

“BY HIS STRIPES WE ARE HEALED”

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The doctrine of atonement looms rich with imagery over the theological landscape. Through the centuries Christian theologians have employed diverse motifs—the economics of ransom (Origen, Gregory of Nyssa), judicial proceedings (Anselm), warfare and conquest (Aulen), educational training by example (Socinius, Abelard), and sacrificial rites—to interpret the complexity of the atonement. To these Isaiah adds another: healing through the suffering of another. Though this motif is at times alluded to, I have yet to find it carefully elaborated. In what follows I will explore the healing motif, develop how it might assist our understanding of the atonement, and assess it in light of a serious critique of the atonement itself. My intent is not to replace or supersede the other motifs but to further enrich them.

The fourth Servant song (Isa 52:13–53:12) is central for developing this motif. It describes the human predicament—whether individual or corporate, religious or political—of a life of infirmities and pains, of transgressions and iniquities. One thing immediately striking about this passage is the author’s connection of sickness and sin. He moves easily between the two: In 53:4 the Servant is seen as bearing our¹ diseases and sorrows, while in v. 5 the Servant is pierced, crushed, and punished for our sins. If sin and sickness are conceptually connected, the model of healing provides an appropriate way to address the human predicament.

I. SICKNESS AND SIN IN SCRIPTURE

OT thought frequently links sickness, suffering and sin. Humans freely sin, and sin leads to punishment, which culminates appropriately in suffering. In the Genesis story of the fall the writer traces both the excruciating pain of childbearing and the man’s painful toil in tilling the soil for a living to human disobedience of God’s command regarding the central tree of the Garden (Gen 3:16–19). God punishes Miriam with leprosy when she complains about Moses’ recent marriage and his failure to share power (Num 12:1–16), while those who gave a false report about Canaan die from a plague (14:33–38). Elisha’s servant Gehazi greedily pursues Naaman’s offer of payment for services rendered and is punished with leprosy (2 Kgs 5:20–27). Elijah instructs Jehoram that because of his idolatry and murder of his

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¹ The identification of “our” contextually depends on who utters the song. Possibilities include the astonished kings and the Judaic exiles.

brothers he will suffer a “lingering disease of the bowels, until the disease causes your bowels to come out” (2 Chr 21:12–16).

The Levitical instructions regarding the offering for atonement provide hints of the broad extent to which ancient Israel viewed the connection between illness and sin. Not only did serious sins and unintentional sins demand atonement;² it also was required for certain illnesses that made a person unclean—such as infectious skin diseases or unusual bodily discharges, as when a woman’s menstrual period lasted longer than normal³—but that were not considered results of sin. After certification as clean, the healed were to request the priest to make a sin offering on their behalf.

This perceived connection of sickness and sin continues into the NT. Jesus tells the leper whom he heals to offer the atonement offering (Matt 8:4), and he commands the healed paralytic, who likewise went to the temple to offer the atonement offering, to “stop sinning or something worse may happen to you” (John 5:11). James, who holds that since some sickness results from sin, prayers of confession possess a concomitant healing power (Jas 5:13–16), makes the clearest connection.

At the same time it is unlikely that ancient Israel believed that every instance of pain, suffering, or dysfunction resulted from sin. Strong voices in both Testaments deny the universal linkage of suffering and sin. The book of Job stands as a monument to an opposing view. Though Job cannot understand the reason for his physical ills and suffering, he repeatedly resists his visitors’ contention that his suffering results from his sin. He protests his innocence and calls on God as his witness. Jesus too denies the universal connection of serious sickness and sin. In their encounter with the blind beggar (John 9) Jesus’ disciples query whether it was this man’s sin or that of his parents that caused his blindness. Jesus rejects both options in favor of another reason. Even James, in his epistle, appears to reject a universal connection when he introduces the hypothetical “If he has sinned.”

The Levitical laws for atonement did not require a sin offering for every illness, boil or swelling but only for illnesses that were prolonged (and hence possibly contagious) or when a person abnormally emitted fluids like blood that could spread contagion. One might conjecture that atonement applied to those diseases that were viewed as threats to the general health and welfare of the community.

