman, He went to her and clasped her hand. His touch dispelled the fever and she consequently proceeded to

provide hospitality for her guests. In contrast with the previous episode, this one took place within the privacy of a home, indicating Jesus' willingness to minister in the shadow places, away from public view. More than that, "Jesus completely disregarded all the paraphernalia of popular magic, and with a gesture and a word of unique authority and power, he healed the woman" (Barclay, 2001, p. 42).

Mark records the incident as Jesus taking her by the hand and raising her up, modeling a close and personal intervention that typified His ministry, unlike the standoff attitudes demonstrated by many of the religious authorities of His day. While others kept their distance, Jesus modeled genuine spiritual, emotional and physical intimacy. When the medical team draws close, sits down with the patient, and listens, a quite different tone of conversation develops. As with Jesus, those needing care are given no cause to believe they will be ignored or their need delegitimized.

3. Approachability Welcomes Needed Consultations (Mark 1:40-45)

The desperation emanating from the man afflicted with leprosy is barely captured in the brief account of this healing. Condemned to live in isolation and to exist through begging for daily sustenance until death brings release is a fate that is difficult for the Western mind to fully comprehend. It was forbidden to attend religious services that ordinarily would bring some succor for most situations; and to add insult to injury, a leper was required to announce his or her presence with the words "unclean, unclean."

The biblical word for leprosy is derived from a word that means "to strike down," which lends support to the commonly held view that the disease was a judgment of God (Nichol, 1978, p. 761). Biblical examples supporting this view are Miriam (Num. 12:1-15), Gehazi (2 Kings 5:27), and Uzziah (2 Chron. 26:16-21). However, evidence is lacking to support the view that a specific sin was necessarily always the cause of leprosy. In fact Jesus, in another incident, created distance from these commonly held beliefs by stating that neither the blind man's nor his parents' sin caused him to be born blind (John 9:3).

In spite of the prohibitions and previous rebuffs from repeated calls for aid, the man galvanized sufficient courage and threw himself at Jesus' feet to beg for healing. Instead of shrinking back, as many did when approached by a leper, Jesus reached out with compassion and

touched him, bestowing through word and deed the much-needed cleansing. Mark's use of the word for cleansing lends credence to the fact that Jesus was meeting the man where his understanding was. The leper asked to be made clean and Jesus said, "Be clean." Caregivers who listen carefully to the sick will ascertain what is really wanted and needed. This will make them more approachable and will build trust.

But the story doesn't end there. The instructions that follow show that Jesus hadn't planned this meeting as an intervention. Therefore, to protect His mission from becoming publicized as primarily a healing campaign rather than a proclamation of the coming kingdom of God, Jesus gave the man strict instructions for follow-up. Sadly, the man's enthusiasm overwhelmed his better judgment and the resulting notoriety ended Jesus' opportunity to further His mission in that area. Wuest's (1997) observation supports this view:

What Jesus feared seems to have happened. The man went about telling of his cure, and neglecting the means necessary to obtain social recognition as cured. This cure and the popularity it caused may have cooperated to bring Christ's synagogue ministry to an abrupt termination by stirring up envy. (paragraph on Mark 1:45)

This man's actions unfortunately contributed toward hindering others from approaching Christ to receive the help they so much needed. Adequate counsel must always be provided, but the implications may not be fully understood or consistently followed. Medical and spiritual caregivers will constantly seek to alleviate patients' fears without taking unwarranted risks, evaluating both needs and perceptions.

4. Advocating for the Defenseless (Mark 2:1-13)

Jesus returned to Capernaum several days later and revived His teaching ministry to the extent that the gathering place was completely filled with eager listeners. Four men carrying a paralyzed neighbor arrived and were unable to get through the crowd to take him inside. So they decided to remove a section of the roof and lower him in front of Jesus. He noted their faith and pronounces the blessing, "Son, your sins are forgiven." In the excitement that followed, not everyone was pleased, and Jesus turned to confront the yet unannounced thoughts and feelings of the unbelieving scribes. He succinctly summarized the conundrum that angered them: it was known that only God could forgive sin, and yet before their eyes they had witnessed Jesus not only providing healing for the man's paralysis but conferring forgiveness for his sins. The real miracle with this healing is nicely captured by Cole (1976):

It was, in point of fact, a much lighter thing to heal the body than to restore the soul, for a prophet might heal, but no mere prophet could ever forgive sins; but the scribes, with their incessant demands for signs, were unlikely to see this. (p. 66)

Specifically, in this case Jesus advocated for the one who had been brought to Him on the pallet: “I say to you, get up, pick up your pallet and go home” (2:11). This is significant, as it was not uncommon for the authorities and others to harass those whom Jesus healed (Matt. 26:6-13; John 9:13-34). It is important to notice that Jesus read the scene with a view of caring for the sick and alienated in order to protect their interests. Often, health care providers can change the feeling in the room by advocating for the disenfranchised.

