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## The Key to Mental Health: Social and Semantic Domain Analysis of "σέσωκέν" in Matthew 9:22

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## Abstract

Mental health is an important issue and is one way to achieve a golden Indonesia in 2045. However, in Indonesia, the issue has not received much attention. The authors in this study try to discuss mental health by linking it to the health of faith. The authors found that having healthy faith is the key to mental health. Through social analysis of Matthew 9:20-22, it can be seen that the story of the bleeding woman is about mental health. Even though she is experiencing very heavy suffering, a bleeding woman can still have mental health because of the faith she has. The healthy faith that she has already has a big impact on her mental health. This is clearly seen through Jesus' expression towards her, "...your faith has saved you..." (Matt. 9:22). The word "save" in the text apparently has various translations. Through semantic domain analysis of the words "save" or "σέσωκέν", it turns out that they contain the meaning "to heal". In this way, through social and semantic domain analysis of the word "σέσωκέν" in Matthew 9:22, it becomes clear that healthy faith is the key to mental health.

**Keywords:** Mental health, Faith Health, Social Analysis, Semantic Domain, Matthew 9:20-22

## INTRODUCTION

Indonesia will reach 100 years of age in 2045. The year 2045 is referred to as the year of Window Demography, which is a phase where the number of productive age (15-64 years old) is greater than the number of unproductive population (under 14 years old or over 65 years old) (Surahman & Sya'ban, 2021, p. 950). In 2045, it is estimated that the productive age population will reach 70%, while 30% of the population will be unproductive (Mas'ul, 2023, p. 12). The demographic bonus can be achieved if the quality of human resources in Indonesia is qualified and superior. One of the efforts to prepare a superior future is to maintain mental health. However, Indonesia as a developing country, the issues of mental health have not been prioritized, compared to infectious diseases or other physical diseases (Ranimpi et al., 2023, p. 231). Since, the mental health is very influential in all areas of life, an in-depth exploration of it is needed. This research is aimed at responding these problems with interdisciplinary linking the topics of health and theology, more precisely mental health and spiritual health.

Mental health and spiritual health are inseparable (Lucchetti et al., 2021, p. 7622). In recent years, there has been a large body of literature examining the relationship between mental health and spiritual health. Some studies show a positive relationship between the two (Koenig et al., 2012, p. 55; Schieman et al., 2013, p. 420), although some studies also show a negative relationship (Pargament et al., 2000, p. 45; Gallardo-Vergara et al., 2022, p. 520). Positively, spiritual health, also called faith health results in a lot of hope and optimism and life satisfaction (Koenig, 2009, p. 285), reducing depression (Smith et al., 2004, p. 65; Koenig, 2007, p. 390), reducing the suicide rate (Praag, 2021, p. 9), reducing the prevalence of drug and alcohol abuse (Cook et al., 1997, p. 10), and reduce crime (Johnson et al., 2000, p. 51). It seems that Christianity also has positive things to say about mental health and spiritual health (Gray & Cook, 2021, p. 181; Cook, 2020, p. 170). Specifically, these studies

link spiritual health and mental health. Spiritual health itself can be seen in the health of faith. These studies show that faith health has a positive impact on mental health.

While modern medicine is indispensable in treating various illnesses including mental illness, faith cannot be separated from the treatment of both physical and mental illnesses. People who express their faith in God seem to experience fewer mental health disorders. Harold Koenig is a leading expert in this field advocates the use of instruments such as the Duke University Religion Index (DUREL). One of which is about the close association of intrinsic (subjective) religiosity with mental health (Koenig & Büssing, 2010, p. 78). Intrinsic religiosity is related to subjective belief or faith (Koenig & Büssing, 2010, p. 84; Wilkerson et al., 2013, p. 76). Allport and Ross (1967, p. 443) state that intrinsic religiosity is the "main motif" in life, which of course this greatly affects a person's mental health.

Frank and Swinton in a different study stated that an individual's faith should be an integral component of the mental health care process (Frankl, 1984, p. 7-10; Swinton, 2001, p. 5). According to Koenig, in the relationship of faith with mental health in the period before 2000, there were 478 out of 724 studies (66%) confirming the positive effect of faith on mental health (Koenig, 2007, p. 88). This study increased to 5187 articles by the end of 2005 (Koenig, 2005, p. 120). This number is expected to grow over time.

Given the good potential of various studies on the relationship between faith health and mental health, it is imperative for Christians to take mental health seriously and reflect on it theologically, ultimately encouraging and helping churches and governments in Indonesia to respond to the mental health issues. This research seeks to confirm the arguments relating to the positive influence of faith and mental health. In particular, the authors focus on the role of biblical Christian faith in mental health, which has often been overlooked by theologians and biblical scholars (Jipp, 2017, p. 127).

The relationship between Christian faith and mental health is complex and varied (Lloyd et al., 2023, p. 33). The Bible contains many narratives about mental health. In Raginald Scot's 1584 classic, "The Discoverie of Witchcraf", the Gospel narrative of mental health is revealed, namely:

Regarding what is said in the Gospels about spirit possession, it seems that in many places there is nothing indifferent, or all the same, to be said; He is possessed by disinterest; or, He is *lunatike* or *phrentike*: what illnesses exist these days are said to be a continuation of melancholy (Reginald, 1538, p. 430).

Cook in his commentary on the Scot states that "the idea of the Gospel story of demon possession refers to what the Scots say is called melancholy, or so-called mental illness" (Cook, 2020, p. 1114). Cook continues his contribution by striving for integral medical, clinical and pastoral care for mental health (Cook, 2020, p. 1115). In the gospel reading, Cook sees mental health as central to Jesus' mission and an integral part of evangelizing to understand God's work (Cook, 2020b, p. 170). Similarly, Grundmann's recognition of Jesus as healer offers a Christian medical mission for physical and mental health (Grundmann, 2018, p. 4). Attempts to explore the idea of faith and health have been made by linking it to the Gospels and Jesus.

