

**CONTEXTUAL READING OF 2 KINGS 5:1-15 IN RELATION TO AFRICAN  
IDEOLOGICAL PERSPECTIVES ON DISEASE: A CASE STUDY OF COVID-19**

**BY**

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**DECLARATION**

I, Omasete Vincent, declare that this dissertation, titled, “ Contextual Reading of 2Kings 5:1-15 in Relation to African Ideological Perspectives on Disease: A Case of COVID-19” is my own work and that all sources I used have been acknowledged as reflected in the references.

Signature

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Date

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## **SUPERVISOR’S APPROVAL**

This is to certify that the dissertation entitled “Contextual Reading of 2Kings 5:1-15 in Relation to African Ideological perspectives on disease: A Case Study of COVID-19.” has been written under our supervision and is now ready for submission with our approval.

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## **DEDICATION**

I dedicate this dissertation to the memory of my beloved late mother, Getrude Amoit Okochil, you are and will always be part on my list of blessing. Your dedicated commitment to parenting us and my siblings left a legacy in our lives. May you continue reigning in glory, till we meet?

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## ABSTRACT

The study focused on contextual reading of 2Kings 5:1-15 in relation to African ideological perspectives on disease. The study used qualitative research methodologies and approaches and was based on library and document sources; using documents as the key tool in data collection. The study falls in a broad framework of African postcolonial interpretation of the Bible. A detailed examination of 2 Kings 5: 1-15 was done, with focus put on understanding the text in its own context. Centering the theme of Naaman's leprosy in the broader ideological context of the ancient biblical world. The study further reads 2 Kings 5:1-15 in relation to the Africa epistemological construct of *mystical diseases* like Covid-19, Ebola, Nodding Diseases, Leprosy and among others. In view of African spirituality, the study focuses on the causation, attitudes, and response to such diseases. Chapter six of this study encompasses a contextual approach where the epistemological worldviews of 2 Kings 5:1-15 are read in correlation with African ideological perspectives on disease. The study reveals a mutual relationship between the biblical and African understanding of diseases of mystical nature. Such diseases are perceived to be of a spiritual causation, hence requiring a spiritual response. Their contagious nature is in both the text and context linked to a transfer of negative mystical powers. Victims of such diseases are perceived as condemned and infectious, and can only be handled in specialized spiritual ways. Though the control measures of such mystical diseases look synonymous to modern scientific pandemic standard operating procedures, the motivation behind such measures are different when compared with those of modern science. Besides, African religious approaches to disease have often conflicted to national authorities that recognize World Health Organization SOPs. The study highlights the influence of attitude and perception to mystical disease management and implores the African modern scientists to make use of the African Ideological Perspectives on disease in their response to and dealership with Africans in the face of pandemic.



## **CHAPTER ONE: INTRODUCTION AND BACKGROUND OF THE STUDY**

### **1.1 Introduction to the Study**

The study focused on the contextual reading of 2Kings 5:1-15 in relation to African Ideological Perspectives on Disease: A case Study of COVID-19. The analysis of this biblical text is made in relation to socio-cultural and religious ideological perspectives on disease and healing in an African environment especially in the wake of pandemic outbreaks of diseases like COVID-19.

### **1.2 Background of the Study**

The study falls in a broad framework of African postcolonial interpretation of the Bible. Postcolonial African biblical review stations colonialism as central point of the Bible and its interpretation is wired specifically to dismantle colonizing knowledge values and ideologies in order to emancipate the colonized and maltreated from the Western intellectual domination (Kuloba, 2011:32). It centers African knowledge values as subjects of interpretation of the Bible. In the current topic of study, efforts are made to center African cosmological worldviews on disease in the study and interpretation of 2 Kings 5:1-15.

Needless to say, the Bible, once upon a time-the colonial book has become an African book. It plays a vital role not only as the book of authority akin to the constitution in political circles, but more so in day to day lives of many Africans especially those who conform to Christian faith. Biblical scholarship in sub-Saharan Africa have witnessed a major shift in recent decades, following the revolutionary modes of reading the texts. Shifting from what was hitherto called classical readership, which emphasized textual criticism, form criticism and literally criticism; modern scholarship emphasizes modes of reading the Bible in forms that empower, liberate and make the Bible relevant to socio-cultural realities of the readers in a given community. This is

what scholars have called contextual Bible interpretation (West, 1993) or inculturation hermeneutics (Ukpong, 2002). In these readings, African socio-cultural realities have become the subject of Bible interpretation. In the words of Ukpong, the African contexts form the subject of Bible interpretation for Africans (2001). In respect to these modes of reading the Bible, worth mentioning are the plethora of scholars on the African continent like: Getui, Holter and Zinkurature (2001), Dube and Mbuvi (2012), West (2016), and Kuloba (2014).

This study sought to analyze the text in relation to contemporary pandemics like COVID-19 and establish the ideological correspondences between the text and African society in relation to the management of COVID-19. The study was descriptive and analytical, with comparative discussion of the various aspects of understandings and responses to the problem of disease between the Bible world and African communities. The study is limited to the library research trajectories with limited focus on digital ethnography of communities mentioned.

### **1.3 Justification of the Study**

There is an academic quest to hermeneutically analyze Naaman's leprosy in the bible text in relation to the phenomenon and protocols associated with contemporary pandemics like COVID-19. Many scholars have published widely about pandemics. From a religious perspective on COVID-19, the publications of scholars like Isiko (2020), Abidemi (2020), Naidu (2020), Gumbo (2021), Shabir and Aijaz (2020), are worth mentioning. There are however little studies, if not none, that centralize biblical hermeneutics in relation to the pandemics especially in African Bible Hermeneutics. It is from this background that the study of endeavour seeks to examine 2 Kings 5:1-15 in relation to African Ideological perspectives on Disease: A Case Study of COVID-19.

## **1.4 Problem Statement**

Reading 2 Kings 5:1-15 in the context of contemporary COVID-19 presents startling imageries in the way diseases are understood and handled over time and space. There seems to be a mutual communication between the Biblical and contemporary African understanding of diseases of mystical and pandemic nature. Such diseases are always associated with spiritual causation, and victims of such diseases are perceived as condemned, infectious, and sometimes isolated from the wider community akin to the standard operating procedures (SOPs) associated with COVID-19 and Ebola. Despite the glaring epistemological resonance between the two worlds (Biblical and African communities), there is no much specialized academic focus of hermeneutic nature that seeks to understand the Bible from the perspectives of African responses to disease and vice versa. It is from this perspective that the current study of endeavor is directed. Using both contemporary and African understanding of disease, the study examined 2 King 5:1-15 in conversation with the phenomenon and protocols of COVID-19.

## **1.5 Aim and Objectives of the Study**

The major aim of the study is to make a contextual reading of 2Kings 5:1-15 in relation to African ideological perspectives on diseases such as COVID-19

### **1.5.1 Specific Objectives.**

1. To make a textual analysis of 2Kings 5:1-15 in relation to the problem of disease and healing

2. To examine the African ideological perspectives on disease
3. To examine the epistemological correlation between 2 Kings 5:1-15 and African ideological perspectives on disease like COVID-19

## **1.6 Research Questions**

1. What are the major issues in 2Kings 5:1-15 in relation to the problem of disease and healing?
2. What is the African ideological perspectives on disease?
3. How does 2Kings 5:1-15 correlate with African Ideological perspectives on disease like COVID-19?

## **1.7 Scope of the Study**

This section draws the boundaries within which the study is confined. It describes the geographical extent of the study, time frame and the content within which the study is limited.