5. Principled Approaches to Brokenness and Misfortune (Mark 3:1-6)

Commentators have concluded that this man probably had contracted his disability after birth (Robertson, 1933, paragraph on Mark 3:1; Vincent, 1887, p. 174). This would deny him the opportunity to work or serve as a priest (Cole, 1989, p. 132; Henry, 1994, paragraph on Mark 3:1-12). Faced with a choice between helping a genuine case of need and risking the ire of those who persisted in an ostentatious veneer of righteousness, Jesus once again provided an opportunity for His detractors to ally themselves as benefactors in ministry with Him. Sadly, they let the moment pass, internally hardening their position in opposition and grieving the Savior. Henry (1994) notes Jesus' opposite attitude toward the man:

Christ dealt very kindly with the patient; he bade him *stretch forth his hand*, and it was immediately *restored*. Now, (1.) Christ has hereby taught us to go on with resolution in the way of our duty, how violent soever the opposition is, that we meet with in it. We must deny ourselves sometimes in our ease, pleasure, and convenience, rather than give offence even to those who causelessly take it; but we must not deny ourselves the satisfaction of serving God, and doing good, though offence may unjustly be taken at it. [Emphasis original] (paragraph on Mark 3:4)

Again in this brief narrative Jesus modeled a multifaceted concern for the needs and feelings of each person present. He did His best to foster the development of new and enlightened pathways by a principled approach to the brokenness and misfortune that invades so many lives. But when the detractors remained silent, Jesus did the “right” thing.

Often family members and health providers struggle to know the

“right” action to take. These decisions are often difficult, but God doesn’t leave His friends alone as they minister. He provides insight, understanding and courage to know and do the “right” thing.

6. Facing the Unimaginable With Positivity (Mark 5:1-20)

Immediately following the dramatic calming of the storm on the sea, Mark presents this scene of a demon-possessed man bearing down on Jesus and His disciples. He had been banished to live away from society among the graves and desolate regions. Akin to the lepers, those who were demon-possessed, epileptic or mentally ill were often segregated for either health or social reasons because medical care was not able to safely accommodate them:

It was in the failure of all human methods that Jesus acted decisively. The medical treatment given to this man was that commonly still used in many parts of the world today: he was loaded with chains, in a vain attempt to curb his inner turmoil by outward restraint. (Cole, 1989, paragraph on Mark 5:1-20)

Jesus was not intimidated by the sight of this man. It appears from the text that He initiated the conversation by addressing the demon which controlled him. Every aspect of this man’s situation is presented as unattractive. Most would shun the area altogether to avoid personal risk or injury. It would seem that even those who would attempt to subdue him had ceased trying as evidenced by the fact that “no one was able to bind him anymore, even with a chain.” Again however, Jesus used this worst case scenario to reveal His compassion for a son of Adam and to release this captive and set him free.

Following the dispatching of the demons into the pigs and the dispersion of the herders, the townspeople became fearful and asked Jesus to depart from their area. He consented, but when the formerly demon-possessed man requested to go with Him, He refused and commissioned him to return to his own people as a witness to what had happened to him. Jesus was driven by His kingdom mission and continually thought ahead to capitalize on the successes and mitigate the reverses as they occurred. As God’s servant, Jesus was once again intervening in the most frightful and stigmatized cases that were brought to His notice. No one and no situation is unimportant in the integrated schema of His life.

7. Receptibility Extends an Even Hand (Mark 5:21-24, 35-43)

The healing of Jairus' daughter demonstrates the result of the faith of other than the one who was healed. Sandwiched into this narrative is the restoration of a woman suffering from a hemorrhage for 12 years. Again Jesus is seen accommodating rapidly changing circumstances even while on a critical assignment in response to the official's pleading.

