

# Jesus of Nazareth: The Peasant from Galilee as Model for Chaplaincy

by

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**Introduction:** When George Hull called and asked if I would make a presentation to this group, I really had to consider just what I could say to you! I am, after all, a retired Bible teacher, with very little pastoral experience. The question I kept asking myself was, “Is there anything from my experience of 40 plus years of teaching, preaching, and publishing that I might use to provide food for thought for folks who deal with ill and frightened people facing the unknown?” I did come up with an answer, but I have to leave it to you to judge if it is a useful one.

A couple of more comments before I move into the heart of the presentation: I carefully chose the terms used in the title of the talk. It seems to me that two millennia of Christian theology have tended to push Jesus of Nazareth into the background of our considerations of just who Jesus was and what he did. This tendency finds its roots in the writings of the apostle Paul and had little counterpoint until the rise of modern biblical scholarship in the late 19<sup>th</sup> century and its expansion in the second half of the 20<sup>th</sup> century. Moreover, analytical disciplines used in the study of the New Testament, like historical criticism and archaeology, have recently been supplemented by the use of social and intellectual history and cross cultural anthropology to help give us a bit clearer picture of the world in which Jesus grew up, lived, and ministered. Later idealized pictures of Christ have given way to reconstructions of life and times of Jesus, who by any scholarly definition was a peasant<sup>1</sup> who spent the majority of his life working with his hands, probably in support of his mother, brothers, and sisters. We need to pay attention to the historical Jesus, even granting the limitations of the material we have concerning him.

With that in mind, in the body of this paper, then, I want to do three things:

1. Quickly, therefore briefly, sketch in the major features of the social, political, and cultural worlds of Jesus.
2. Talk a bit about the medical or healing practices of the ancient world.

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<sup>1</sup> In popular discourse “peasant” is typically used to refer to a socio-economic class associated with the history of the Middle Ages and/or the time of the Reformation. However, sociologists and anthropologists have long since defined “peasant” as rural, agrarian, typically powerless people who are influenced by urban societies and have little or no control over their economic circumstances; see, e.g., Malina 1996: 143–146. Crossan (1991: 124–128) elaborates this understanding and makes much of class distinctions in Palestine in the first century in several of his writings. See also Meier 1991: 278–279.

3. Suggest ways in which what Jesus did in his ministry of healing might provide some models for use in modern chaplaincy.

Completing that agenda is more ambitious than I can accomplish in the scope of this presentation, but I'll give it a try and perhaps what I miss can be explored in the course of further discussion of the issues in some other forum.

Finally, while I assume that the majority of chaplains in America come out of traditions associated with western Christianity, I think the models Jesus provided are not dependent on any particular faith perspective.

## **I. Life in the Time of Jesus**

Nazareth in Galilee was a hamlet or village at the time of Jesus, a place so small that it is never mentioned in any ancient texts other than the gospels and texts that rely on them. Despite the mention of literally dozens of other Galilean towns in the Hebrew scripture or Josephus or the rabbis, Nazareth is not named (Crossan 1991: 15).

Given the fact that Nazareth was under the radar of ancient historians, I think it likely that it had a very small population. John Meier suggests that the population of the village at the time of Jesus may have been approximately 2000 souls (Meier 1991: 277), but recently Jonathan Reed and John Crossan have argued that the population was under a thousand and perhaps as low as a few hundred. Evidently the people lived in small houses or caves, and were for the most part farmers. Reed further notes that there is no archaeological evidence for either any public buildings or a synagogue in Nazareth before the late third or early fourth century CE. If in fact there were none, that would suggest not only a very small population but also the absence of any center for learning. Much of Jesus's early life would have been lived in the context of a small agrarian town functioning at a mostly subsistence level (Crossan & Reed 2001: 33–36; Crossan 1994: 26).