² Megory Anderson and Philip Culbertson note that ancient Judaism had three kinds of sin of varying degrees of severity. Inadvertent sin (*hēṭ*) still is sin in that God’s commandments are broken, and hence it requires a sin offering for its atonement (Lev 4:1–5:19; Num 15:22–29). But since done inadvertently, it is less serious. The term *‘āwôn* refers to advertent sin. “This category of sin is often referred to as ‘crookedness,’ on the analogy of a Jew who eats pork. He knows he is not permitted according to the Torah, yet he chooses to eat pork in order to satisfy his appetite” (Anderson and Culbertson, “The Inadequacy of the Christian Doctrine of Atonement in Light of Levitical Sin Offering” [ATR 68/4 [October 1986] 308]. Leviticus gives examples of cheating, lying, and deceiving another regarding something left to one’s trust (Lev 6:1–7). The third kind of sin is *peša*^c—demonstrative or defiant sin—which includes the serious sins of bloodshed, adultery, idolatry, blasphemy and Sabbath-breaking. In such cases there was no atonement: The guilty party was executed (Num 15:30–36).

³ The requirement of a sin offering for uncleanness extended beyond diseases to such states as childbirth (Leviticus 12).

Given this, it is probably safe to say that in general the ancient Hebrews believed that serious illness was more than a physical phenomenon. It had moral and spiritual dimensions that made it appropriate to beseech the Almighty for deliverance (Ps 91:1–10).⁴ Since a function of God was to heal the sick (Exod 15:26) the role of healer, found in surrounding cultures, did not form a significant part of OT Hebrew culture (though this apparently changes in the Greek period). Priests provided diagnostics and administered purification laws and rituals but were not considered healers.

Sin not only leads to illness but also can result in death. David’s adultery with Bathsheba led to the illness and death of the child born from their union (2 Sam 12:15–18). In the NT Paul traces the entry of death into the world through the sin of the first human (Rom 5:12–17). The wages of sin are death, Paul claims (6:23).

The linkage between sin, sickness, suffering and death forms a background motif for Isaiah in the Servant song of chaps. 52–53. For him there is no difficulty in moving between the two in prophetic poetic parallelism.

II. SICKNESS, SUFFERING AND SIN IN THE AGE OF MEDICINE

The modern age greatly resists this linkage. Medical practitioners generally are not trained in the spiritual arts of healing. They rely on the physiological staples of drug therapy and surgery. Media accounts of horror stories where reliance on faith healing, though based on sincere religious conviction, leads to disastrous consequences bolster the correctness of this approach.

Yet the recent emphasis on holistic health therapy seeks to restore some measure of balance between the spiritual and physical dimensions of healing. It recognizes that many factors, including those beyond what can be treated with drugs or surgery, affect a person’s health. Healing, in part, comes from within oneself rather than without. One’s emotional state, family and social relations, and personal outlook on life can significantly influence one’s health. The role of placebos here is informative. One study suggests that “in general, a placebo is between 30% and 60% as effective as the active medication with which it is compared, regardless of the power of the medication.”⁵ Whether or not this figure is wholly accurate it indicates that the psychological plays an important if not often a crucial role in the origin and treatment of illness.

Similar things confirming the links between the psychological and the physiological can be suggested for certain dispositional traits. For example, anxiety or worry produces diverse physiological symptoms from rashes and hives to asthmatic attacks. Persons with type-A personality characteristics, who are aggressive and competitive, have higher productions of adrenaline and cortisone, which can lead to arteriosclerosis. Similarly it would seem that

⁴ D. W. Amundsen and G. B. Ferngren, “Medicine and Religion: Pre-Christian Antiquity,” in M. E. Marty and K. L. Vaux, *An Inquiry into Religion and Medicine* (Philadelphia: Fortress, 1982) 64.

⁵ J. Frank, “Physiotherapy of bodily diseases: An overview,” *Psychotherapy and Psychosomatics* 26 (1975) 197.

states of character—virtues or the lack thereof—might likewise be linked with emotional and physical health.

Treating humans merely physiologically is inadequate, and treating human illness merely psychologically or spiritually is irresponsible. As with our argument in the previous section, the truth lies in the middle. Possessing both spiritual and physical dimensions, human illness must be addressed using appropriate measures from both directions.

The linkage, then, between sin and sickness should not be easily dismissed. While it would be perverse to assess the moral character of individuals based on their sufferings, it would be naïve to think that sin never brings painful consequences for the perpetrator or that immorality in a person's act or character might not underlie illness. Treatment of such an illness might begin by addressing the spiritual dimension of the ill.

III. HEALING IN THE OT

We have seen that ancient Hebraic thought sees serious human sickness and suffering, even death itself, connected with sin. We might say that the human predicament includes both sin and suffering. What we seek is a cure for both the symptom (illness) and its cause (sin).