### **1.7.1 Geographical Scope**

The study is not limited to a particular African community, culture or tribe. Diseases of pandemic nature are a universal problem which faces every society regardless of tribe, culture, nationality, race or religious and political affiliations. The creation and presence of national boundaries in Africa is more of artificial and political than cultural and religious. Africans across national boundaries share commonalities in their worldviews on many issues, ideological perspectives on disease being one of them. It is more interesting that many Africans tend to crisscross geographical boundaries: a person from Teso can freely cross over to Busoga or Bunyoro in the same country;

or A Samia from Busia (Uganda) can cross and live among the Samia communities in Kenya. There are also social interactions amongst people of different cultures and tribes who tend to exchange information and knowledge on the possible causes of illness, and how to go about it using African medicines. All these make the study to be open and not limited to a particular African community or society for study purposes. For this reason, therefore, though initially the study is focused on Uganda, for illustration purposes, examples may be drawn from other African communities outside Uganda.

### **1.7.2 Time Scope**

The study time frame is 2020 to 2023. 2020 marked the period when COVID-19 pandemic was announced in Uganda and the declaration of nationwide lockdown. Between 2020 and 2023, there have been not only numerous waves of COVID-19 but other epidemics like Ebola. There is no time scope for the text under study because the Bible is a timeless text.

### **1.7.3 Content Scope**

The study is limited to the biblical and African understandings of disease. Without discounting the importance of Western scientific knowledge on diseases of viral nature, the study centers African knowledge values and spiritualities in the study and interpretation of the Bible. The theme of infectious disease stands central between the Bible and African world views.

## **1.8 Theoretical Framework**

The study was anchored on the postcolonial African interpretation of the Bible. The study encompasses a comparative approach where the epistemological worldviews of 2 Kings 5:1-15 are

read in correlation with African epistemological perspectives on disease. This method is what Justine Ukpogon (1994) calls inculturation or what Gerald West (1993) calls Contextual Bible interpretation.

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.1 Introduction**

This chapter covers an array of scholarly related literature done on African medicine and the book of 2Kings, putting much emphasis on 2Kings 5:1-15.

### **2.2 A Textual Analysis of 2Kings 5:1-15 in Relation to the Problem of Disease and Healing**

The text in 2 Kings 5: 1-15 has attracted a number of scholars with varied perspectives and focus. A number of themes have been discussed from this text as reviewed below:

Dada (2007), examines 2 Kings 5:1-7 from the perspectives of stigmatization of Acquired Immune Disease Syndrome (AIDS) victims. In his analysis, Dada also uses African hermeneutical tools, with a view of promoting “healing, growth and change, resulting in increased coping skills and adaptive functions.” Noteworthy, Dada brings out the fact that people who stigmatize Human Immune Virus (HIV) victims are Christians who belong to African churches. He presents this picture as a dilemma. To him, instead of Christians offering comfort and solace to Human Immune Virus (HIV) victims, they instead stigmatize them. The current study, though agrees with Dada on a number of things, focuses on the epistemological relationship between the African world views on disease and the Bible. Dada, leaves out the reality of the African spiritualization of disease, where victims of Human Immune Virus (HIV) in that matter are seen as condemned by the gods, and that their plight is contagious to society and humanity.

Akintunde (2000) read 2 Kings 5 in relation to Human Immune Virus/ Acquired Immune Disease Syndrome (HIV/AIDS) in Africa. She closely relates the stigma associated with leprosy in the biblical narrative with the stigmatization of the Human Immune Virus/ Acquired Immune Disease Syndrome (HIV/AIDS) victims. She made an exploration of stigma as the ideology that was behind the narrative of Naaman. Using a theological approach, she notes that in the text, it is evident that God's love is all-inclusive in character and affirms to us that God transcends human being limitations and discriminations. He calls for an attitudinal change in regards to the social treatment of the Human Immune Virus / Acquired Immune Disease Syndrome (HIV/AIDS) victims emphasizing the need to look at them as children of God rather than outcast. She also calls upon the Human Immune Virus/ Acquired Immune Disease Syndrome (HIV/AIDS) victims disclose and avoid self-stigmatization.

Labeodan (2004), agrees with Akintunde on the subject of Human Immune Virus (HIV). He studies the similar text, putting much emphasis on Naaman's disclosure of sickness. He uses Naaman's experience to assert that persons living with Human Immune Virus / Acquired Immune Disease Syndrome (HIV/ AIDS) must also be ready and willing to disclose their Human Immune Virus (HIV) status. He suggests that it was through Naaman's disclosure that he was able to get help. However, I find this not convincing on grounds that Naaman's problem was very evident and visible that he required no disclosure. It did not take disclosure for the slave girl to identify Naaman's problem. Though disclosure is important in the treatment and control of Human Immune Virus / Acquired Immune Disease Syndrome (HIV/AIDS), the use of Naaman's narrative would be better when is used to emphasis support for people living with Human Immune Virus / Acquired Immune Disease Syndrome (HIV/AIDS) instead of disclosure. The slave girl and Naaman's wife would have been a great example to sight.



In the same perspective, Aluko (2007), discusses the relationship between 2Kings 5 and Human Immune Virus / Acquired Immune Disease Syndrome (HIV/AIDS). Many people living with Human Immune Virus / Acquired Immune Disease Syndrome (HIV / AIDS) in Africa have suffered untold hardships. She called for holistic treatment, which combines prayer and medicine. She used Naaman's story to call upon the people to use prayer and medicine in fight of Human Immune Virus / Acquired Immune Disease Syndrome (HIV / AIDS), she interpreted the text from a religious and science perspective.

Nantenaiana, Raveloharimisy and McWilliams, (2015) used 2 Kings 1-8 in imploring modern Church leaders to emulate Elisha's example and embrace the full mission of the Church. His study centered on Elisha as an agent of change in his mission. He argues that the mission entrusted to the contemporary church leaders is holistic and should not be limited to only meeting the spiritual needs of the people. He notes that unlike Elisha, Church leaders are often found of paying little, if not no, attention to the physical needs of their communities. They therefore highlight ten principles that Elisha exhibited in the execution of his leadership role and challenge Church leaders to emulate Elisha's principles. Though highly important in this contemporary society, Nantenaina's work is seemingly divergent from the focus of this current study. His perspectives focus on a holistic approach Church's ministry while this current study is focusing on a contextual reading of 2 Kings 5 in relation to African Ideological perspectives on disease.

Paba (2021) takes a psychological perspective in reading 2 Kings 5:3 in relation to the context of resilience-building in war affected children. His attention is drawn to the little servant girl and her intervention in Naaman's predicaments. He describes the little girl and situates her in the context of a war victim taken captive by a foreign nation of Aram and working as a servant slave girl to

Naaman's wife. His focus is put on the reinterpretation of this unnamed little servant girl's utterance in 2 Kings 5:3. He argues that though traumatized, the little girl's statements reflect her resilience-building process characterized with the affirmation of her cultural identity, values and beliefs. Paba limits his attention to the slave girl's mental health and neglects the main problem of Naaman's leprosy that takes influence the girl's relevancy in this narrative. Still to note he neglects the examining the girl's attitude towards Naaman's illness. The present study examines the same text with much emphasis put on the protagonist's predicament of leprosy, paying attention to the ideological correspondences between the Biblical epistemological perspectives on disease and those of the Africans.

Kim (2016) focuses on Elisha and Naaman, he also appreciates the role of the slave girl in the healing process of Naaman from leprosy. He opines that Naaman's healing would have not taken place without the slave girl who informed his wife about prophet Elisha of Samaria. He is bent to a feminist perspective rather than a comparative approach. The current study specifically uses the same 2Kings 5:1-15 but with an aim of comparing perspectives in the text and the contemporary African setting, hence being comparative in nature.

Brueggemann (2001) is another scholar who made analysis on 2Kings 5:2-3 with reference to the young slave girl as remnant whose appearance in the narrative is brief, and given no name. She is not in the further narratives and Brueggemann suggests that the young girl played a central role in the entire narrative of 2Kings 5. His work contributed to the current study more so in making a textual analysis of 2Kings 5:1-15 in relation to the problem of disease and healing.