Unlike previous studies, the authors focus on the story of the bleeding woman in Matthew 9:20-22 to see the role of faith for mental health. Some scholars believe that the text contains the mental health story of the woman with the hemorrhage (Morris, 1992, p. 122; France, 2007, p. 363; Pilch, 2000, p. 60-66; Keener, 2009, p. 154). The authors will show this through a social analysis of the story of the bleeding woman who contains mental health in Matthew 9:20-22. The link between faith and mental health in the text is seen in verse 22, where Jesus says that "...Be of good cheer, my daughter; your faith has saved you." So from that moment she was healed". This shows that faith saved the bleeding woman.

The word "save" in verse 22 is the translation of the indicative verb σέσωκέν. However, the translation of σέσωκέν (sesoken) is quite diverse. Translations in some regional languages in Indonesia, for example, are: *malem*/heal (Karo); *pangoluhon*/ livelihood (Toba); *mitulungi*/help (Java); *ale*/heal (Mentawai); *malapu'moko*/health (Mamasa); *No I'orifi*/ revive (Nias); *bae*/heal (Manado), etc. In English translations, the words used also vary, such as: made thee whole (KJV); healed (NIV); saved you (NJB); made you well (NAB, NAS, RSV). The Indonesian translation (LAI-TB) itself uses the word "saved". If so, what exactly does "saved" by faith mean in this verse?

Some interpreters do not seem to have given more serious attention to the understanding of the word σέσωκέν, especially in relation to mental health (France, 2007, p. 171; Keener, 2009, p. 155; Luz, 2001, p. 90-91). Although some other interpreters have also discussed the word, they have not been comprehensively precise. For example, Broadus (1990, p. 205) takes the word σέσωκέν to literally mean *saved*.

Therefore, the authors explore a more precise concept of the word σέσωκέν through *semantic domain* analysis. This exploration begins with social analysis because the meaning of the word σέσωκέν cannot be separated from Matthew's attempt to respond to the bleeding woman and Matthew's community. By examining this issue through social analysis and reinforced by the semantic domain, the author shows the mental health of the severe mental illness experienced by the bleeding woman through her faith in Jesus. The author shows the close connection of faith to mental health through the case study of the bleeding woman in Matthew 9:20-22.

### METHOD

The author will conduct qualitative research with a library approach, which deals with library data collection methods, reading and recording and processing research materials (Zed, 2008, p. 3). The authors also use the scientific social analysis method to look at Matthew 9:20-22 which has social content regarding women's mental health disorders of bleeding. Social analysis is an effort to look at the social situation of a society and try to open and uncover existing social phenomena (Elliott, 1993, p. 5-7). The authors use social scientific analysis to see how the story of Jesus' miracle and the social situation of women bleeding for 12 years are related to mental health. This analysis is strengthened by examining the word σέσωκέν in Matthew 9:22 with the semantic domain of the word σώζω. In analyzing the Semantic Domain, the author will use two volumes from Johannes P. Louw and Eugene A. Nida's Greek-English Lexicon of the New Testament Based on Semantics Domains (Louw & Nida, 1989; Louw & Nida, 1988).

## RESULT AND DISCUSSION

### Definition of the Mental Health

To understand the efforts to maintain the mental health in Matthew's Gospel, it is necessary to first have a clear definition of the concept of mental health. The definition of mental health itself remains unclear. Sometimes, mental health is simply aimed at reducing mental illness, thus implicitly identifying mental health with the absence of diagnosable psychiatric illness. Apart from that, there are also those who interpret mental health as psychological well-being or even overall well-being. The vagueness or lack of a single concept underlying the notion of mental health has led to various studies attempting to create a single concept of mental health (Goldman & Grob, 2006, p. 737-749; Huber et al., 2011, p. 4163; Galderisi et al., 2015, 231-233; Manwell et al., 2015, p. 79).

The World Health Organization (WHO) in 1950 first defined mental health as "a condition subject to fluctuations due to biological and social factors, which enables the individual to achieve a synthesis of his or her potential that satisfies conflicting instinctive drives; to form and maintain harmonious relationships with others; and to participate in constructive change in his or her social and physical environment" (Organization, 1951, p. 11-16). The WHO redefines mental health as "a state of well-being in which individuals are aware of their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and are able to make a contribution to their community" (Organization, 2004, p. 288). The difference between the two definitions can be seen in the presence or absence of the concepts of well-being and self-actualization in the definition of mental health. This definition continues to be contested due to the lack of consensus.

Galderisi in a recent study of the debate over the definition of mental health states several reasons for the debate against a definition of mental health that focuses solely on well-being and self-actualization. *First*, this view is difficult to reconcile with the many challenging life situations where well-being might be considered unhealthy (of course, people with good mental health often feel sad, angry, or unhappy; and it would be problematic to consider as unhealthy someone who feels hopeless after being fired from their job in a situation where job opportunities are scarce). *Secondly*, this view does not extend the definition of mental health to many adolescents who have difficulty finding their place in society, many older people who are no longer able to work productively and productively, and many migrants and members of other minority groups. Those who are marginalized and therefore unable to contribute to their communities (Galderisi, 2024, p. 53).

Galderisi and his colleagues define mental health as a state of balance in which individuals feel at peace with themselves, are able to function effectively socially and are able to fulfill their basic needs and higher functioning needs (Bhugra et al., 2013, p. 3). Even this definition is still debated. Galderisi and colleagues redefined mental health (2015) as "a dynamic state of internal balance that enables individuals to use their abilities in harmony with the universal values of society" (Galderisi et al., 2015, p. 230). All of these definitions of mental health are reviewed to avoid mental health as the absence of disease (Cyranka, 2020, p. 8).