Nazareth is located just over four miles south from the Herodian city of Sepphoris, which was one of the bigger towns in the region in spite of having been destroyed and rebuilt in the course of the late first century BCE and first century CE, acting briefly as the capital city for Herod Antipas. While Sepphoris would have been the closest commercial center, it was not a place that the typical Nazarene peasant would have dropped into as a part of daily life. Nazareth is over a ridge of hills and down in a valley, so it would have taken the better part of two hours to walk over the hills on dirt paths to get to the more populated location. On the other hand, once out of the valley and into Sepphoris, there was a network of roads that ran west to Caesarea Maritima and east to Tiberias and the Sea of Galilee, so, although remote, Nazareth was by no means totally isolated and its inhabitants would have been exposed to examples of Hellenistic and Roman culture. (Crossan & Reed 2001: 80)

The Roman Empire had an agrarian based economy. In theory at least the emperor owned the land or at least controlled it within contractual constraints. As patron he then distributed it to his clients, who in turn could rent or lease it to their clients. Something like 1% of the population owned or controlled 50% of the land in the Empire; another 15% was owned by priests. Other small land holders included military leaders and merchants. The largest population consisted of peasants, very few of whom controlled the land they farmed; approximately 2/3rds of their crops went to landlords. Further down the social scale were the so-called "artisans" who were often dispossessed farmers. Finally, on the lowest rung of the class ladder came what sociologists have

called the “expendables,” the ancient equivalent of the day laborer, who had no patrons. (Crossan 1991: 43–46) This model of patron and client dominated both political and economic life in Palestine (Malina 1996: 143–175), with Herod the Great and his sons—Agrippa, Archelaus, Philip, and Antipas—among the best illustrations of how the system privileged the aristocracy.

In Mark 6:3, during the course of visiting Nazareth, the people react to Jesus’s teaching by asking, “Is this not the carpenter, the son of Mary the brother of James and Joses and Judas and Simon, and are not his sisters here with us?” (BTW, Matthew changes the question to, “Is this not the carpenter’s son?” Luke makes a further modification: “Is this not Joseph’s son?”) The Greek word used here—the only place in the gospels where Jesus is identified with a particular type of work—is typically translated as “carpenter” but would be better translated as “handyman.” It refers to one who works with his hands at a variety of tasks, among them wood working. It does not imply any modern notion of carpentry. Those who worked with wood were among the artisan class (Crossan 1994: 23–26). If John Meier is correct in his observation that Jesus’s use of illustrations and parables based on agriculture suggests he may have been a farmer at some time in his life (Meier 1991: 279), Mark’s report that the people of Nazareth knew him as a handyman suggests the family may have lost the farm during one of the many political upheavals in Lower Galilee, and Jesus had to turn to a different line of work to help support his rather large family.

One more historical fact to add to the picture: Recent studies have argued that literacy rates in the Empire were not high. Something on the order of 10–20% of the population of the empire were functionally literate.<sup>2</sup> Wealthy aristocratic families and some of the merchant class could afford to send their sons to school, but even then most received basic schooling in what was called grammar—reading and writing—while advanced education in rhetoric was pursued only by a few.<sup>3</sup> There were slaves who were scribes or secretaries, and ordinary citizens in larger towns had access to professional scribes who could, for example, write letters for them (Murphy-O’Connor 1995: 8–16; Klauck 2006: 55–60). Reading, even of personal letters, was done out loud (cf. Achtemeier 1990). Most people learned orally and had the capacity for what we would consider major feats of memory. Scholars now question how much, if at all, Jesus could read. It is quite likely that his knowledge of the law and traditions of Israel came from hearing scripture read and engaging in conversation with more learned people when he went into places like Sepphoris.<sup>4</sup>

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<sup>2</sup> Harris (1989) argues that while literacy rates may have been higher in Greece in the era of the city states, and that the spread of the Roman empire might have boosted education in some places, in general it is hard to find evidence that literacy rates for men rose much beyond 20%, and those for women beyond 10%. They would have been even lower for peasants.

<sup>3</sup> In addition to Harris, good reviews of education in antiquity include H. J. Marrou, *A History of Education in Antiquity* (University of Wisconsin Press, 1956) and Stanley Bonner, *Education in Ancient Rome* (Berkeley: U of Cal Press, 1977).