The focus of attention is a child whose importance Jesus may have desired to elevate in a society where children's mortality rate was high; or to show His respect for all in serving the rich and influential, as well as the poor and disenfranchised. Without question, it seems, Jesus proceeded to Jairus' house. But because of delay, soon the party was met with some who informed Jairus that it was too late—his daughter was dead. However, Jesus insisted, amidst the mocking, that faith was required in order for the girl's parents to see their daughter alive again. At this complex border between life and death, Jesus was mindful of the range of needs and feelings of each person present and gathered the immediate family with a few of His closest disciples to witness the child's resurrection.

Then Jesus gave hope with the words, "do not be afraid." Once again we see Him being receptive of motive and emotion by caring for personal details and needs and at the same time seeking to protect His mission from being characterized as a wonderworking movement. The story closes with Jesus forbidding the astonished parents from reporting the event and insisting that they provide the girl with food to eat.

8. Sensitivity Toward the Desperate (Mark 5:25-34)

That this unnamed woman's story and the young girl described above should be knit together in this fashion by the gospel writer is remarkable. Both stories have a genesis approximately 12 years previously and each reaches a crescendo of desperation when all of the options have expired. The synagogue ruler made a vain attempt to secure the help of Jesus to heal his daughter, and the woman who had been at the mercy of many physicians with diminishing success placed all her hope for healing in just touching the Teacher's garment. In both cases, if no help came from this final endeavor, all would be lost.

Mercifully, the woman's faith was rewarded and she experienced the healing she so urgently sought. The anonymity she had so much desired to preserve by virtue of the thronging crowd around Jesus was uncovered as He sensed a non-casual contact that infused therapeutic

energy into someone nearby. Wuest (1997) describes the moment:

The disciples were surprised at the sensitiveness of Jesus to the touch of the crowds.

They were unconscious of the tremendous drain on our Lord from all this healing that tugged away at the tender heart and exhausted the nervous energies of the Son of Man even though He was the Son of God. (paragraph on Mark 5:31)

Despite the disciples' dismissal of Jesus' observation, He located the woman; receiving her confession, He commended her act of faith. Her health was restored and she left with a benediction of peace.

Again, Jesus' supreme awareness regarding needs both large and small is demonstrated even in circumstances that are continually and rapidly changing. No detail was too small to escape His notice and no person too broken to be worthy of His care and touch. His mission to convey a true picture of God who cares for sparrows, lilies and even this dejected and disadvantaged woman was constantly brought to the forefront of His ministry. For Jesus it was not enough that healing and signs be manifested; the glory of God must also shine forth (John 11:4, 40).

It is clear that Jesus invested Himself in His ministry to the extent that He maintained an awareness of not only His surroundings, but also the dynamics of the interplay between individuals in His vicinity. As God's servant He was constantly seeking to minister redemptively to all parties involved; this likely depleted His reserves. Applying this insight to today's healthcare providers means recognizing that caring siphons off significant energy and those who give must discover creative ways to replenish their strength, lest burnout overtake them.

9. Adapting to Unforeseen Needs (Mark 7:24-30)

In the service of humanity the unanticipated is certain to intrude in ways that call forth adaptations to the usual course of the task. This was certainly the case with the Syrophenican woman and her sick daughter. While Jesus was intending to maintain a low profile, word circulated about His presence and the woman came to prevail upon His help. She was clearly outside the priority of His mission (Matt. 10:5, 6, 15:24) and she likely already understood that. Yet she was not to be easily turned aside. Her response to Jesus' challenge to her importunity was such that Jesus freed her daughter from the troubling demon.

Henry (1994) puts a very human face to both the woman's predicament with her resourceful response and Jesus' missiological constraints:

She said, "Yes, Lord, I own it is true that the *children's bread*

ought not to be cast to the dogs; but they were never denied the *crumbs* of that bread, nay it belongs to them, and they are allowed a place *under the table*, that they may be ready to receive them. I ask not for a *loaf*, no, nor for a *morsel*, only for a *crumb*; do not refuse me that." This she speaks, not as undervaluing the mercy, or making light of it in itself, but magnifying the abundance of miraculous cures with which she heard the Jews were feasted. . . . Gentiles do not come in crowds, as the Jews do; *I come alone*. Perhaps she had heard of Christ's feeding five thousand lately at once, after which, even when they had gathered up the fragments, there could not but be some crumbs left for the dogs. [Emphasis original] (paragraph on Mark 7:24-30)

Jesus modeled in His life and ministry how God notices every person and every detail even in the most complex situations. By healing her daughter, Jesus demonstrated a sensitiveness to adapt to usual expectations in alleviating suffering.