The Levitical sacrificial system did not provide healing for persons afflicted with infectious diseases (Leviticus 13). When diseased, persons were brought to the priest for examination. After sequential periods of isolation, if upon further inspection the ill continued to show signs of an infectious disease they were removed outside the camp until they were healed. If eventually the diseased thought healing had occurred, the priest was summoned to so certify. The priest when he visited the ill did not bring healing but only a certification that healing had occurred. If the diseased were healed they were then invited back into the camp, whereupon the priest atoned on their behalf by presenting the sin and the guilt offerings. The atonement provided forgiveness for the sin that occasioned the disease, thus allowing the person again to participate in communal life and its relationship with God.

But though sacrifice atoned for the sin on behalf of the person now certified as healed, that sacrifice did not cure the ailment. The sacrificial system left the human predicament of sickness and death untouched. Humans need healing, which can extend beyond physical and mental symptoms, for as we have seen, serious sickness can have deeper roots. For healing to occur it often must assume a deeper, spiritual dimension.

Though the word "atonement" is not mentioned in Isaiah 53, the concept underlies the passage. The Servant⁶ comes to address the human predica-

⁶ The Servant's identity is much debated. Since the middle ages Jewish scholars have interpreted the Servant as Israel, perhaps in conscious contrast with Christian thinkers. In the last century Christian scholars have run the gamut on the identity of the Servant, from Israel to any number of persons, including prophets, kings and the future Messiah; see C. North, *The Suffering Servant in Deutero-Isaiah* (London: Oxford University, 1948). Since we are dealing with the Christian view of the atonement we will apply models possessing an individualistic flavor. This is not meant to prejudice or supersede the debate regarding the identity of the Servant in Isaiah 53.

ment in a way not before fully envisioned. Since the Servant appears not to come from the Levitical tree, his mission extends far beyond mere certification of cleanness. The Servant takes on the role of healer or physician in its radical and culturally relevant dimensions.

The writer of Isaiah 53 describes humans as afflicted with infirmities and pains. On one interpretation of the historical context of the passage the sufferers are the Israelites captive in Babylon. As unclean sinners they have been driven from the camp (Jerusalem) because of their sickness. Since they cannot cure themselves they need a deliverer, the Servant, who removes their illnesses to end their exile and restore them to their home, community and temple (the dwelling of Yahweh).

In a more particularized and less politicized sense, individual humans are sinners. The Servant is not like the priests, who merely certify uncleanness and cleanness. He actually bears the sins of those who have sinned, are afflicted, and cannot find a cure. The Servant in this atonement role assumes the infirmities and sins and thereby effects a cure for the human predicament through his own suffering and death. He is a “man of sorrows, and familiar with suffering,” stricken, smitten and afflicted, pierced and crushed, wounded and finally killed. Atonement comes through another’s suffering and death.

The drama portrays more than a temporary reprieve. The self-sacrifice has finality. It is curative and finally restorative. In a way that the priests and their sacrifices could not accomplish, the Servant heals through his suffering, death and intercession. He is the Great Physician.

Indeed, Matthew quotes this passage in this very light. He understands Jesus’ healing of the sick who come to him in droves as fulfilling the Servant passage (Matt 8:16–17).⁷ Jesus comes as the promised healer of his people, one who can heal by forgiving sins (9:1–8). To the paralytic lowered through the roof Jesus says, “Take heart, son; your sins are forgiven.” When questioned whether what he said was appropriate, Jesus notes: “Which is easier: to say ‘Your sins are forgiven,’ or to say, ‘Get up and walk?’” Then to show he had the power to forgive sins he commanded the paralytic to get up and go home. For Matthew, Jesus carries out the dual healing ministry prophesied by Isaiah.⁸

IV. TRADITIONAL HEALING

In contrast with modern medicine’s predominant emphasis on the physical treatment of illness, the ancient world (as well as societies that today practice traditional medicine) connected sickness with moral lapse, the influence of other persons and things, or supernatural causes. Babylonians

⁷ The NT writers make diverse use of this Isaiah passage. Matthew appeals to its healing motif. Luke 22:36 emphasizes the identification of Jesus with the transgressors. Acts 8 emphasizes its foretelling of Jesus’ humiliation. First Peter appeals to it as an example of uncomplaining suffering in response to unwarranted persecution.