Berman (2016) uses a post-colonial critical approach in the study of the attitudes and power imbalances in 2Kings 5 in relation to colonial and imperialistic relationships. He creates a contrast

of greatness against smallness, reasoning that Naaman's actual illness was his attitude towards greatness, and was freed from an unhealthy attitude by Elisha. His takes a historical perspective in his contrast of greatness against smallness indicating that though Israel was not under colonial dominancy from Aram, the text revealed the military power imbalance that existed between these two nations. Berman cites the various areas where the 2Kings 5 narrative reflects the contrast of greatness against smallness. He notes that the story of Naaman provides a learning opportunity on how we ought to live in this post-colonial world. He offers four lessons from the narrative that we should embrace to attain a correct and health attitude in this post-colonial era. Though Berman succeeds in presenting Naaman as suffering from an unhealthy attitude that was influenced by his imperialistic ideology of greatness, the focus of the present study is rather to look at Naaman's physiological sickness, and to establish an epistemological correspondence between the narrative and the African ideological perspectives on disease.

Shipp (2020), takes a theological perspective in his study of 2 Kings 5. Situating the little maid in Naaman's home in the situation context of marginalized people. He valorizes the little maid's role in the healing of Naaman, emphasizing that the anonymity of this little maid in the narrative cannot at any time trivialize her contribution to the spiritual and physical healing of her slave master Naaman. He also suggests that the little maid's act is consistent with God's nature of using the marginalized individuals in fostering his mission amidst his people. He contends that the little maid represents many individuals who are serving from the margins with no proper recognition that they deserve. Unlike Shipp that focuses on the situation context of the little maid, the present study has less attention paid to the characters in the text but rather makes Naaman's disease the locus of attention.

Menn (2008) discusses the little maid in the 2 Kings 5 putting much focus on the treatment of children characters in the Bible. Citing examples of various children Bible characters, she notes the biblical writer's and scholarly marginalization of minor biblical characters, leaving them only to feature in children's Bibles and story books. She notes that the role of the little Israelite girl who serves the wife of Naaman, commander of the army of Aram (Syria) featured in the narrative of healing and conversion in 2 Kgs 5:1-19 is given little attention than it deserved. She warns of the dangers of this stereotype consideration children's roles in Biblical narratives stating that often children's speeches clearly provide the central themes and theological issues that would be absent in the rest of the story. She asserts that a closer attention to minors in the Bible can help challenge our contemporary construct of children as vulnerable but rather focus our perception to the strength of the children.

Just like Menn (2008), Brueggemann (2001) made an analysis on 2 kings 5 with much focus put on the little maid as a remnant. Taking a theological perspective, Brueggemann notes that the little maid was proper remnant figure who unlike other remnants lacked full self-awareness, self-consciousness and self-service. He notes that though serving as a pivotal character in narrative of 2Kings 5, the little maid is given less attention to the extent of silencing her name. Brueggemann's work centered on the little maid, giving her a voice and emphasizing her important, though down played role in the text. I find his work lacking on the ground that it lacks a well-grounded social-cultural context from which it could be based on to explain the reasons for such a phenomenon. It leaves questions "why" un answered. Though the present study looks at all the characters in this narrative, less attention is paid to a single character but rather generally looks at each of them and puts a good deal of attention to building on Naaman's leprosy to study the epistemological correspondences between the Bible and the African perspectives on disease.

Holladay (1988:311) made an overview of the story of Naaman as recorded in 2Kings 5:1-27, he acknowledged that the skin conditions of Naaman were contagious in nature. His study suits the current study in the way that he presents leprosy as a contagious disease. His focus on leprosy alone leaves a comparative gap on how our contemporary society can understand the biblical world's perception of leprosy in light of the present contagious diseases like COVID-19.

### **2.3 African Ideological Perspective on Diseases**

The main focus of the Africans has widely been on the causes of disease. Degonda and Scheidegger (2012), African perspectives on mental health. They observed that illness is described as an imbalance caused due to the absence of harmony and it is attributed to the violation of Cosmo laws. They also opine that mental illnesses are attributed to evil spirits, witchcraft and others and therefore suggest that maintaining a healthy relationship with the spirits is vital and central. Such relationships are built through singing songs, clapping, dancing, drumming and others and the rationale behind this is to welcome the spirits to join and create a smile on the spirits. This in the process makes the spirits to offer help and support to the living. Degonda and Scheidegger opine that psychological challenges like stress and others are viewed as spiritual problems. They also report that the patients visited the traditional healers when they were not satisfied with the orthodox medicine. For instance, in the year of 2007, 371 (37.9%) male and 466 (47.7%) female patients and also 141 (14.4%) families were attended and got healed by traditional healers. In their study, Degonda and Scheidegger concluded that traditional healers offer a holistic form of psychotherapy even if they don't refer to themselves as psychotherapists and therefore, it is important to combine both traditional healers and modern medical services in order to realize effective and efficient

health care in Africa. This present study largely agrees with Degonda and Scheidegger on the need to embrace the African approaches in the treatment of mystical diseases.

White (2015), discusses the African traditional view concerning disease with main focus on Ghana, where curses are believed to be responsible for causing illness among the people. He also notes of a river deity called Antoa, which is responsible for restoring divine justice when appealed to by removing the curses and setting the victims free. This piece of works brings something to the African ideological perspective on diseases as discussed in this present study. In the light of this, African traditional healing is interwoven with cultural and religious beliefs, and is holistic in nature. It looks into various dimensions of life for instance, the physical condition, and the mental, spiritual and social aspects of people, families and others.

Mabvurira (2016), made an elaborate study about disease among the Shona people of Zimbabwe. He opines that the Shona people believe that spirits have powers to cause and eliminate predicaments. The Shona people classify diseases into two that is; natural and serious illnesses. The causes of natural diseases are known for instance flu and others. Then the serious illnesses are believed to have been sent by mystical powers and the divine (an'anga) has to be consulted. The Shona people attribute the causation of illness to have been caused by God (Zvirwere Zvamwari), illness sent by spirits (Zvirwere zvemweya), and then illnesses caused by witchcraft (Zvirwere zvevaroyi). For instance, mental illnesses are attributed to (ngozi) -avenging spirits. In the process of establishing the real cause, the Shona people do it collectively as a family because they believe that any illness that has affected a member of the family in the due course can also affect other members of the family. So, among the Shona people, healing is a communal activity that involves the entire members of the community where by they join hands together to fight and eliminate the

common enemy with an aim of securing life. Therefore, the idea of interdependence is central and highly cherished by the African societies than individualism.

Mabvurira (2016) also notes that the Shona people believe that witches can send predicaments through inserting magical objects into a human body. The physical objects inserted may include; insects, animal skin, feathers, and sometimes metal objects like nails, spoon and others. Such magical objects can be removed by the diviners (an'anga) and this can be through biting (kuruma), blowing smoke and among others. He argues that “western medicine alone cannot detect, prevent, solve, or treat the multiple aspects of spiritual, psychosocial and psychological illnesses”. With such illnesses it is through divination that you can firmly establish the exact cause.

Ozioma and Chinwe (2019), also agree with Mabvurira and observe that the African medical system is presented into three levels which include; divination, spiritualism, and herbalism. Illness is also viewed as having both natural and supernatural causations hence a requirement for a dual polar approach to treatment of such diseases which entails the application of both the physical and supernatural treatment means.

Virginia (1986), carried out an ethnographical study among the Lugbara of West Nile in Uganda and observed that beliefs concerning the causation of sickness are attributed to social relations. He notes that among the Lugbara, most of the illness are said to have been sent by patrilineal ancestors as a way of punishment. He points out ancestral- social deviance as one of the causes of illness among the Lugbara people. Virginia's findings do rightly rhyme of with the available literature that tends to attribute the causation of some diseases to the workmanship of the angered and neglected ancestors. This was given a kin attention in chapter six of this present study.

Gyekye (1995) also notes that disobeying taboos is one of the ways how people could become sick. He notes that taboos form an essential part of African indigenous religion, and clearly stipulate aspects which are forbidden by a certain community or a group of people. In line with this view, Magesa (1997) affirms that any attempt of disobeying the taboos would lead to severe sickness not only to the victim but also the community. This gives disease a communal rather than a personal perspective, it speaks to the African philosophy of holism.