Recently the WHO redefined mental health as "a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their communities" ([Organization, 2022, p. 5](#)). Similarly and more clearly defined by Fuchs, mental health is not only the absence of mental illness but also the absence of components such as basic cognitive skills (i.e., paying attention to a task, remembering past and current information, being able to solve simple problems and make decisions); basic ability to function in social roles and establish social relationships; emotion regulation (i.e., being able to recognize, express and regulate one's own emotions); flexibility (i.e., the ability to change one's own goals and plans when faced with new events or unpredictable difficulties, and adapt to changes required by different life periods or situations); and a harmonious relationship between body and mind (as the quality of this interaction plays an important role in the overall experience of being in the world) ([Fuchs, 2022, p. 115](#)).

Saldari in his recent study (2024) stated that a definition of mental health continues to be needed in the future from experts that is more systematic and substantial based on experience ([Galderisi, 2024](#)). For the purposes of this study, I will use the WHO (2022) and Thomas Fuchs' definition of mental health which I believe has similarities with the mental health of the 12 years bleeding woman in Matthew 9:20-22. Although other definitions also have relevance to the story of the bleeding woman.

### **Mental Health in Matthew's Community**

The story of the bleeding woman is told in the three Synoptic Gospels. In this section we explore the story of the bleeding woman in the Gospel of Matthew. It is therefore necessary to know first the context of Matthew's Gospel. The authors will show the context of Matthew's community in the frame of the theme of Matthew's Gospel.

The Community of Matthew (Matthean Community) is one of the groups or even sects in Judaism. The community of Matthew is a mixed group, but most seem to be Jewish Christians. Matthew's Jewish community experienced a very heavy crisis from three circles of forces that were pressing on them, namely: the pressure of Formative Judaism (FJ), the pressure of Roman power (Holocaust), and the pressure of Paul's version of Christianity (LFC) ([Surbakti, 2017, p. 38-40](#)). As a result, the Jewish Matthew community experienced a very strong identity crisis ([Surbakti & Andangsari, 2023, p. 2-4](#)). The identity crisis greatly affected the spiritual health and mental health of the Matthew community ([Brown, 1997, p. 78](#)).

The crisis situation experienced by the Community of Matthew gave birth to the story of Jesus' Miracle in Matthew 8-9 as a strength and encouragement for the Matthew community. Basically, Matthew 8-9 aims to make the Matthew community, which is in an identity crisis, understand that "God is with us". This goal is seen in the *inclusio* of Matthew's Gospel in Matthew 1:23 and 28:20. The *inclusio* makes it clear that "God is with us". This anchors the entire narrative of Matthew's Gospel, that "God is with us" ([France, 1985, p. 48](#); [Kupp, 1996, p. 17-27](#)).

This theme of "God with us" emerges and permeates all narrative units and discourses in Matthew 8-9 ([Surbakti, 2017, p. 47](#)). The theme "God with Us" is a "portrait" of



Matthew's Jesus as the New Leader (cf. Matthew 1:23). We will see how far the portrait of Jesus Matthew as the "God with Us" has affected the mental health of Matthew's community in crisis. This portrait can be seen through the miracles Jesus performed in chapters 8-9. For this reason, we will look at the intent and purpose of "God with Us" contained in Jesus' miracle narratives in Matthew 8-9.

Alan Richardson (1941, p. 156), who studies the story of Jesus' miracles, states that the narrative of Jesus' miracle is a common medium used in efforts to "photograph" Jesus, God with Us:

The miracles-stories form an essential and inseparable part of the Gospel tradition, and their aim, like that of every other part of tradition, is to deepen the understanding of the mystery of Who Jesus is and to set forth the implications of this recognition for the whole life and conduct of those who seek to follow Him.

In Matthew's Gospel, miracles are important not for their own sake but because of the message they convey. Held and Blomberg (1963, p. 110) say that the miracle corresponds to and coincides with the fundamental message of Jesus teaching. As an attempt to interpret the meaning of Jesus' miracle, a broader interpretation is needed by considering the social setting of Matthew's community (Surbakti, 2017, p. 154). This is also supported by Wainwright in his article as a form of dissatisfaction with the interpretation of Jesus' miracle stories that do not consider the dimensions of the social setting. The miracle stories in Matthew 8-9 have parallels in Jewish culture and parallels in Jewish and Greco-Roman culture (E. Wainwright, 2001, p. 111). Wainwright sees Jesus' healing as an attempt to transform or liberate those who are shackled for various reasons (Wainwright, 2017, p. 169). A similar and deeper point is made by Bruce J. Malina towards the act of healing by Jesus that:

His healing frequently looked to persons who, in terms of purity rules, were blemished, hence either incapable of social relations with the rest of the holy people of Israel (such as lepers, Mark 1:40-45; Luke 17:11-19; the woman with a hemorrhage, Mark 5:25-34) or barred from the Temple and sacrifice because of some sort of permanent impediment or lack of wholeness (such as those possessed, the paralyzed, the lame, the blind) (Malina, 2001, p. 187).

Malina shows that the problem of illness will make a person experience big problems. With the portrayal that has been done, it is appropriate that Talbert says that Matthew's Jesus "God With Us" is "a miracle-working figure" in a Mediterranean context where miracle-working demigods, such as Asclepius or Isis (Diadorus Siculus, bib. Hist. 1.25. 2-7; Isis delighted in curing many diseases) (Talbert, 2010, p. 330). Therefore, it is clear that Jesus in Matthew is the one who restores both the physical and mental health of Matthew's community. Therefore, the community of Matthew who experienced both physical and mental illness desperately needed a tight grip from Jesus, by believing and having faith in Him. Based on this, one of the interesting stories to study regarding mental health in Matthew's community is the story of the bleeding woman.