⁸ Note that some of those healed went to the temple to have their healing certified (Luke 17). Their exile was ended.

and ancient Egyptians related human medical conditions not only to the person's sin⁹ but also to cosmic events. Healers commonly used divination to discern the cause of the illness. When a person fell seriously ill, a healer was summoned to divine the relevant cosmic conditions or what the sick person or another person did to precipitate the illness and then to prescribe the rites or remedy—drugs, potions, tonics, foods and vegetable products, or surgery—necessary to restore the person to health.

Though divination was present in ancient Israel (1 Samuel 28) it was not an accepted occupation and hence apparently did not play an important role in the medical life of the community. Herbal remedies, however, were known and applied (2 Kgs 20:7, a poultice of figs; Ezek 47:12, leaves; Jer 46:11, balm). At the same time it is worth noting that in what we know of the medicine of surrounding cultures “preparations were sometimes chosen in light of certain symbolic factors that had little to do with true experiment.”¹⁰ Features like shape (analogous to the ailing organ), texture and color often defined the use of the plant. Healing in those cultures therefore must be understood less in terms of our current medical practice and more (though not entirely) in terms of symbolic functions.¹¹

Healing's symbolic component is emphasized particularly in those cultures where traditional healers play an important role. Among the various practices in which they engage, one interests us here. The practice involves the alleged extraction from the body and disposal of the cause of the sickness. Such cultures believe that the disease has an external cause that somehow has penetrated the ill person. Healing can occur only when this foreign cause is removed. To accomplish this, the healers suck out the illness (either directly or through extracting what appear to be foreign objects or fluids from the body) or transfer the illness to themselves (through some instrument such as a stick, stone, feather or bone). In this way they briefly take the illness upon themselves until they can dispose of it by vomiting, spitting, or blowing it away.¹²

A contemporary account of a native American healer treating a man with a wounded leg illustrates this procedure for removing the cause of the suffering.

⁹ “The disease theory of the Mesopotamians was a religious one. Disease was the punishment of sin, resulting in a state of impurity or uncleanness. All four notions—disease, sin, punishment of sin, and uncleanness—were so close in meaning that they could sometimes be expressed by the same term” (E. H. Ackerknecht, *A Short History of Medicine* [New York: Ronald, 1955] 26).

¹⁰ J. Starobinski, *A History of Medicine* (New York: Hawthorne, 1968) 12.

¹¹ To most Indians, medicine signified an array of ideas and concepts rather than remedies and treatment alone; cf. V. J. Vogel, *American Indian Medicine* (Norman: University of Oklahoma, 1970) 24–25.

¹² “The practitioner kneads the flesh, pounds the patient, leaps on him, and pummels him until a spectator wonders that the sufferer survives. The aim throughout is to bring the disease, pictured as a foreign object having material form, towards the surface when it can be extracted.” The healer's power, injected through drooling saliva on the patient, captures the disease, which is extracted by the healer who then blows the illness out the door or up the smoke hole (T. F. McIlwraith, *The Bella Coola Indians* [Toronto: University of Toronto, 1948] 559).

Rolling Thunder placed the man on his back. . . . Suddenly he thrust his head on the wound and sucked at it with his mouth. The sucking lasted for several minutes. It was a strange scene—the patient lying on his back, the medicine man bent over him. . . . From Rolling Thunder came sniffing, howling and wailing sounds unlike any of the ordinary sounds made by a man. Rolling Thunder lifted his mouth from his patient’s leg. He held his lips tightly together. Still bending over, he turned and took a few steps. With his back to the observers he leaned over the basin and vomited violently. The sniffing, sucking, wailing and vomiting was repeated again and again. Then Rolling Thunder began placing his hands upon the wound. . . . He put his things back into his case and closed it. In the afternoon he had suggested that he might answer more questions after the ritual was over, but now he picked up his bag and said, “I don’t feel like answering questions at this time. I don’t feel too good just now.” . . . When Rolling Thunder left the room several doctors moved forward and examined the patient’s leg. The consensus was that the color had returned to normal, the swelling had decreased, and the flesh around the wound was flexible instead of hard. The young man reported that the pain was gone.¹³

In this healing, Rolling Thunder took the illness of the wounded man’s leg and disposed of it, but not without cost to himself: vomiting and extreme tiredness. One might suggest that healers bear the burdens or illness and in this way sacrifice themselves for others in the community. Hence they are both to be feared (because of their great power) and pitied (because they temporarily take the illness on themselves).¹⁴ The healer at times in this ritual is in some measure engaged in self-sacrifice.