Isiko and Acayo (2021), focused on the nodding disease phenomenon among the Acholi people of Northern Uganda and made an ethnographical study on the cultural construction of illness. They noted that regardless of scientific interventions, nodding disease continues to affect the Acholi people. They noted the mysterious nature of the nodding disease as it was reportedly affecting only children between 5 to 15 years. They noted that the failure of the western science to fully respond to the raising questions among the Acholi community on the phenomenon prompted the people of Acholi to seek answers from their cultural and religious beliefs. The study examined various causation theories used by the Acholi people in explaining the phenomenon of the nodding disease. Isiko and Acayo concluded that cultural construction of illness is a dialogical process within a particular cultural community. They also highlighted the significant relationship between culture and health. Their study therefore reaffirms and adds to the voice of the many African Religious scholars on the need to emphasize the interconnection of the spiritual and material aspects of human life when approaching diseases of mysterious origin in Africa. The African's spirituality needs to be into consideration while taking choices on medical approaches to be used.

Van Dyk (2001), poses an interesting question "why me and not my neighbor?" in discussing the "HIV/AIDS care and counselling in a traditional African Context". He reveals that the medics



from Africa have gone an extra mile beyond the strict western biomedicine model while dealing with the patients having a history of African traditional religion. He argues that medics should avoid the tendency of discarding African belief systems and baptizing them as superstitious, and harmful in nature, in steady they should take advantage of these beliefs in the struggle of fighting against HIV in African continent more especially in the Sub-Saharan Africa. Some of these beliefs include, forbidding sexual intercourses before marriage, the belief that having sex with the HIV positive victims is dangerous, and aspect of encouraging traditional thigh sex instead of penetrative sex. Therefore, the medics are called upon not to trash and condemn African beliefs on disease but rather to appreciate the philosophical rationality behind the African belief systems when dealing with the African HIV victims. The medical practitioners should appreciate the value of rites, so if they establish that certain practices may endanger people such as circumcision and others, the medics should suggest the better ways of handling such practices but not stopping such communities from engage in to such culturally meaningful practices. For instance, encouraging such communities like the Bagisu, Bakonzo and others to use clean and sterile circumcision apparatuses in order to control the transmission of HIV.

Isiko (2020), discusses the religious attitudes and interpretations towards pandemics using COVID-19 as a case study. He observes that pandemics do pose a challenge towards science and human wisdom. He also opines that people draw closer to religion more so during critical moments like during the outbreak of COVID-19. He acknowledges the complementary role of religion towards the management of various diseases because religious ideologies affect people's responses towards pandemics.

Lindsay (2005) is reported by White (2015) to have asserted that the people of Africa induce the supernatural or spirit world in order to ascertain the causation of different illnesses and this is established through divination. The various materials are used such as cowrie shells, stones and also it involves the throwing of bones on a leather and later it also involves appeasing the ancestors and spirits through offering animals like the goat, sheep and others. Insoll (2010), also studies divination as a response to illnesses and observes that after the rituals, these articles (materials) are sometimes left at the required place to rot, or they are sometimes thrown into a river as required by the spirits. And even sometimes these materials are deposited on the road junctions, and even in the desert which is out of reach of the people in the community.

Tosam (2019), describes divination as the laboratory of the traditional healer. Divination is usually employed during critical moments when the scientific methods have failed to establish the real cause of sickness. The philosophers and anthropologists opine that divination came into existence due to man's quest to understand, interpret, and give a satisfactory answer to both natural and super-natural realities of life. Divination plays a big role in the process of healing for instance, it provides distant past and futuristic information through consulting the spiritual world. There various ways that diviners use in diagnosing diseases for instance, they use bones, stones, cowrie shells and other materials. Divination enables the victim to establish the cause or source of the predicament and also to ascertain the procedures to be undertaken for recovery. Tosam praises the African medicine and he calls for an open and objective based dialogue between various traditions of medicine. He disagrees with the idea of integration because it leads to assimilation, so with him the ideal thing is not integrate one approach into another but rather to allow people to learn from each other through an inter-cultural dialogue between healing traditions.

Ndlovu (2016), advances that African medicine should be included in the mainstream health care. It has been argued that merging the African traditional medicine with the western medicine would improve on the health care system, whereby the positive elements of African traditional medicine are incorporated. Mokgobi (2015), opines that most of the Africans practice both western and indigenous African religions at the same time. Therefore, the western-African health care services would serve better the physical and spiritual challenges that an African encounter in the day-to-day life.

Orhioghene (2014), asserts that African societies have beliefs, customs and techniques which are aimed on establishing good health and diagnosing, and finally curing diseases among the patients. To him the idea of health care system existed before the intrusion of the foreigners in the African land, so he took a historical perspective while discussing the African perspectives on disease. He observes that there is how the African medicine has been ignored and yet it is central in the African societies. He recommended that there is need to reconsider the curriculum of medical studies such that the positive elements of African medicine are incorporated in what is taught in the medical schools. Orhioghene also used a comparative approach in his study where he was comparing the western medicine with the African medicine. He observes that in the first place the western medics viewed the African medicine as bad and unhealthy. In my opinion, the Western perception on the African medicine was biased and limited because they used their own standards not considering the African standards by say. Their judgement was based on ignorance and with such negative attitude some Christian Africans seemed to have believed that African Medicine was useless and impractical as compared to the western medicine. His study reveals the conflict between the African health system with the Western healthy system and this was also palpable during the

outbreak of COVID-19, where certain African communities refused the ministry of health to establish quarantine centers.

Ajima and Ubana (2018), in their work appreciated the fact that the African traditions and African medicine are inseparable in nature. And that there are aspects that an African has not been able to abandon regardless of the western medical civilizations. In dealing with predicaments there is need to uphold the African realities concerning the illnesses. For instance, the central role of divination in the healing process. In the African world divination and magic are interconnected and they are used as means of to establish the cause of illness and later on how to diagnose the ailments. They also note that witchcraft and sorcery are two realities of the African traditional medicine. A typical Africa does not take any incidence for granted, anything that takes place Africans are so inquisitive and they have to establish the cause of illness. This explains why the Africans tend to use witchcraft and sorcery to protect their communities from the witches because it is believed that sometimes witches send illnesses to the communities.

Tosam (2021), discusses the influence of spirituality on African medicine and health care. “Spirituality is, therefore, concerned with a superior power and may denote God, a god, a supernatural, or a mystical being. Spirituality includes the need to find satisfactory answers to ultimate questions about the meaning of life, illness, and death”. In accordance to the above definition, Africans belief that it very hard to separate between the natural and supernatural. For instance, “even if it is explained to a patient that he has malaria because a mosquito carrying malaria parasites has stung him, he will still want to know why that mosquito stung him and not another person. The only answer which people find satisfactory to that question is that someone has caused or sent the mosquito to sting a particular individual, by means of magical manipulation.

Suffering, misfortune, disease and accident, all are caused mystically, as far as African peoples are concerned”. Tosam reveals to us that that genuine healing cannot take place without inducing the spirituality. Being that African society is communal in looking, so the need to maintain social harmony with spirits, ancestors, gods and God. The Africans believe that the ancestors and spirits keep watch over the living to ensure that they adhere to the moral values and failure to keep them, they are punished and this can be in form of illness. The maintenance of this relationship is pivotal in ensuring good health and healing. He also informs us that disease is not only caused by viruses, bacteria but also illnesses due to paranormal causes. Paranormal illnesses are ailments which affects human body but it is hard to establish the exact cause, such illnesses cannot be subjected to scientific methods. With such illnesses the Africans do attribute them to spirituality. Tosam defines African medicine as “the sum total of all knowledge and practices, whether explicable or not, used in diagnosing, preventing or eliminating a physical, mental or social disequilibrium and which rely exclusively on past experience and observation handed down from generation to generation, verbally or in writing”. The African medicine has been there for time immemorial. He also reveals that the Africans who use African medicine are not less than 80%.