<sup>4</sup> Meier (1991:277–278) argues that there is enough circumstantial evidence to suggest that Jesus had some literacy in Hebrew, although he admits there almost no direct, indisputable evidence supporting that conclusion. Given the economic circumstances of Nazareth and cultural studies done by others, I think it highly unlikely Nazareth could have afforded a Torah or that Jesus would have had access to anything other than self-taught “rabbis.” He may have spoken Aramaic

There is so much more detail that could be used to fill in this sketch of the times of Jesus, but you get the idea. Clearly he was from the peasant class and that left him in a position of political and economic powerlessness. He had no access to a powerful political patron and thus no easy access to education, health care, or economic opportunity. Even his access to religious institutions and cult observances was difficult. And, to make the point clearer, what we can say about Jesus, we can also say about those to whom he ministered! From what we can tell, Jesus ministered primarily to the peasants, artisans, and outcasts of Galilee.

## II. Ancient Healing Practices: “Curing” versus “Healing”

Stevan Davies makes the interesting observation that although Jesus is routinely described as a teacher, his work as a healer is reported on almost as much as his teaching, particularly in Mark, and that work is not given nearly the same level of attention by scholars (Davies 1995: 9–15; cp. Avalos 1999: 5–8). Clearly the earliest reports of Jesus’s activity are of healing, and the gospel authors routinely describe crowds seeking him out for the purpose of being healed.<sup>5</sup> Therefore, it is worthwhile to try to understand a bit more about healing practices in the first century and about Jesus’s activities in making use of some of those practices.

Jonathan Reed puts it baldly: “Life and health was, in Galilee and the whole ancient world, much more fragile than it is today.” He goes on to say that average life expectancy was in the twenties; in one of four births either the mother or the child died; parasites, lice, and malaria were common; the primary diet consisted of bread and grain and so anemia was widespread. In addition to the services of so-called “physicians,” magical cures and exorcisms were popular. There seems to be little difference between medicine and magic in the first century world (Reed 2007: 69–70).

For the most part health care in the time of Jesus was expensive and unreliable. Ordinary people might have access to shamans or could go to priests representing various gods, but the cures recommended were often self-administered and complicated by the fact that rituals had to make sure to include all the relevant gods. There are some rabbinic stories that reflect appeals to deities other than God in case of illness, with specific demons associated with areas of the body and specific angels who could repel these demons. According to Hector Avalos, there were also self-help manuals that included, for example, instruction for the use of milk or eggs for eye trouble. Medicinal herbs such as frankincense were also recommended. (1999: 76–80)

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and a little Greek, but it seems highly unlikely that he could have read Hebrew or written anything.

<sup>5</sup> In the question-and-answer period following the initial presentation of this paper, someone asked if I thought the fact that Luke was a physician could have influenced that gospel’s portrayal of Jesus’s healing ministry. I said that I did not for at least two reasons: On the one hand the assignment of authorship to Luke for both the gospel and Acts is a fiction; there is no identification of the author in either text. On the other, “Luke” is mentioned only three times in the New Testament, and only in Colossians 4:14 is he designated a “physician.” Given that the authorship of Paul is disputed for Colossians and that it seems a bit strange that Paul would need to identify “Luke” in a particular way to a church Paul had founded, it seems to me that the tradition that Luke was somehow a healer is also fictitious.

In places outside of Palestine, those who could afford it might try to go to an Asclepium, a healing center run by the priests of the god Asclepius. At sites located in Greece and Asia Minor—ruins of which you can visit today—patients would present themselves after negotiating difficult terrain and, after paying their fee, would then be allowed to walk into the sanctuary where they could be bathed and undergo a treatment of water and aroma therapy. They could also offer sacrifices at a small altar installed in the courtyard. After an undetermined period of time, they could leave of their own volition. Followers of Isis and Mithras also claimed some therapeutic value from their practices. (Avalos 1999: 49–53) Typically, however, physicians, some of whom included slaves who served large households, were not held in high regard, and therapy had decidedly mixed results. Consider this little story from the book of Tobit (2:9–10):

That same night I washed myself and went into my courtyard; and my face was uncovered because of the heat. I did not know that there were sparrows on the wall; their droppings fell into my eyes and produced white films. I went to physicians to be healed, but the more they treated me with ointments the more my vision was obscured by the white films, until I become completely blind. For four years I was completely blind.