### Women's Mental Health Bleeding

The story of the bleeding woman is one of the nineteen healing miracles of Jesus. Judging from the social reconstruction and explanation of Jesus' miracles, the author interprets that this story is not only about physical healing, but also mental aspects. This has been shown by Leon Morris that the bleeding woman for 12 years experienced severe mental disorders (Pilch, 2000, p. 60-66; Morris, 1992, p. 122; Malina, 1992, p. 368). She had a life-threatening and mental illness. She lived in pain, uncleanness and shame for twelve years (Culpepper, 2016, p. 1-2). Similarly stated by Hagner, these bleeding women not only faced the physical discomfort and danger of regular blood loss but also suffered the stigma of ritual impurity in the culture of the time (Hagner, 1998, p. 166). Bleeding women have suffered in this physical and social condition for twelve years. Bleeding women experience long periods of time, unrelenting pain, futile loss of possessions, exhausted bodily suffering, wasted reason for vain hope in the social community (Dźwigła, 2020, p. 59).

According to Keener, "the bleeding woman's blood flowed constantly and resulted in her not being allowed to move in the crowd; anyone she touched would be unclean" (Keener, 2009, p. 303). These women find it difficult to maximize their potential to be able to live properly in a reasonable community order. Likewise, in religious practices, bleeding women cannot actualize their self. Bleeding women cannot participate in community ceremonies (Davies, 2001, p. 129). She was unable to join in worship, and have physical contact with others because her mere touch would make people unclean (Lev 15:27) and this certainly affected the mental state of this bleeding woman (Morris, 1992, p. 229).

These bleeding women lived in social ostracism. A "woman who bleeds for several days beyond her menstrual period, or who bleeds continuously beyond her menstrual period" would be considered unclean (Braswell, 2018, p. 8). An unclean person in Matthew's community at the time would have been socially ostracized. The woman could not relate intimately in the community of society and religion even with her own family. The touch of the bleeding woman made anyone - including Jesus and the crowd who bumped into her unclean (Pomeroy, 1991, p. 299).

The Damascus document (4Q272 1 ii 7-10) apparently also discusses the impurity caused by the discharge of blood from the female genitals (bleeding): "And the law is that a woman who bleeds must be unclean for seven days and remain for seven days" (Baumgarten, 1996, p. 190-191; Werrett, 2013, p. 52-58). Within the framework of first-century CE Judaism, regarding women experiencing menstrual and non-menstrual blood flow, interpreters of the Torah mentioned this led to a situation of ritual uncleanness. This uncleanness stigmatized the community for bleeding women, causing segregation and certainly disrupting one's mental health. The Dead Sea Scrolls text 11QT 48:14-17 confirms this statement that:

In every city you shall provide a place for those suffering from Sara'at,<sup>18</sup> with plague (negative) or with scab (*neteq*) so that they do not enter your cities and defile them; and also for those suffering from gonorrhea, and for women who are in the unclean period and after giving birth, so that they do not defile who are in them (cities) during



the unclean period (Yadin, 1985, p. 99; Qimron, 1996, p. 70; Schiffman & Gross, 2021, p. 344-345).

The above statement explains that "women who are in a period of uncleanness including due to bleeding should be provided with a special place to prevent them from making the city and people unclean" (I. C. Werrett, 2007, p. 118). This is emphasized by Josephus by saying that the biblical view is that such women should be ostracized (Feldman, 2000, p. 308).

For this reason, a woman who is bleeding must undergo ritual purification in order to join her family and the community of society and religion. The Pharisee/Rabbinic tradition affirms this. They stated that "those who perform ritual worship in the Temple need to maintain ritual purity" (Viljoen, 2014, p. 53). Something similar is seen in the Bible that a person who has irregular bleeding that lasts for three days must wait until the bleeding stops, count seven holy days without blood flow, and only then can he be purified (Baumgarten, 1996, p. 99).

What happens in all these cases is that the impurity caused by menstrual blood and that caused by post-menstrual bleeding makes it unclean and requires a purification period of seven days (Braswell, 2018, p. 130). Hence, she should no longer be considered chaste for the purpose or for sexual relations with her husband or within her community. Faces the discomfort and physical danger of blood deprivation but also suffers the stigma of ritual impurity and consequent exile (Davies, 2001, p. 99; Hagner, 1998, p. 247-249). The bleeding experienced by the woman was positively an example of shameful faith (vv. 20-21). She therefore needed to purify herself with the purification rituals available at the time. However, her physical difficulties resulting in irregular bleeding, or short and frequent menstrual bleeding, made such purification impossible. How, then, can a bleeding woman who survived 12 years purify herself with purification rituals if her bleeding does not stop? Surely this is a difficult and impossible feat, which strikes at the physical and eventually mental suffering of the bleeding woman. Then, how can the bleeding woman survive to experience the recovery of her mental health?