Gumisiriza et al (2012), made a cross-sectional study in examining “medical plants used to treat African diseases by the local communities of Bwambara sub-County in Rukungiri District, Western Uganda”. He observes that there are illnesses which are believed to African in nature and such predicaments have to be treated in a traditional way. Appreciates the role of medical plants in the treatment of different illnesses. Therefore, Gumisiriza recommended the collaboration of medical plant users (herbal) with the scientists, and this in the due course it would help in discovering new drugs basing on the African traditional knowledge. For instance, during the

outbreak of COVID-19, the medical personnel's manufactured COVIDEX and it was used by the people and later the National Drug Authority approved COVIDEX and it was nationally used.

## **2.4 Conclusion**

The literature reviewed reveals the great interest that 2 Kings 5 attracted from the various scholars. Its readership has been highly centered on selected sections with most of the scholars focusing on particular characters in the narrative. In African studies, the text has been read in line with Human Immune Virus / Acquired Immune Disease Syndrome (HIV/AIDS) covering themes like disclosure and stigma. Some scholars have read the same text with focus put on marginalized groups, while others take a psychological and feminine perspectives in the study of 2 Kings 5. There is however no cited study that has centralized African Biblical hermeneutics in relation to the African ideological perspectives on disease. The current Study is an academic quest to hermeneutically analyze Naaman's leprosy in the bible text in relation to the African ideological perspectives on disease.

## **CHAPTER THREE: METHODOLOGY**

### **3.1 Introduction**

The study used qualitative research methodologies and approaches. The study is based on library and document analysis. Various Library materials and documents like Bible Commentaries, Bible dictionaries, textbooks, journal articles, internet materials, and newspaper articles relevant to the topic were analyzed according to the research objectives. As already mentioned, the study is carried out within the frameworks of postcolonial Bible interpretation—specifically African postcolonial Bible interpretation, within which the theme of disease and its management is articulated. Within these frameworks, an inculturation or contextual and appropriation approaches are employed, which involve a comparative reading of the Bible with the African cultural perspectives and appropriation of derived ideas to the contemporary setting. This appropriation is what has been called hermeneutics of appropriation.

### **3.2 Postcolonial Bible interpretation**

Postcolonial bible review takes its roots in postcolonial theory which assumes that human beings are locked up in history and strongly affected by its socio-political, economic and cultural tragedy (Ferry 2021:132-133). It is a branch of postcolonial theory (Kuloba 2011:27). It is a form of ideological criticism, which weighs the socio-political context and addresses the silencing of the voice of the other through the colonial strategy (Punt 2003:63). It calls for the transformational advocacy for a politics devoted to the ablation of marginalization from the various rates of wealth of the different states in the world system, to the class, ethnic, and to the gendered hierarchies that operate at every level of social and cultural relations (Young 2003:114). It should be well

understood that the purpose of postcolonial biblical interpretation is not to dwell on the crimes of the past and their continuation but seeks transformation for liberation (Dube 2000:15-16).

Postcolonial biblical review stations colonialism as central point of the bible and its interpretation is wired specifically to dismantle colonizing structures, ideologies, institutions, and philosophies in order to emancipate the colonized and maltreated (Kuloba 2011:32). It takes into consideration the situation of the colonizer as well as the colonized, in order to rebuild a negotiating space for equality (Rukundwa 2008:344). It is centered on the argument that the delivery of biblical interpretation developed in a foreign context for instance Europe and America does not fit the socio-economic, political and religious challenges of Africa as a continent (Rukundwa 2008:344).

Bible readings in Africa have suffered superiority complex whereby the western academy is over hyped and rated at the expense of the African biblical academia (Draper 2015:17). This suffering is very historical, stemming from the Eurocentric colonial approach of Evangelizing Africa and some parts of Asia. The arrival of the bible in the hands of the European brought imperial oppression, which succeeded in converting black African's spaces and minds into pink European constructs; therefore, it can be established that Christianity and European imperialism confused Africans to think that their heritage was monopolized by ungodly cultures and practices (Dube 2000:19-20). It can be strongly argued that the Bible will always be associated to and commemorated for its role in facilitating European imperialism in Africa (Dube 2000:3). The role of European missionaries and their widespread dissemination of the Bible in the process of colonization of sub-Saharan Africa problematized the interpretation of its text. Their interpretation was out of context at all, and therefore, it was not for the good of the Africans (Draper 2015:5). These missionaries were pink men and women carrying a biblical message in a disguise wrapped



in European Enlightenment apparel; culturally blind and one sided (Farisani 2017:5). Their teachings made Africans to develop an inferiority feeling that before colonialism, their heritage was monopolized by savagery and that if the colonialist and European missionaries were to leave, they would draw back into uncivilizedness (Frantz 1969:169). Africa had been weighed using western weighing scale made from Europe and brought to Africa and probably the results were one sided and wanting: the results dictated that for one to be Christian was meant to be less African (LeMarquand 2000:74). As a result, this colonial approach to evangelizing sub-Saharan Africa created what Kuloba (2011:27) refers to as a world of inequality with much discrepancy falling across the broad division between the people of the West and those of the non-West. It was through this approach that the researcher is fully convinced that all the non-West culture and practices were demonized; for that reason, had to be condemned and abolished, for one to be considered civilized.

Therefore, the Bible was for an essential part of colonizing (West 1996:7) and as a colonizing text emerging from colonial and imperialistic contexts; it has tirelessly authorized the oppression of foreign nations therefore a call for liberation is necessary (Dube 1997:15). Since biblical texts are materials of colonial experiences, a postcolonial reading must evaluate the historical and cultural processes that call them into being (Pui-Lan 1996:213).

As a form of the postcolonial biblical review, the African Biblical Hermeneutics emerged as a methodological tool that appoints African socio-cultural contexts the subject of interpretation (Adamo, 2021). While reading the Christian scriptures from Afrocentric perspectives, the African Biblical Hermeneutics reappraises African World views, culture and life experience, with the aim of nursing the wound that was inflicted, the cultural ideological conditioning to which Africa and Africans have been subjected in the venture of biblical interpretation (Adamo, 2021). Though the

African Biblical Hermeneutics uses a variety of approaches in its application, for the purpose of this research, the African contextual Hermeneutics and Hermeneutics of Appropriation are to be discussed furthermore.

### **3.3 African Contextual Biblical Hermeneutics**

Commonly known as contextualization, inculturation, black theology, comparative study or comparative hermeneutics, African Contextual Biblical Hermeneutics is a biblical interpretation approach based on addressing the actual demands of the people of Africa (Masenya 2004:3). This approach aims at acknowledging the natural reader and making the African context a specific subject of biblical interpretation. Ukpong (2000:18) emphasizes that the importance of the natural reader will gradually come to the front because scholarly reading of the Bible in Africa cannot continue to disregard the interests and perspectives of the natural reader. The African biblical scholarship targets the community that receives the text, and the community that the research is focused on is Africa. Therefore, the text under study offers an entry point for an African to identify with the bible and therefore any interpretation that may focus on the critical interpretation of the text without putting into account the African's experience, interests and perspectives would be setting on an unproductive venture for an African. Naaman's experience as recorded in 2Kings 5:1-15 presents a true reality of an African's experience with the reality of disease in his or her community either as a victim, sympathizer, observer or informant.

The method is consistent with the argument that every Biblical text was written to address a specific demand or interest in a given community. The biblical text was contextual to its original readers or hearers, in this context the readers were the people of the ancient near East. So African Biblical Hermeneutics cannot honestly welcome this message through exegesis without letting the

message to converse with the African context (Farisani 2017:6). However, it is worth noting that interpreting the biblical text is never, an end in itself because Biblical interpretation is constantly towards changing the African context (West 2010:22). The Bible and its interpretation in Africa should aim at reconstructing or molding the political, socio-economic and religious challenges and decolonization of the African space.