V. ATONEMENT AS HEALING

We might interpret atonement using the model of the traditional healing process, a model with which ancient Israel probably would have been familiar. Humans are sick with a sin they themselves cannot cure. Exiled from the covenant camp, we await death. Healing is provided by someone else in a dramatic fashion. It is curative in that it deals with our fundamental human predicament of sin, removing it from us. It is restorative because it returns us to wholeness: to the wholeness of our person from which disease has been removed, to the wholeness of our relation to God from whom we have been cut off because of our sin and the rejection of his covenantal forgiving attempts to reconcile us, to the wholeness of God’s community from which we were ostracized. God, the great healer who addresses not merely the symptoms but also the root causes of the human predicament, initiates and implements the atonement healing.

¹³ D. Boyd, *Rolling Thunder* (New York: Random House, 1974) 20–21.

¹⁴ One aspect of the healer that parallels Isaiah’s Servant is striking. The Servant’s “appearance was so disfigured beyond that of any man and his form marred beyond human likeness,” so that many were appalled at him (52:14). The shaman/healer is sometimes described as epileptic, either naturally or by being able to place himself in an epileptic trance; cf. D. E. Moerman, “Anthropology of Symbolic Healing,” *Current Anthropology* 20/1 (March 1979) 60. A person in this state would be someone of awe, perhaps even disfigured for a time.

The interesting question remains regarding how healing is accomplished. As noted above, the traditional methods of healing frequently contain symbolic dimensions. Isaiah 53 makes a symbolic connection with Israel's national atonement ritual (Leviticus 16). The sacrifice had two steps. One was the slaughter of animals for the sin offering, the other the release of the sin-laden goat into the wilderness. The first brings atonement through its suffering and death: The blood symbolically purifies the community, consecrating it from its state of uncleanness. The second bears the sins of the community away from the community.

Both of these symbolic motifs are found in the Servant's atonement act. His suffering and death create the symbolic purification necessary for the healing of those who have strayed from the covenant. And he bears away the sins, as the goat takes them into the desert. But since sin is connected with sickness, the Servant's atonement also connects symbolically with healing. Healers remove the cause of the illness from the sufferer and bring it into themselves for disposal. The Servant bears our sins and heals us with his wounds. Healing so understood is at the very least a symbolic ritual.

Consequently, adding to the insights of the other atonement models we can understand the atonement by employing a healing motif. There is a diagnosis: We are diseased, suffering from our sins. We find ourselves unable to cure ourselves. So we turn to God the healer, who through his Servant/Physician heals us. There is a healing act: Isaiah's Servant/Healer, in his voluntary and uncomplaining suffering and ultimate death, takes up our human predicament, thereby removing the illness and the resulting judgment of uncleanness. The Servant is in turn judged unclean and separated, even in death, from the community. His atonement is thus both a guilt offering signifying our healing and a taking of our illness on himself. Therein he restores us cured to God and the community.

VI. QUESTIONING THE CONNECTION

It has been objected that connecting suffering with healing is a perversion, that it sanctions the occasioning of suffering. Two feminists write: "Christianity has been a primary—in many women's lives *the* primary—force in shaping our acceptance of abuse. The central image of Christ on the cross as the savior of the world communicates the message that suffering is redemptive. If the best person who ever lived gave his life for others, then, to be of value we should likewise sacrifice ourselves. . . . Our suffering for others will save the world."¹⁵ The argument is that suffering is oppressive, not redemptive and curative. It glorifies the victim, encouraging people to make others to be victims for their salvation and encouraging victims to welcome their suffering for others' salvation. Since it is frequently the case that women are the victims, some feminists reject a view of the atonement that

¹⁵ J. C. Brown and R. Parker, "For God So Loved the World?", in J. C. Brown and C. R. Bohn, *Christianity, Patriarchy and Abuse: A Feminist Critique* (Cleveland: Pilgrim, 1989) 2.

requires sacrifice, suffering and death. Life, not death and suffering, should be the motif.

Their objection can be stated more broadly. Why is it that healing occurs through suffering? If God is omnipotent and seeks wholeness, health and life, why choose a model of atonement that addresses the human predicament in ways that involve or glorify brokenness, suffering and death?

Our healing model avoids this powerful objection. We have not argued to affirm suffering. Rather, the picture is that suffering and disease connect with sin and that both are to be eliminated. The issue concerns how elimination is to occur. The Servant atonement model is that healing occurs when one takes on the disease and suffering of another, thereby removing them. Assimilating illness is a painful process, for it involves taking on something that has a reality of its own.