10. Sensibly Protecting a Person's Privacy (Mark 7:31-37)

When Jesus entered the Decapolis area, unnamed friends brought a deaf and partially mute individual to Him, begging His intervention. Cole (1976) intimates that the area where this healing takes place may be proximal to that of the healed demoniac discussed earlier and this man could well have been a product of his witness (p. 124).

Jesus considerately separated him from the crowd so that He could work with him to bring about the needed cure. His compassionate touch, calming and instructive words, and acknowledgement of His Father as the source of all restoration are the hallmarks of Jesus' way of caring for the person as a whole human being. This story recalls the intimacy of the scene in which God creates Adam by working the earth with His bare hands (Gen. 2:7). Again Henry (1994) captures the poignancy of the moment:

He *put his fingers into his ears*, as if he would *syringe* them, and fetch out that which stopped them up. (2.) He spit upon his own finger, and then *touched his tongue*, as if he would moisten his mouth, and so loosen that with which his tongue was tied; these were no causes that could in the least contribute to his cure, but only signs of the exerting of that power which Christ had in himself to cure him, for the encouraging of his faith, and theirs that brought him. The application was all from himself, it was his own *fingers* that he put into his ears, and his own *spittle* that he put upon his tongue; for he alone heals. [Emphasis original] (paragraph on Mark 7:31-37)

Jesus did not shrink from human contact. He conveyed in a very real sense the touch those long alienated by their condition were hungering to receive. For some this would be the first touch in love they had ever experienced. The natural response was to share this newfound joy.

Aside from medical uncertainty over their health, patients struggle over whether their medical team will guard privacy and confidentiality. Careful explanation of anticipated treatment along with discretion over what is revealed and shared builds confidence and compliance among all involved. For effective whole-person care, Jesus' example emphasizes a caring and sensible approach.

11. Maturing Disciples Through Teachable Moments (Mark 9:14-29)

While Peter, James and John were with Jesus on the Mount of Transfiguration, the remaining disciples were attempting to heal a very difficult case of a boy victimized from childhood by a demon. Much to their chagrin, they were not able to cure the boy, which resulted in an angry discussion with some scribes. After an interaction with the boy's father, Jesus was able to mobilize his faith, resulting in the demon's exorcism and the boy's healing. The puzzled and embarrassed disciples enquired of Jesus why they had failed.

This story functions as a warning against presumption, that no matter how adept the practitioner may be, the spiritual forces for good or evil will suffer no cavalier attitudes on the part of God's servants. Jesus explained that the requisite preparation and deference to the work is vital and the failure to be fully equipped will be exposed. Wuest (1997) quotes Swete's comments on the story:

The Lord seizes upon the essential weakness of their case. They had trusted to the quasi-magical power with which they thought themselves invested; there had been no preparation of heart and spirit. Spirits of such malignity were quick to discern the lack of moral power and would yield to no other.
(paragraph on Mark 9:28-29)

Robertson (1923) says of the disciples that "their failure was due to their prayerlessness. They lacked power because of that" (paragraph on Mark 9:28).

The instruction Jesus gave the disciples provided an invaluable lesson that if heeded would equip them for future confrontations with the forces of darkness (Acts 19:13-16, Eph. 6:10-18). Again, the application for healthcare providers, and others, is clear. Effective ministry is only possible with much prayer and a strong connection to the source of all life.

12. Imparting Spirituality and Higher Values (Mark 10:17-31)

The incident featuring the “rich young ruler” is noteworthy because the space Mark devotes to Jesus’ discussion with the disciples which followed is greater than the event itself. The question asked and the answer given should shake every would-be aspirant to the kingdom to the very core. No physical inability or life-threatening illness is the subject of the discussion, yet it is probably only a matter of time before that too would be a relevant component to consider. This conversation shows that it is never too early to address the core issues of life; we are indebted to this young man for illustrating that truth.