Types of disease in Palestine were often thought of in one of two classifications: organic/somatic and psychogenic/spiritual. If someone had something that we would understand as largely organic in origin, it might also be understood as a spiritual disorder as well, in that disease could be interpreted as punishment for sin. For example, consider the story when Jesus was asked if a person's blindness resulted from his sin or that of his parents. Spiritual disorders were often understood as demon possession. And, as Stevan Davies has argued, it is important that we understand that gospel stories tend to relate the experience of people who were possessed by the demon, not just in possession of a demon. (Davies 1995: 78–89, 91) That is, the demon takes over the person. From the stories in the gospels Jesus is pictured as both healer and exorcist.

I don't want to take any time to unpack the concept of Jesus as exorcist; if interested you can read Davies's book, *Jesus the Healer*, to pursue that. I do, however, want to understand what "healing" might mean in the first century.

Dominic Crossan says it is important in understanding the healing stories in the gospels to differentiate between "curing a disease" and "healing an illness." (1994: 80–81) "Curing a disease" involves resolving abnormalities in the system. I'm not qualified to list all the ways that could be done in modern medicine, but I think of things like medical or surgical procedures. "Healing an illness," however, he describes as dealing with the "psycho-social experience and the meaning of the perceived disease." He goes on to say that, "Illness is the shaping of disease into behavior and experience." Davies remarks that even some kinds of somatic disease can be understood as psychogenic in origin so the cure for them involves healing in the sense of reshaping the perception of the disease. (Davies 1995: 75, *et passim*)

Jesus healed, in the view of Crossan and Davies, by acting as God. That is, he forgave sin and re-established the relationship between the patient and God. He established a new location for the patient within the kingdom of God; he let people in on his vision of the new creation. As importantly he commanded his disciples to do the same (cf. Mark 6: 6b–13). But healing was a joint effort. His patients had to have "faith" that what he said was true, that God would act to heal them. When they had faith, healing worked; if they didn't, it didn't!

All my life I have heard people refer to some illness they are experiencing as punishment from God. I recently heard a celebrity cancer survivor talk about feeling guilty after she had been diagnosed. What had she done to warrant cancer? You know that many people feel ashamed that they are sick, ashamed that they are somehow letting their family down or fearful that they may be the cause of financial hardship for their loved ones. The gospels seem to indicate that Jesus understood these attitudes and in fact may have been motivated by the need to help people understand, to have faith in the fact, that God is for them. That meant that Jesus was trying to get people to understand that although they may have been among the lower social classes, they in fact had a patron. According to his vision of things, God as patron was already acting to change things and if they believed that, they could be healed.

Bruce Malina describes this activity on the part of Jesus as “brokerage.” Jesus was a kind of social broker who put people in touch with God, who is, in Malina’s description, the “heavenly Patron,” who can provide resources of all kinds to his clients, his people, including the resource of health care (1996: 152). Jesus demonstrated his control of divine resources through his healing and exorcisms, and by his teaching, which the gospels describe as more powerful than those of the representatives of the Temple cult in Jerusalem. However, unlike most other healers, he required no compensation other than faith, and because of that accumulated a debt of gratitude, illustrated in any number of gospel stories.

For me, however, the most poignant illustration of a client’s sense of gratitude for God’s patronage comes from the middle—155 or 156 CE—of the second century. When Polycarp, the bishop of Smyrna, was brought before the court and accused of treason for naming Jesus as lord, he was told to recant. His reply has stayed with me from my first reading of it 40 years ago. I quote a poetic translation: “Eighty and six years have I served him, and he has done me no wrong. How can I blaspheme my king who saved me?” God had been the faithful patron and Polycarp the grateful client. The function of Jesus as broker had been so successful that even the threat of death wouldn’t change Polycarp’s allegiance.