### **3.3.1 Hermeneutics of Appropriation**

Hermeneutics of appropriation concentrates basically on contemporary interpretation of biblical narratives (Rugwiji, 2020). Therefore, Hermeneutics of appropriation is an intentional attempt to introduce African situational ideologies into reading the biblical text and reader's context by selecting appropriate themes in the contemporary situation (Rugwiji, 2020). It conveys the other possible meaning by utilizing relevant themes from the biblical text (Rugwiji, 2020). According to Rugwiji, (2020) the Bible is an ancient text and therefore cannot be in a contemporary context in a straight forward way it cannot be copy and paste. He asserts that ancient biblical themes can apply in every context but ancient biblical contexts don't. Therefore, Critical Old Testament scholarship should inquire on themes such as: power, democracy, politics, economy, poverty in different societies (Rugwiji, 2013). The use of appropriation therefore, "proposes a vital starting point in comprehending the various themes in African Biblical Hermeneutics" (West 2010:22).

For the purpose of this study, the research employed Hermeneutics of Appropriation; using what Draper (2001&2002) called a tripolar approach, to clearly establish the correlation between management of COVID-19 and disease management in the biblical world (leprosy) in 2Kings 5:1-15. The tripolar view to the interpretation of the biblical text in Africa has three key poles: pole

of the biblical text which is 2Kings 5:1-15, pole of the African context is African ideological perspectives on disease, and finally the pole of appropriation (Farisani 2017:8).

As noted by Ukpong (2000:24), the aim of interpretation is the realization of the theological meaning of the text in today's context so as to create integration between faith and life. The interaction of biblical world and contemporary African world created the third pole of appropriation. Therefore, appropriation is aimed at establishing the correlation between the text and COVID-19 as a context.

### **3.3.2 Document Analysis**

Document analysis is the major tool used in data collection. This is because the study is library based, and it involves documents as the source of data (Grant 2022). This was the preferred tool for data collection because of the nature of the research topic, which would have otherwise called for enormous financial and time resources to traverse the country or a particular region in the process of data collection. Document analysis has been credited as a resource tool that mitigates some of the challenges associated with other data collection methods like interviews and observations. Because it involves reading pre-existing materials, there is less or no human contacts which may call for ethical approvals (Morgan 2021). Documentary review/analysis – The researcher closely examined the Bible text under study, and then critically examined various library materials, like Published Printed books, Journals, Magazines, published electronic sources, Weblogs, unpublished academic research reports, and other articles as the objectives guided.

Andrade et al (2018), defines document analysis as a systematic process which involves identification, verification and consideration of various documents related to the current study. The documents that were related to the research topic “Contextual Reading of 2Kings 5:1-15 in

Relation to the African Ideological Perspectives on Disease: A Case study of COVID-19”, were identified, verified and considered as reflected in the study. The central role of document analysis is to contextualize facts, situations, and it should be based on an objective reflection, where there is link between the document analyzed and the research problem or topic.

Bowen (2009), examines the importance of document analysis as a tool in collecting data. Document analysis explains the nature and the morphology of documents and it involves a systematic approach of reviewing and evaluating various documents for instance, printed, and electronic materials that are useful to the current study. Document analysis involves three central aspects and that is skimming, reading and interpretation of the collected data. Document analysis is basically used in qualitative research approach as a methodology. The current study explored different scholarly documents about 2Kings 5:1-15, and African ideological perspectives on disease.

Chanda (2022), discusses document analysis strategies, epistemological approaches, categories of documents used in analyzing qualitative research with document analysis evaluation considerations. Document analysis strategies that the current study used were narrative analysis and content analysis. Narrative analysis involves analyzing the content from various sources like printed and electronic materials. It mainly centers on using stories (like myths and others), for instance, myths or stories that explain the origin of diseases. Narrative analysis also focuses on analyzing different experiences, now from religious perspective, narrative analysis can be used to analyze the experiential dimensions of religion in relation to research questions. Narrative analysis was used while analyzing the content in 2King 5:1-15. Content analysis is basically used in analyzing different words, concepts within the text. Texts used were book chapters, articles,

journals and others, the study closely read, and made interpretations in relation to the research objectives and questions. Different scholarly books, articles, journals were fully read and analyzed as reflected in the study. The printed and electronic materials were evaluated, so it was not copy and paste, the study was selective and those materials that were selected were relevant to the research problem were evaluated. For instance, scholarly works on 2Kings 5:1-15, and African ideological perspectives on disease were evaluated as reflected in the study.

Some scholars have used documentary analysis for instance, Angers and Machtmes (2005) used documentary analysis while examining and making a study on “An Ethnographic-Case Study of Beliefs, Context Factors, and practices of Teachers Integrating Technology”. The document analysis helped them to explore different beliefs, context factors and practices of three middle school teachers. They were able to establish various beliefs about the teachers, for example, the teacher’s attitude towards teaching is reflected on how they conduct lessons with technology. They also established that context factors directly affect the usage of technology in the teaching/learning environment. Their study added on the available literature on the integration of technology more so computer use in order to foster teaching and learning process.

Theodore & Gagel (1992), did a critical document analysis on technology and literacy. They used over 200 authors and also studied 12 various disciplines to enrich their study and they employed a research technique called phenomenological reflections. Through document analysis they established that the curriculum should bring out computer applications, information system and others and they also highlighted on the major goal of technology and literacy.

Goldstein and Reiboldt (2009), also used document analysis in discussing “Positive Coping Strategies among immigrant Cambodian Families: An Ethnographic Case Study. Document

analysis enabled them to develop new interview questions as they embarked longitudinal ethnographic study. They were able to explore the family life of Cambodians and their patterns. The current study used digital ethnographic methodology in analyzing various documents in relation to research objectives.

### **3.4 Instruments of Data Collection**

The study used various library materials and documents like Bible Commentaries, Bible dictionaries, textbooks, journal articles, internet materials, and newspaper articles relevant to the topic were analyzed according to the research objectives.

### **3.5 Conclusion**

The study used qualitative research methodologies and approaches. Document analysis or review is the major method used in data collection. This is because the study is library based, and it involves documents as the source of data (Grant 2022). The study is carried out within the frameworks of postcolonial Bible interpretation—specifically African postcolonial Bible interpretation, within which the theme of disease and its management is articulated. Within these frameworks, an inculturation or contextual and appropriation approaches are employed, which involve a comparative reading of the Bible with the African cultural perspectives and appropriation of derived ideas to the contemporary setting. This appropriation is what has been called hermeneutics of appropriation. Therefore, appropriation is aimed at establishing the correlation between the text and COVID-19 as a context.

## CHAPTER FOUR: EXEGETICAL DIMENSIONS OF THE TEXT UNDER STUDY

### 4.1 Introduction

In this chapter, attention is focused on exegetical aspects of the text. The text is examined from the historical, anthropological and linguistic perspectives, to generate commentative ideas relevant to the topic of study.

### 4.2 The Text

1 Now Naaman was commander of the army of the king of Aram. He was a great man in the sight of his master and highly regarded, because through him the LORD had given victory to Aram. He was a valiant soldier, but he had leprosy.

<sup>2</sup> Now bands of raiders from Aram had gone out and had taken captive a young girl from Israel, and she served Naaman's wife. <sup>3</sup> She said to her mistress, "If only my master would see the prophet who is in Samaria! He would cure him of his leprosy."

<sup>4</sup> Naaman went to his master and told him what the girl from Israel had said. <sup>5</sup> "By all means, go," the king of Aram replied. "I will send a letter to the king of Israel." So Naaman left, taking with him ten talents of silver, six thousand shekels of gold and ten sets of clothing. <sup>6</sup> The letter that he took to the king of Israel read: "With this letter I am sending my servant Naaman to you so that you may cure him of his leprosy."

<sup>7</sup> As soon as the king of Israel read the letter, he tore his robes and said, "Am I God? Can I kill and bring back to life? Why does this fellow send someone to me to be cured of his leprosy? See how he is trying to pick a quarrel with me!"



<sup>8</sup> When Elisha the man of God heard that the king of Israel had torn his robes, he sent him this message: “Why have you torn your robes? Have the man come to me and he will know that there is a prophet in Israel.” <sup>9</sup> So Naaman went with his horses and chariots and stopped at the door of Elisha’s house. <sup>10</sup> Elisha sent a messenger to say to him, “Go, wash yourself seven times in the Jordan, and your flesh will be restored and you will be cleansed.”