### **Women's Mental Health Healing Bleeding by Faith**

In contrast to modern healing today, healing in ancient times often did not require a doctor (Bazzana, 2009, p. 232-251). It is because people cannot afford a doctor, however, that traditional medicine may have dominated. The Jews recognize that God is ultimately the healer and people can ask for healing in prayer. People in ancient times proclaimed that God's word is better than medicines that can heal (Ferngren, 2009, p. 42) and some Jewish traditions prefer to believe in God rather than doctors (Ferngren, 2009, p. 45; Kyndd, 1998, p. 114-140). But it is also undeniable that God can work through doctors. When faced with serious bleeding, the woman naturally sought help. However, medicine was unable to cure her condition. The doctors may have even unintentionally worsened her condition (A. Brown, 2021, p. 29). In addition, the bleeding woman will also definitely incur a lot of costs (Bazzana, 2009, p. 234). The biblical tradition on many occasions underscores the lack of medicine or the helplessness of doctors (see Job 13:4; Jer 8:22; Tob 2:10; Sir 10:10)

(Bazzana, 2009, p. 66). The Septuagint in several places introduces the image of a doctor (ἰατροί) who cannot raise the dead (see Isa 26:14 LXX; Ps 87:11 LXX, Odes Sol 5:14) (Bazzana, 2009, p. 72). The same helplessness is evident in the case of the bleeding twelve-year-old woman. This clearly shows that not all mental health can be cured through medicine or doctors.

Matthew 9:20-26 shows that the woman with the hemorrhage did not despair and remain silent over the pain that was attacking her physically and mentally. The bleeding woman suddenly emerged from the crowd with a strong desire to be healed of her bleeding (Davies, 2001, p. 130). He had faith or trust in the good and powerful Jesus. It was this faith or trust that restored her mental health. With his faith he believed that through his touch, Jesus restored his mental health.

Matthew describes the strength of the woman's faith as what saved her, not the doctors at the time or the magical powers in Jesus' clothes. Jesus would have technically contracted ritual uncleanness when she touched him, but instead Jesus provided deliverance and her bleeding immediately disappeared. Jesus told the bleeding woman "be of good cheer, your faith has saved you..." (Matthew 9:22). It is clear that through her faith, the bleeding woman was saved. However, what does saving mean in this text? Does it speak of mental health salvation or does it speak of eternal salvation? The author believes that the word saved in the text means "cured" of the bleeding woman's physical and mental health. This can be clearly seen when looking at the semantic domain of the word "save" in this verse.

### **Semantic Domain (Semantic Field) “σέσωκέν”**

To confirm the social image and mental health concept of women bleeding through faith in Matthew 9:20-22, we will try the Semantic Domain analysis to the word "σέσωκέν" in Matthew 9:22. By doing so, we hope to discover deeper concept about mental health in Matthew's gospel., especially in Matthew 9:22. This is because the concept exceeds the lexical dimension of a word.

The concept relates to the ideas contained in the word itself. When talking about biblical concepts, we should not only focus on the word itself. Because the word plays an important role in forming a biblical concept (Cotterell, 1989, p. 124). This is because in a piece of writing a word never stands alone, as if it has nothing to do with other aspects. A biblical concept usually cannot be found by simply observing a single word.

When it comes to finding a concept, there are three things that will make up a biblical concept: the word, the terminology, and the context (Köstenberger, 1997, p. 17-27). Terminology is a number of words that have related meanings to one another. Another term for this terminology is the semantic field or what Köstenberger calls the Semantic Field (Köstenberger, 1997, p. 20). The author will find the Semantic Field of the word σέσωκέν by using the works of Louw and Nida (Louw & Nida, 1989; Louw & Nida, 1988). Using Louw-Nida's book, we will see the ideas that the word σέσωκέν contains in the text of Matthew 9:22, which can be seen in the semantic domain and semantic subdomain of the word σώζω. By looking at this, we will find a number of words that contain the intersection of meaning or ideas to the word σώζω.

Jesus' words in Matthew 9:22 are an important part of the narrative of Matthew 9:20-22 about the bleeding woman. This verse contains the phrase "*pistis*" which in Indonesian can mean "faith" or "trust". Thus, the text of Matthew 9:20-22 depends on the concept of faith. This is particularly important in the narrative of the bleeding woman. Jesus in this verse wants to emphasize the role of "faith" in the life of a believer. That faith can save a person. Jesus says "your faith has saved you" (Matthew 9:22).

The word "save" in this verse is the translation of the indicative verb σέσωκέν. However, the translation of this word, which comes from the word σέσωκέν (*sesoken*), is quite diverse. Translations in some regional languages in Indonesia, for example, are: *malem*/heal (Karo); *pangoluhon*/ livelihood (Toba); *mitulungi*/help (Java); *ale*/heal (Mentawai); *malapu'moko*/health (Mamasa); *No I'orifi*/ revive (Nias); *bae*/heal (Manado), etc. In English translations, the words used also vary, such as: made thee whole (RSV, KJV); healed (NIV); made you well (NAB, NAS). The Indonesian translation (LAI-TB) itself uses the word "saved". If so, what exactly does "saved" by faith mean in this verse?

Semantically, the word "save" can be translated as σώζω. In Domain 23, Louw & Nida relate this to "Physiological Processes and States" (Louw & Nida, 1988, p. 248). Domain 23 consists of 13 sub-domains of which one domain has the meaning of "σώζω", namely: H. (23.129-23.141) (Louw & Nida, 1989, p. 189). Thus, the word σώζω which is translated as saving has an affinity with the words Health, Vigor and Strength (Louw & Nida, 1988, p. 248). The word σέσωκέν which is translated as save is related to the word ίομαι which is often translated as "to heal" or "to cure". By taking a case study of Matthew 9:20-22, it has been proven that the word "σώζω" contained in verse 22 does contain the idea of to heal. It is clear that the statement that faith can heal one's mental health is true. Therefore, efforts to maintain mental health need to be done by self-reflection and continuing to grow in our faith in Jesus. This is the power for us to continue to have mental health.

### RECOMMENDATIONS ON RESEARCH AND DEVELOPMENT

This research is useful for believers to be able to have mental health. This research is also useful to achieve the golden Indonesia 2045 through improving the quality of life, especially mental health. Through the case study of the bleeding woman in Matthew 9:20-22 with social analysis and semantic domain, we finally find that the faith that believers have plays a big role in maintaining mental health. Therefore, it is necessary for believers to have a healthy faith. This research can be developed by examining more deeply the task of the church in trying to maintain the mental health and faith health of the congregation which are interrelated with each other, especially the programs that need to be carried out.