So, health care in the ancient world, however it was provided, seemed to involve the patron-client model of class relationship, and although self-help was practiced, people would nonetheless seek out the broker, or physician, who they thought had the best chance of making the resources of the divine available for their healing. And, given the limitations of pharmaceuticals and surgery in the ancient world, healing an illness may have been more common than curing a disease.

### **III. Models for Chaplaincy?**

In a class I was teaching, a woman who has been involved in church for most of her life said to me, “This is all well and good, but what I need to know is what can I do with it?” I guess another way of expressing her question would be, “History and theology are interesting, but how am I supposed to express it in my life and work?” (By the way, it occurs to me that that question can arise in almost any faith context. “I get it”—whatever “it” is—“but so what?”) It is the time to elaborate on Jesus as “model” for chaplaincy.

I begin by stating the obvious: Context is profoundly important. My worldview was/is shaped by the situations I experienced. I grew up in a middle-class, educated family. I lived in a variety of locations throughout the country. I spent my career working with intelligent, interesting people. Typically I never had to worry about being fed and clothed. Healthcare was available to me almost without cost until I was 65! All of this colors my view of the world and

puts some interesting limits on my ability to understand others. Somehow Jesus found a way to overcome the barriers to understanding inherent in his experience of his world and, therefore, the barriers to effective ministry. He seemed not to be constrained by his contexts or the circumstances of others. While he was almost certainly an observant Jew, he was able to overcome the limitations of his experiences and envision what he called the kingdom of God. Let me illustrate what I mean.

There are several episodes reported in the gospels where he ignores the cultural taboos confronting him. In the case of the Syrophenician woman, he honored the request of a Gentile and a woman—a person unclean in two ways—and healed her daughter, who culturally was less important than a son would have been (Mark 7:26 ff). He responded to the request of a Roman centurion to heal his servant—most likely a eunuch in his service—thus acknowledging not only a Gentile and representative of a foreign oppressor, but also a person from a class of individuals who were widely despised in the ancient world (Mark 8:5 ff). He reacted favorably to the touch of a woman who was ritually impure due to menstrual hemorrhaging and by whose touch he was made impure (Mark 5:25 ff). He interacted with people with skin diseases who were also considered impure or unclean (Mark 1:40 ff). He simply ignored the constraints of class status he himself had experienced, and the prejudices fostered by his religion, to minister to the sick. He was, in other words, open to the otherness of people. In what he understood to be the new created order already working in the world, he saw others as family (cf. Matthew 12:46–50; 25:40). That worldview enabled, in fact empowered his ministry. So should it yours.

Jesus was an itinerant preacher and healer.<sup>6</sup> After being shunned by synagogue leaders, he seems to have stayed away from them—only three visits to synagogues are reported in the Synoptic gospels. He wandered the countryside with people coming to him (see, e.g. Mark 1:35–38) Modern medical care almost forecloses that model of ministry for a chaplain, but clearly as chaplains and pastoral care providers you are, or should be, itinerants. You need to go where the people are, AND you need to remember that your ministry extends to those who provide care, including perhaps bringing some insight concerning the nature of religious beliefs to other caregivers. Occasionally professionals need to be liberated from their perspectives (cp. Luke 11:42).

Has it occurred to you that Jesus learned from those he encountered on his travels? I can think of at least two stories I mentioned earlier in which there is a hint that he may have changed his mind about something. He told the gentile woman who asked that he heal her daughter that his primary audience was Israelites. By being self-deprecating, the woman convinced him to expand his vision to include gentiles. He did so. Then, when he encountered the centurion who asked him to heal his servant, the centurion had to explain to him the nature of power or authority. In those cases, and in many others, Jesus listened to people's stories and was touched by them, seemed to learn from them. He wasn't the professional caregiver who had the answers if only everyone would shut up and listen. He was, in the words of the Hebrew prophet, "wonderful counselor" (Isaiah 9:6)!

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<sup>6</sup> Crossan argues (1994: 95–101) that Jesus should be understood as a radical itinerant, in the sense that unlike most brokers he did not settle in Nazareth to implement the typical practice of a "broker." Instead he takes healing to the people and does not allow any one place to become identified with his ministry.