The sacrificial assumption of another’s suffering and pain does not glorify suffering but elevates healing to its highest role. The healing model does not commend pain and suffering, abuse and torture. It does, however, sanction servanthood. Healers serve the ill, jeopardizing—even sacrificing—their own health and well-being for the good of the community. Thus in a sense suffering is essential to wholeness and wellness. On this model, God must send the Great Physician to take on and remove our illness. Otherwise we are left without a cure for our deep human predicament.

VII. THE DEATH OF THE SERVANT/PHYSICIAN

Why is the death of the Servant or Physician necessary? For most atonement theories this is the heart of the problem. If God is omnipotent and merciful, why demand a route that exacts the price of the death of God’s Son?

Our response can be traced symbolically to the virulence of our disease borne by the Servant. Our disease is no trivial matter. It is rooted in our sinfulness, our rejection of God, our setting up of ourselves in his place, our breaking of the covenant. The death of the Physician, then, results from the healing process itself. He assumes this virulent poison, so strong that it brings death, ours and his, but at the same time not so strong that death can permanently hold the Physician in its grasp. Our sin, not God, kills the Physician. God’s part is in mercy to send his Servant/Physician to heal.

VIII. THE SERVANT AS INTERCESSOR

There is one other element of unrecognized significance in this motif. At the end of the Isaiah passage the Servant is described as making intercession for the transgressors. This also fits into the medical model. We have already referred to James’ recommendation that the church anoint and pray for the ill so that they might be healed. Some contemporary studies indicate that persons for whom intercessory prayer has been offered tend to do better medically than a control group for whom no prayer was offered. Randolph Byrd, in a 1994 study of 400 patients admitted to a coronary care unit at San

Francisco General Hospital, found that those “assigned to intercessory prayer groups suffered less with congestive heart failure during recovery, . . . had less frequent intubation, and experienced fewer cases of pneumonia and cardiopulmonary arrests.”¹⁶ This and other studies suggest that intercession plays some role in the healing process.

Isaiah’s Servant intercedes for his people and their sins, and since sin is connected with illness his intercession plays a role in effecting a cure.¹⁷ The medical model of the atonement thus makes room not only for bearing our diseases but also for healing intercession on our behalf.

IX. CONCLUSION

We have not rejected the other models for understanding the atonement. The doctrine is too rich to be fully circumscribed by one motif. Each is rooted in various Biblical texts and provides a helpful perspective derived from common experience from which to understand and interpret this complex theological doctrine. What we have introduced is a model that both supplements the other theories and also avoids their pitfalls.¹⁸ We have rooted the model in Isaiah, who sees the atonement as healing our sickness and sin. The Servant as healer takes the sickness/sin upon himself, thereby effecting a cure. Until he disposes of it the sickness/sin is on him, its virulence leading to his death. Atonement, in its deepest rhythms, necessitates the self-sacrifice of the healer to address the human predicament understood in terms of sickness and death.

¹⁶ G. Thomas, “Doctors Who Pray,” *Christianity Today* 41 (January 6, 1997) 20a.

¹⁷ The intercessory role might be modeled after that of Moses, who was seen in Jewish literature as the one who saved his people by intercession. The *Testament of Moses* portrays Moses as the eternal liberator, who through both his suffering and his death mediates on behalf of Israel for their sins; cf. D. P. Moessner, “Suffering, Intercession and Eschatological Atonement: An Uncommon\Common View in the Testament of Moses and in Luke-Acts,” in J. H. Charlesworth and C. A. Evans, *The Pseudepigrapha and Early Biblical Interpretation* (Sheffield: Sheffield Academic, 1992) 202–227.

¹⁸ Each model reveals shortcomings when pursued in detail. Advocates of the ransom model have difficulty determining to whom the ransom should be justly and meaningfully paid. For God to pay Satan, who by deception gained control over humans, invalidates justice. One does not pay kidnappers if one can help it. Neither would it make sense for God to pay the ransom to himself. Advocates of the judicial proceedings model face the difficulty of explaining how one person can justly assume the punishment of another. Justice seems thwarted when the guilty are not themselves punished. The satisfaction model faces the difficulty of how God can be satisfied by another crime, greater than the first, the murder of his own Son. The conquest model faces the difficulty of why an omnipotent God had to resort to such a means as the death of his Son to conquer Satan and the evil powers. There seems to be no necessity in this route. The moral example model cannot provide a good reason why Christ would have to die to set the proper example of how we ought to live with respect to sin. Finally, the sacrificial model struggles with the attempt to justify how the serious crime of taking a life—here the Son of God—can appease God and bring about divine forgiveness.