At some level he recognizes that energy must be devoted to preparing for the day when life will not be as it is now. Perhaps he had heard Jesus teach before and decided to seize the moment to resolve an inner ambiguity. The answer however, seems to be more than he bargained for. Reluctantly he passed up the opportunity to satisfy his eternal need. The cost was much more than he was willing to pay. But, as Jesus went on to explain (10: 29), it is not only the rich who stumble on this quest.

When a person faces incapacity or serious illness, thoughts of the present and future life focus the conversations in a unique way. Some are prone to make rash promises in an effort to bargain for a return to former times. Perhaps hints of this component in the dialogue between the young man and Jesus did not escape the Teacher’s awareness. Commenting on verse 18, Wuest (1997) makes an astute observation:

The Lord begins by compelling the enquirer to consider his own words. He had used the word “good” lightly, in a manner which revealed the poverty of his moral conception . . . Expositors say of the question, “Why callest thou Me good?”; “which means not, “the epithet is not applicable to Me, but to God only,” but, “do not make ascriptions of goodness a matter of mere courtesy or politeness.” (paragraph on Mark 10:18)

The nature of the kingdom that Jesus came to announce is based on a renunciation of the selfishness and covetousness that leads to dependence on manipulating individuals or systems to gain advantage. Regretfully, persons facing difficult times in the hospital can sometimes veer into a bargaining mentality that can delay or even prevent the real healing they so much seek. However, the above passages assure the seeker that God empathetically attends these deliberations because of His great love for each individual.

13. Agreeability Towards an Ill-timed Assignment (Mark 10:46-52)

Bartimaeus was occupied at the side of the road begging for sustenance when Jesus happened by. Unlike the lepers who were obliged to hold people back, he insistently called out to Jesus asking for mercy. Despite all attempts to silence him, his cries attracted the attention of Jesus, who asked that he be brought into His presence. Those near Bartimaeus encouraged him and he quickly responded. When given opportunity, he clearly stated his case and received his sight. Again Jesus connected his faith to the resulting cure, confirming the link between mankind's desire and God's response.

This healing episode constitutes a last diversion as Jesus made His way to Jerusalem for the final time. He had a lot on His mind and the growing recognition of the cost of redeeming humanity was pressing on Him from all sides. But no matter His preoccupation, there was time for one more desperate call for His help. Lane (1974) comments on the rapidly unfolding scene and the result with these words:

Those in the crowd who rebuked the beggar undoubtedly regarded his shouting as a nuisance and resented the thought of any possible delay. They had probably become quite hardened to seeing beggars along the roadside, and especially at the city gates, crying for alms. Undeterred, the man resolutely continued his chant until he succeeded in drawing Jesus' attention to himself.

Jesus took the initiative in directing that the blind man should be called. The rebuke of those who attempted to silence the beggar was not allowed to stand (cf. Ch. 10:13f.), for even on the way to Jerusalem Jesus had time for a man who appealed for His help in faith. The encouragement offered to Bartimaeus assured him that Jesus was concerned with his plight and relieved the anxiety and distress expressed in his cry. His response was dramatic and decisive. (p. 388)

Despite the rapidly diminishing vestiges of time before Jesus would enter Jerusalem to fulfill His Divine purpose, He recognized the pitiful plight of a blind beggar unlikely to be helped unless He personally attended to Him. Rebuffed by passersby for years and unable to earn a conventional living, Bartimaeus was in the right place to hear the crowd proclaiming Jesus' name. He took advantage to secure Jesus' healing touch. His importunity and faith were rewarded ultimately because of Jesus' agreeable response to his situation.

If caregivers want to improve their ministry of caring, they would do well to study the approach Jesus used in the stories discussed above and seek to emulate His way, the essence of which is captured by Ellen

G. White (1905) in her classic book *The Ministry of Healing*:

Christ's method alone will give true success in reaching the people. The Saviour mingled with men as one who desired their good. He showed His sympathy for them, ministered to their needs, and won their confidence. Then He bade them, "Follow Me."

There is need of coming close to the people by personal effort. If less time were given to sermonizing, and more time were spent in personal ministry, greater results would be seen. The poor are to be relieved, the sick cared for, the sorrowing and the bereaved comforted, the ignorant instructed, the inexperienced counseled. We are to weep with those that weep, and rejoice with those that rejoice. Accompanied by the power of persuasion, the power of prayer, the power of the love of God, this work will not, cannot, be without fruit. (pp. 143-144)

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