Jesus was also very hands on in his ministry. While some were healed through faith without any physical intervention, in other cases Jesus went into their sickrooms; he touched people, lifting them off their beds; he used spittle; he rubbed dirt on them. He used first century methods, found in a variety of religious rituals, many of them undoubtedly having a placebo effect, to redefine their experience of illness and relocate it within their social experience.

Obviously I am not going to suggest that we need to revert to what Jesus did to effect healing, but I will suggest that care givers can on occasion make do with what they have, or be more attuned to where they are. As one pastor I know said to me, "The hospital room is not a classroom; it is not a place to debate or try to fix what I may see as theological nonsense." He went on to say that a patient's room is not a revival hall; conversion should not be the goal of a visit. The goal ought to be listening to their experience of illness and offering resources to help them deal with that experience.

Caregivers do have resources to offer, but clients may or may not be ready to accept them. In classical rhetorical theory there was a principle called simply, "Presence." It entailed understanding the nature of the location of the audience and who made up that audience in order to understand what to say and how to say it. My informant suggested that in the hospital room there will be occasions when saying nothing may be the appropriate response to a patient who may not be ready to cope or cannot express what she is dealing with. If comfort is one resource the divine patron can offer, then, I suppose, there are times when silence, expectant waiting, can be comforting. And do you remember what Jesus taught in his parable about those who will make up the constituency of the kingdom: "...I was sick and you took care of me." (Matthew 25:36) That model of chaplaincy works in any faith tradition!

I acknowledge that the models for chaplaincy that I have just described may well be self-evident or superficial. Frankly I hope that my description of them has prompted you to think of others that are more relevant and/or profound. My purpose, in part, has been to remind you to think again not about the Son of God but the peasant from Nazareth, to remind you that what Jesus accomplished during his ministry was done as a human and that he commissioned other humans to carry out his ministry.

**Conclusion:** I want to conclude by sharing with you two stories.

Recently I read a piece in the Arkansas Democrat Gazette concerning some special education being provided pediatric chaplains enrolled in a program at Arkansas Children's Hospital. Two things in the story saddened me. On the one hand, the exercise being described involved a participant involved in role playing with an actress portraying a young, unmarried mother who seemed to evidence more concern for the fate of her partner in an obviously dysfunctional relationship than for her child who might well have been injured by the partner. It reminded me of people I have known who seem to have little or no ability to walk away from destructive relationships, even when that inability leads to dire consequences not only for themselves but for others in their lives.

That memory saddened and frustrated me, but I was, perhaps, more saddened by the reported response by the student to this scenario. It seemed to me that the student felt somehow obligated to engage in a gentle interrogation of the mother, not by way of bringing her to new insights about her plight but to discover the culpability of the partner. The questions hinted at an underlying and unspoken assumption that the woman was a co-dependent and an enabler. That classification was in danger of becoming more important than the person, and real healing was

endangered. Do you remember what Jesus is supposed to have said to the adulterous woman? “Is there no one left to accuse you?...Then neither do I!” (John 7:53–8:11, disputed) Accept people for who they are and listen openly for what they need to say.

The second story has to do with something a former student wrote to me. She had been an honor student at the University and went to Harvard Divinity School. While there and in serving in a parish south of Boston, she discovered that she liked hospital chaplaincy work and studied at Brigham and Women’s Hospital in Boston. After George asked me to do this, she is one of the first people I contacted for advice on what to say. She wrote back, describing an experience she had had recently. I quote her:

I think of Jesus wandering among the people, going to them, not waiting for them to come to him...really seeing them, being moved by their stories and their experiences...and I think of a young patient I had a while back who was dying of leukemia, who said to me one day, “As long as you keep coming back, I know God hasn’t forgotten me!

That is what Jesus, the social broker, modeled, and the blessing and burden you take with you into the hospital everyday. You are God’s brokers; you are Immanuel!

*A Very Selective Bibliography for “Jesus the Peasant” and “Jesus the Healer”*

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