<sup>11</sup> But Naaman went away angry and said, “I thought that he would surely come out to me and stand and call on the name of the LORD his God, wave his hand over the spot and cure me of my leprosy. <sup>12</sup> Are not Abana and Pharpar, the rivers of Damascus, better than all the waters of Israel? Couldn’t I wash in them and be cleansed?” So, he turned and went off in a rage.

<sup>13</sup> Naaman’s servant went to him and said, “My father, if the prophet had told you to do some great thing, would you not have done it? How much more, then, when he tells you, ‘Wash and be cleansed’!” <sup>14</sup> So he went down and dipped himself in the Jordan seven times, as the man of God had told him, and his flesh was restored and became clean like that of a young boy.

<sup>15</sup> Then Naaman and all his attendants went back to the man of God. He stood before him and said, “Now I know that there is no God in all the world except in Israel. So please accept a gift from your servant.”

### **4.3 Textual Analysis**

In a bid to examine the text, efforts are made to divide the pericope in three sections. Section one is verse 1-3, which seems introductory and informative. It introduced the characters in the text and the purpose. It introduces who Naaman is and his nationality, and the role of the Israelite prophet and slave girl. Besides the information about Naaman, his splendor in Aram and his leprosy to the

readers, Naaman is more so informed about the prophet in Israel who could cure his leprosy. This section helps us to understand who Naaman is and his relationship with Israel.

Naaman was a soldier, at the rank of commander of the army of the King of Aram. He is described as a valiant soldier, and a mighty man of valor. His position and military success made him great and honorable. This same title was applied to Gideon (Judges.6:12), Jephthah (Judges. 11:11), David (1Samuel. 16:18), Jeroboam (1Kings.11:28), and Eliada (2Chronicles. 17:17). In accordance with above texts, it seems the title of a mighty man of valor was commonly used in the Ancient Near East to denote mighty and successful military men. The scriptures also inform us that Naaman was the only non-Jew that was referred to as a mighty man of valor, and through whose hand Yahweh had rendered military victories to the King of Aram. Although famous and mighty, the narrative is inclined to juxtapose Naaman's fame with leprosy. Naaman was a leper.

Leprosy was a horrible and mostly incurable disease that would eventually result into death (Guzik, 2018). Guzik (2018) described leprosy as small red spots on the skin. He continues to inform us how leprosy could spread on the skin where the spots got bigger, turned white, shiny, or scaly appearance. The spots could spread over the whole body and hair began to fall out. Starting from the head, eye brows, finger nails and eventually toe nails become loose; they begin to rot and fall off. Then the joints of fingers and toes began to rot and fall off piece by piece. Gums began to shrink and they couldn't hold the teeth anymore, and even the eyes rot and the victim was wasted and eventually died. In response to the above biblical commentary, it can be argued that Leprosy was greatly feared by the people in the Bible, because it caused physical damage. A victim of leprosy would decompose while still alive; and would watch as his/her body gets dismembered. It was a painful disease in all aspects—physically and psychologically. There was no cure for leprosy

other than divine intervention. Leprosy was therefore seen as a spiritual affliction which is associated with either divine punishment or demonic attack; although leprosy was also known to be contagious. Leprosy made the victims ritually unclean. There was strict isolation of the victims on two grounds: the leper was to pay the price of his inequities (that resulted into leprosy) alone. The ritual of uncleanness associated with leprosy had a contaminating effect on the rest of the society; and there was possibility of or fear for transmitting leprosy to other people.

In the text, Naaman's leprosy is infected on Gehazi on grounds of greedy and infidelity by accepting Naaman's gifts, which the prophet had refused to accept. This creates a twist in the narrative that affirms leprosy as a divine punishment. It is not clear in the text as to why Elisha rejected Naaman's gifts, but what becomes clear is that the gifts are associated with leprosy, which infect Gehazi. Probably, the kind of service Elisha renders to Naaman is the theological import with which Naaman leaves Israel: Naaman goes back to Aram while reckoning with Yahweh as the God, as vindicated in his quest to take with him some of the soil of Israel upon which to build an altar for Yahweh—the true God in Damascus, his home city.

The text is apparently written from the perspective of Deuteronomistic writer, who upholds monotheistic faith in Yahweh, popularly known as Adonai. Though Yahweh is the God of Israel, He exerts authority and favor over to Aram, in as far as giving victory to Aram through Naaman. Adonai in the Old Testament, is the plural of Adon, meaning ‘‘ lord, LORD, master, or owner’’ the word Adon derives from an Ugaritic word meaning lord or father. In the Tanakah, the word Adon can refer to men and angels as well as to the LORD God of Israel (Exodus. 34:23).

Naaman, the leper was not an Israelite, but an Aramean. The Aramaeans were a large, but loosely related group of Aramaic-speaking Semites. They were known already in the 14th cent. BC as the

Ahlamu (nomads). The Chaldeans were but one branch of this group. The Aramaeans came from the Syro-Arabian desert in waves, sweeping over northern Mesopotamia, the Anatolian foot hills, and inner Syria. Aram in the Old Testament refers to a vast territory of land which stretched from Canaan to parts of Mesopotamia (Genesis. 10:22-23; Isaiah 22:6). Notable Aramean kingdoms are: Moab, Ammon, Edom, the Philistines 'kings of Zobah' and Geshur among others. Israel had international contacts with various Aramean states. The relationship ranged between wars and diplomatic ties. During the reign of Saul (c. 1050-1010 BC), Israel fought wars with nations like: Moab, Ammon and Edom in the East, the Philistines in the SW and the 'kings of Zobah' in the North (1 Samuel 14:47). This was probably at the height of his power (c. 1025 BC), before the final disasters of his reign. King David (c. 1010-970 BC) had his first known Aramaean contact as Talmai son of Ammi-hur, king of Geshur, whose daughter he married (Absalom being her son by him) within his first seven year's reign at Hebron (1010-1003 BC) (2Samuel 3:3- 5). During Solomon's reign (c. 970-930 BC), though Israel is said to be at peace, Rezon, an Aramean exerted insecurity against Israel. He gained control of Damascus and reigned there (1Kings 11:23-25). Rezon, it seems, played bandit, till at last- full of years- he passed away, and a new 'strong man', Hezion, seized the Damascus throne. When attacked by Baasha of Israel, Asa of Judah sought aid from Ben-hadad I (1Kings 15:18 ff.), the Aramean. Ben-hadad further clashed with Ahab (1 ki.20) and was murdered by Hazael in Joram's time (2Kings 6:24ff & 2Kings 8:7-15). In the context of 2 Kings 5, Arameans had raided Israel and taken people captives. Among the victims was a girl who ended up being a servant to Naaman's wife. It is the Israelite slave girl who reveals to Naaman's family about the Prophet in Samaria who can cure her Master's leprosy.

Slave raids were prevalent in ancient Near East. The raided victims were sold as domestic servants to various homes of affluent people. Apart from Joseph who is sold to Egypt and ends up at

Potiphar's home, one of Pharaoh's officials and eventually in the King's palace, there is a notable story of Abishag the Shunammite girl that was brought to King David at his old age. Ancient slaves like the domestic slave girls named above exercised some degree of liberty and rights. They carried with them their knowledge, religious and cultural values, which they could share with their lords and mistresses. It is the Israelite slave girl who informs Naaman's wife about the Israelite prophet in Samaria who could cure leprosy.

As already indicated, the Aramaeans were never politically united as an empire or even as one state, but they did become geographically concentrated. Assyrian inscriptions from the 12<sup>th</sup> and 11<sup>th</sup> centuries refer to their building cities and even founding the state known as Bit-Adini (Amos 1:5) on both sides of the Euphrates, S of Carchemish. Tiglath-Pileser I (ca. 1114-1076) claims to have fought the Ahlamu peoples and the Aramaeans 28 times, listing only victories over them.