### CONCLUSION

Through the use of social analysis of the text of Matthew 9:20-22, we see the story of the bleeding woman which contains mental health. The bleeding woman experienced suffering, uncleanness, and exclusion from community and religious life. This of course most likely refers to mental health disorders. However, the bleeding woman was able to maintain good mental health. Bleeding women struggle and try to have mental health. The bleeding woman's

struggle was not in vain. She can have mental health. This is the result of the health of faith that she has. Through the health of faith that the bleeding woman has, she can have mental health. It is clear that healthy faith is the key to mental health. This is confirmed in Jesus' words to the bleeding woman that "...your faith has saved you..." (Matthew 9:22). The word "save" in the text was investigated through semantic domain analysis, where the word "save" in Greek "σέσωκέν" is related to the word ἰάομαι which is often translated as "to heal" or "to cure". This confirms that a bleeding woman's faith is key to her mental health. The findings in this study are enriched and confirmed by psychological research studies where many experts agree that healthy faith is the key to having mental health.

### BIODATA



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### REFERENCES

- Allport, G. W., & Ross, J. M. (1967). Personal religious orientation and prejudice. *Journal of Personality and Social Psychology*, 5(4), 432–443. <https://doi.org/10.1037/h0021212>
- Baumgarten, J. M. (1996). *Qumran Cave 4: XIII: The Damascus Document (4Q266-273)*. Clarendon Pr.
- Bazzana, G. B. (2009). Early Christian Missionaries as Physicians Healing and its Cultural Value in the Greco-Roman Context. *Novum Testamentum*, 51(3), 232–251. <https://doi.org/10.1163/156853609X407493>
- Bhugra, D., Till, A., & Sartorius, N. (2013). What is mental health? *International Journal of Social Psychiatry*, 59(1), 3–4. <https://doi.org/10.1177/0020764012463315>
- Braswell, L. (2018). Linking Jairus' Daughter, The Hemorrhaging Woman, and Jesus in the Gospel of Mark. *Journal of Undergraduate Research*, 18(2), 4.
- Broadus, J. A. (1990). *Commentary on Matthew*. Kregel Publications.
- Brown, A. (2021). Bleeding women and theology from below. *STJ / Stellenbosch Theological Journal*, 6(4), 13–36. <https://doi.org/10.17570/stj.2020.v6n4.a1>

- Brown, R. E. (1997). *An Introduction to the New Testament*. The Anchor Yale Bible Reference Library.
- Cook, C. C. . (2020a). Mental Health in the Kingdom of God. *Journal Theology*, 123(3), 163–171.
- Cook, C. C. ., Goddard, D., & Westall, R. (1997). Knowledge and experience of drug use amongst church affiliated young people. *Drug and Alcohol Dependence*, 46(1–2), 9–17. [https://doi.org/10.1016/S0376-8716\(97\)00036-7](https://doi.org/10.1016/S0376-8716(97)00036-7)
- Cook, C. C. H. (2020b). Mental Health and The Gospel: Boyle Lecture 2020. *Zygon®*, 55(4), 1107–1123. <https://doi.org/10.1111/zygo.12656>
- Cotterell, P. (1989). *Linguistics & Biblical Interpretation*. IVP Academic.
- Culpepper, R. A. (2016). Jesus as Healer in the Gospel of Matthew, Part II: Jesus as Healer in Matthew 8–9. *In Die Skriflig/In Luce Verbi*, 50(1). <https://doi.org/10.4102/ids.v50i1.2116>
- Cyranka, K. (2020). Controversial issues in current definitions of mental health. *Archives of Psychiatry and Psychotherapy*, 22(1), 7–11. <https://doi.org/10.12740/APP/118064>
- Davies, W. . and D. C. A. (2001). A Critical and Exegetical Commentary on The Gospel according to St. Matthew: A Commenatary on Matthew 8-18. T & T Clark.
- Dźwigała, K. M. (2020). The Woman with the Flow of Blood in the Homily of Pseudo-Chrysostom and the Kontakion of Romanos the Melodist. *Verbum Vitae*, 38(2). <https://doi.org/10.31743/vv.10820>
- Elliott, J. H. (1993). *What Is Social-Scientific Criticism?* Augsburg Fotress.
- Feldman, L. H. (2000). *Judean Antiquities 1–4. Flavius Josephus: Translation and Commentary Vol. 3*. BRILL.
- Ferngren, G. B. . (2009). *Medicine and Health Care in Early Christianity*. Johns Hopkins University Press.
- France, R. . (1985). *Matthew*. Inter Varsity Press.
- France, R. . (2007). *The Gospel of Matthew: The New International Commentary on the New Testament*. Wm. B. Eerdmans Publishing Co.
- Frankl, V. P. (1984). *Logotherapy, Man's Search for Meaning: An Introduction to*. Touchstone.
- Fuchs, T. (2022). The disappearing body: anorexia as a conflict of embodiment. *Eating and Weight Disorders - Studies on Anorexia, Bulimia and Obesity*, 27(1), 109–117. <https://doi.org/10.1007/s40519-021-01122-7>
- Galderisi, S. (2024). The need for a consensual definition of mental health. *World Psychiatry*, 23(1), 52–53. <https://doi.org/10.1002/wps.21150>



- Galderisi, S., Heinz, A., Kastrup, M., Beezhold, J., & Sartorius, N. (2015). Toward a new definition of mental health. *World Psychiatry*, 14(2), 231–233. <https://doi.org/10.1002/wps.20231>
- Gallardo-Vergara, R., Silva-Maragaño, P., & Castro-Aburto, Y. (2022). Los efectos negativos de la religiosidad-espiritualidad en la salud mental: una revisión bibliográfica. *Revista Costarricense de Psicología*, 41(1), 43–66. <https://doi.org/10.22544/rcps.v41i01.03>
- Goldman, H. H., & Grob, G. N. (2006). Defining ‘Mental Illness’ In Mental Health Policy. *Health Affairs*, 25(3), 737–749. <https://doi.org/10.1377/hlthaff.25.3.737>
- Gray, A. J., & Cook, C. C. H. (2021). Christianity and mental health. In A. Moreira-Almeida, B. P. Mosqueiro, & D. Bhugra (Eds.), *Spirituality and Mental Health Across Cultures* (pp. 167–182). Oxford University Press. <https://doi.org/10.1093/med/9780198846833.003.0011>
- Grundmann, C. H. (2018). Christ as Physician. *Christian Journal for Global Health*, 5(3), 3–11. <https://doi.org/10.15566/cjgh.v5i3.236>
- Hagner, D. A. (1998). *Matthew 1-13*. Word Books Publisher.
- Held, H. J. (1963). Matthew as Interpreter of the Miracle Stories. In *Tradition and Interpretation in Matthew* (pp. 165–229). SCM Press.
- Huber, M., Knottnerus, J. A., Green, L., Horst, H. v. d., Jadad, A. R., Kromhout, D., Leonard, B., Lorig, K., Loureiro, M. I., Meer, J. W. M. v. d., Schnabel, P., Smith, R., Weel, C. v., & Smid, H. (2011). How should we define health? *BMJ*, 343(jul26 2), d4163–d4163. <https://doi.org/10.1136/bmj.d4163>
- Jipp, J. W. (2017). *Saved by Faith and Hospitality*. Eerdmans.
- JOHNSON, B. R., De LI, S., LARSON, D. B., & McCULLOUGH, M. (2000). A Systematic Review of the Religiosity and Delinquency Literature. *Journal of Contemporary Criminal Justice*, 16(1), 32–52. <https://doi.org/10.1177/1043986200016001003>
- Keener, C. S. (2009). *The Gospel of Matthew: A Socio-Rhetorical Commentary*. Wm. B. Eerdmans Publishing Co.
- Koenig, H. G. (2005). *Faith and Mental Health: Religious Resources for Healing*. Templeton Press.
- Koenig, H. G. (2007). Religion and Remission of Depression in Medical Inpatients With Heart Failure/Pulmonary Disease. *Journal of Nervous & Mental Disease*, 195(5), 389–395. <https://doi.org/10.1097/NMD.0b013e31802f58e3>
- Koenig, H. G. (2009). Research on Religion, Spirituality, and Mental Health: A Review. *The Canadian Journal of Psychiatry*, 54(5), 283–291. <https://doi.org/10.1177/070674370905400502>
- Koenig, H. G., & Büssing, A. (2010). The Duke University Religion Index (DUREL): A

- Five-Item Measure for Use in Epidemiological Studies. *Religions*, 1(1), 78–85. <https://doi.org/10.3390/rel1010078>
- Koenig, H. G., King, D., & Carson, V. B. (2012). *Handbook of Religion and Health*. Oxford University Press.
- Kostenberger, A. (1997). *The Missions of Jesus and the Disciples according to the Fourth Gospel, with Implications for the Fourth Gospel's*. Wm. B. Eerdmans-Lightning Source.
- Kupp, D. D. (1996). *Matthew's Emmanuel: Divine Presence and God's People in the First Gospel*. Cambridge University Press.
- Kyndd, R. (1998). *Healing Through the Centuries: Models for Understanding*. Tyndale House Publishers.
- Lloyd, C. E. M., Cathcart, J., Panagopoulos, M. C., & Reid, G. (2023). The experiences of faith and church community among Christian adults with mental illness: A qualitative metasynthesis. *Psychology of Religion and Spirituality*. <https://doi.org/10.1037/rel0000511>
- Louw, J., & Nida, E. (1988). *Greek-English Lexicon of the New Testament: Based on Semantic Domains, Vol. 2*. United Bible Societies.
- Louw, J., & Nida, E. (19889). *Greek-English Lexicon of the New Testament- Based on Semantic Domains, Vol. 1: Introduction and Domains*. United Bible Societies.
- Lucchetti, G., Koenig, H. G., & Lucchetti, A. L. G. (2021). Spirituality, religiousness, and mental health: A review of the current scientific evidence. *World Journal of Clinical Cases*, 9(26), 7620–7631. <https://doi.org/10.12998/wjcc.v9.i26.7620>
- Luz, U. (2001). *Matthew: a Commentary*. Fortress Press.
- Malina, B. J. (1992). *Social science commentary on the Synoptic Gospels*. Fortress Press.
- Malina, B. J. (2001). *The New Testament World: Insights from Cultural Anthropology 3rd edition*. John Knox Press.
- Manwell, L. A., Barbic, S. P., Roberts, K., Durisko, Z., Lee, C., Ware, E., & McKenzie, K. (2015). What is mental health? Evidence towards a new definition from a mixed methods multidisciplinary international survey. *BMJ Open*, 5(6), e007079–e007079. <https://doi.org/10.1136/bmjopen-2014-007079>
- Mas'ul, Z. (2023). Projecting the Future Ageing Population in Post-2045: The Today's Millenials Perspectives. *Jurnal Jamsostek*, 1(1), 1–31. <https://doi.org/10.61626/jamsostek.v1i1.4>
- Morris, L. (1992). *The Gospel According To Matthew*. Wm. B. Eerdmans Publishing Co.
- Organization, W. H. (1951). *Mental health: report on the second session of the Expert Committee*. World Health Organization.

- Organization, W. H. (2004). *Promoting mental health: concepts, emerging evidence, practice*. World Health Organization.
- Organization, W. H. (2022). *World mental health report: transforming mental health for all*. World Health Organization.
- Pargament, K. I., Koenig, H. G., & Perez, L. M. (2000). The many methods of religious coping: Development and initial validation of the RCOPE. *Journal of Clinical Psychology*, 56(4), 519–543. [https://doi.org/10.1002/\(SICI\)1097-4679\(200004\)56:4<519::AID-JCLP6>3.0.CO;2-1](https://doi.org/10.1002/(SICI)1097-4679(200004)56:4<519::AID-JCLP6>3.0.CO;2-1)
- Pilch, J. J. (2000 C.E.). *Healing in the New Testament: Insights from Medical and Mediterranean Anthropology*. Fortress Press.
- Pomeroy, S. B. (1991). *Women's History and Ancient History*. The University of North Carolina Press.
- Praag, H. M. van. (2021). The role of religion in suicide prevention. In D. Wasserman & C. Wasserman (Eds.), *Oxford Textbook of Suicidology and Suicide Prevention* (pp. 9–16). Oxford University Press. <https://doi.org/10.1093/med/9780198834441.003.0002>
- Qimron, E. (1996). *The Temple Scroll: A Critical Edition*. Israel Exploration Society.
- Ranimpi, Y. Y., Hyde, M., & Oprescu, F. (2023). An indigenous psychology perspective for appropriate mental health services and research in Indonesia. *Buletin Psikologi*, 31(2), 231. <https://doi.org/10.22146/buletinpsikologi.77298>
- Reginald, S. (1538). *The Discoverie of Witchcraft*. Elliot Stock.
- Richardson, A. (1941). *The Miracle Stories of the Gospels*. SCM Press.
- Schieman, S., Bierman, A., & Ellison, C. G. (2013). *Religion and Mental Health* (pp. 457–478). [https://doi.org/10.1007/978-94-007-4276-5\\_22](https://doi.org/10.1007/978-94-007-4276-5_22)
- Schiffman, L. H., & Gross, A. D. (2021). *The Temple Scroll: 11q19, 11q20, 11q21, 4q524, 5q21 with 4q365a*. BRILL.
- Smith, T. B., McCullough, M. E., & Poll, J. (2004). “Religiousness and depression: Evidence for a main effect and the moderating influence of stressful life events”: Correction to Smith et al. (2003). *Psychological Bulletin*, 130(1), 65–65. <https://doi.org/10.1037/h0087878>
- Surahman, D., & Sya'ban, M. (2021). Indonesia Gold 2045. *IJEBD (International Journal of Entrepreneurship and Business Development)*, 4(6), 948–953. <https://doi.org/10.29138/ijebd.v4i6.1553>
- Surbakti, P. H. (2017). *Yang Terutama dalam Amanat Agung: Sebuah Pencarian Makna Kata Terein dalam Matius 28:20a*. BPK Gunung Mulia.
- Surbakti, P. H., & Andangsari, E. W. (2022). Jesus and nostalgia : A nostalgia construction of ‘ ho theos tōn paterōn – ó θεός τῶν πατέρων ’ for facing an identity crisis ( Mt 22 : 32 ).

- HTS Teologiese Studies/Theological Studies*, 78(1), 1–6.  
<https://doi.org/10.4102/hts.v78i1.7507>
- Surbakti, P. H., & Andangsari, E. W. (2023). Winning over a crisis : Understanding the ‘ ποιεῖν ’ in Matthew 7 : 24 – 27 from the nostalgia perspective. *Verbum et Ecclesia*, 44(1), 1–7. <https://doi.org/https://doi.org/10.4102/ve.v44i1.2772>
- Swinton, J. (2001). *Spirituality and Mental Health Care*. Jessica Kingsley Publishers.
- Talbert, C. H. (2010). *Matthew: Paideia Commentaries on the New Testament*. Baker Academic.
- Viljoen, F. (2014). The law and purity in Matthew; Jesus touching a bleeding woman and a dead girl (Mt 9:18-26). *Nederduitse Gereformeerde Teologiese Tydskrif*, 55(1–2). <https://doi.org/10.5952/55-1-2-535>
- Wainwright, E. (2001). The Gospel of Matthew in Current Study. In *The Gospel of Matthew in Current Study* (p. 204). Wm. B. Eerdmans.
- Wainwright, E. M. (2017). *Matthew: An Introduction and Study Guide: The Basileia of the Heavens is Near at Hand (T&T Clark's Study Guides to the New Testament)*. T & T Clark.
- Werrett, I. (2013). The Evolution of Purity at Qumran. In *Purity and the Forming of Religious Traditions in the Ancient Mediterranean World and Ancient Judaism* (pp. 493–518). BRILL. [https://doi.org/10.1163/9789004232297\\_018](https://doi.org/10.1163/9789004232297_018)
- Werrett, I. C. (2007). *Ritual Purity and the Dead Sea Scrolls*. BRILL.
- Wilkerson, J. M., Smolensk, D. J., Brady, S. S., & Rosser, B. R. S. (2013). Performance of the Duke Religion Index and the Spiritual Well-Being Scale in Online Samples of Men Who Have Sex with Men. *Journal of Religion and Health*, 52(2), 610–621. <https://doi.org/10.1007/s10943-012-9594-9>
- Yadin, Y. (1985). *THE TEMPLE SCROLL - The Hidden Law of the Dead Sea Sect*. Israel Exploration Society.
- Zed, M. (2008). *Metode penelitian kepustakaan*. Yayasan Pustaka Obor Indonesia.