Verses 4-10 is related to the previous section in terms of how Naaman used the information from the slave girl. It also presents a new dimension in the narrative, that is to say; the ancient Near Eastern Diplomatic protocols. Naaman couldn't just enter the Israelite territory without clear permission from both his King and the King of Israel. This further amplifies the diplomatic stature and icon which Naaman was associated with. In the narrative, the King of Aram writes letters to the King of Israel, apparently introducing Naaman and his problem that required healing. The King of Aram is probably King of Syria: He is probably Ben-hadad (cf. 2Kings 8:7), while the King of Israel at the time was probably Jehoram, (cf. 2:6-14; 6:30-33). The wealth brought in gifts to Israel by Naaman is stated as ten talents of silver, six thousand shekels of gold and ten sets of clothing. This was inevitably a very expensive cost, which Naaman and his King were ready to pay for his

health. Being a diplomatic venture, Naaman and his master demonstrated the splendor and honor with which his mission to Israel was about.

It is very interesting to note that, though the slave girl had informed her masters about the Prophet in Israel, the emissary was directed to the King of Israel. It is not clear whether this was a miscommunication, or part of the diplomatic protocols of the ancient Near East. The King of Israel, upon reading the letters from Aram, is said to have torn his cloths, stating that he is not God to heal. The ritualism of tearing cloths in ancient and biblical communities is well discussed in the works of Obiorah M. Jerome and Favour C. Uroko (2018). The narrative is embedded with an ideological motif, which tends to amplify the role of the prophet than the King. At the end of it all, Naaman is directed to the Prophet. The King—though respected demonstrated with clarity the inefficiencies to both deal with Naaman’s problem and also demonstrate that there is God in Israel. It is at this point that Elisha appears on the scene, apparently with two functions: to save the king from the embarrassment, to remind the King of Israel about the office of the prophet, and ultimately heal Naaman. Naaman is therefore redirected to the humble aboard of the Prophet.

Verse 11-15. This section is related to the previous sections in relation to how Naaman conceptualized the ideas or information about his possible healing. Naaman had thought that the Israelite healer would heal him within the diplomatic protocols of honor, decency and favor. i.e., “I thought that he would surely come out to me and stand and call on the name of the LORD his God, wave his hand over the spot and cure me of my leprosy....” He was displeased with the information/idea he gets from Elisha that he washes himself in Jordan River. Naaman conceptualized the idea of bathing in Jordan as ridiculous. His expectations were that the healer would come out to meet him. Elisha’s refusal to come out to meet him may have sent a negative

signal to Naaman, who may have interpreted the idea from his circumstances as a leper. Nevertheless, Naaman's change of attitude is due to the ideas of his servant who challenged him in verse 13 ("My father, if the prophet had told you to do some great thing, would you not have done it? How much more, then, when he tells you, 'Wash and be cleansed'!").

#### **4.4 Discussion of the Text**

Without information from a parallel extra-biblical source(s) that can augment 2 Kings 5, the study is limited to intuition of the Deuteronomistic writers' biases. In the first place, Naaman and Aram are associated with banditry, and inevitably crimes that go with it. It is possible that Elisha's refusal of Naaman's gifts may have stemmed from the fact that it is ill-gotten wealth stolen through banditry against the neighboring societies, Israel inclusive. In his refusal to accept gifts, although he healed Naaman, Elisha instead exported his religious ideas to Aram. Moreover, it may have been a statement that wealth, more so ill-gotten wealth cannot buy health but faith in God.

The miracle that transformed Naaman took place at River Jordan. Naaman had been commanded to jump into the river seven times, and it is the seventh time that reversed his leprosy. As Staff (2020:1-3) opines, the use of river Jordan is for ideological purposes. The writer may have wanted to present the supremacy of river Jordan over other rivers in the ancient Near East like Abana and Pharpar (Damascus), Euphrates, Tigris (Mesopotamia) and even Nile in Egypt. The Jordan River appears many times within the Scriptures. It often refers to a freedom that comes after a long season of adversity and waiting just like leprosy that Naaman had. The Jordan River represents an opportunity of confessing sins to God and one another, and in physical baptism. In the New Testament, Luke 3:2-3 & Mark 1:9; the Jordan River played an essential role in the preparation of people for the public ministry of Jesus Christ. For instance, John the Baptist preached and taught

at river Jordan frequently and baptized everyone who accepted his teaching on repentance. One of the people that John the Baptist baptized at River Jordan was Jesus. Besides the above, the text brings to the center of discussing the spiritual values of waters, which is also shared with other civilizations in the ancient Near East and Africa as well. In the works of Martti (2014) in ancient East, water played significant spiritual and healing functions. Besides being life in itself, Water was used as the medium for divination and healing practices. Among the Greeks, water baths constituted a healing effect on the body, which led to the evolution of bath houses and spas (Buchman 2002). In the New Testament, the phenomenon of water healing seemed phenomenon. The incident of the crippled man at the Bethsaida pool (John 5) brings more light to the argument. Accordingly, the invalid believed that when he jumps into the water at a particular moment in time, his illness would get healed. It was believed that the healing angel from heaven would stir upon the waters, and the first person to step in the stirred water would be healed. Furthermore, Jesus' instructions to the blind man to wash his face from the Siloam River is synonymous to what we read in 2 Kings 5, when Elisha instructs Naaman to bath from river Jordan.

The text further reveals the problematic nature of disease and its causes. Leprosy from the ancient Near Eastern perspectives was incurable disease which resulted from infections or as punishment from the gods. In the Hebrew Bible, diseases like leprosy were associated with sin and uncleanness. Sin here was not necessarily a moral misconduct but also profanation of divine authority. In Numbers 12, Miriam is punished with leprosy because she challenged Mosaic authority, which in the narrative seemed to be a profanation of Mosaic authority. There are however circumstances where disease may not necessarily be associated with punishment but just due to divine indulgence. A case in point is the story of Job, who suffers terrible afflictions yet innocent. In John 9, the case of the man born blind was explained by Jesus that his blindness was



for purposes of manifestation of God's glory. In this regard, the case of Naaman presents two strands: From the Deuteronomistic perspectives which portray Aram as a nation of bandits, who had terrorized neighboring states Israel inclusive, with looting, raiding and enslavement of war captives, Naaman's leprosy may have been a punishment from Yahweh. The narrative may intuit that the presence of the Israelite slave girl in Naaman's house (who seemed to know Prophet Elisha) symbolized the brutality of Aramean actions against Israel. In the story of the Israelite Patriarchs, God punished the Kings of Egypt on account of taking Sarah, Abraham's wife (Genesis 12). Abimelech king of the Philistines was also punished for taking Rebecca, Isaac's wife (Genesis 26). Theologically, it can be argued that through banditry, Aram may have profaned Israel—God's chosen nation, and his leprosy is a punitive reward for his actions. In the same text, we read about leprosy as a punishment as inflicted upon Gehazi for acting in contrary to the prophet's action of rejecting Naaman's gifts. Gehazi, it can be argued profaned the prophetic authority. On the other hand, Naaman's leprosy can be synthesized with the Johannine perspectives of revealing the glory of Yahweh—the God of Israel. This idea is self-evident in the text, where Naaman goes back to Damascus with the idea of establishing the altar of Yahweh.

In the text, Naaman's healing started as an idea of divine healing. The slave girl offered information about the healer in Israel. It is not wrong to assume that by this time, Naaman hadn't taken any action about his ill-health. He may have tried several and several options. But the revelation of the slave girl about the healer in Israel was another option which Naaman had to exploit. This implies that need and urgency of faith packed with action where Naaman processes his travel to Israel. It is instructive to argue that, healing of Naaman took a dramatic direction. Contrary to what he expected as a dignified way of reception by the healer (given Naaman's diplomatic stature), the healing to a more radical and ridiculous form, which involved bathing in

the river of Jordan. Naaman, as already noted was displeased by the idea of bathing in the river of Jordan. But the twist in the narrative is the agility with which he believes the word of his servant. This narrative reveals with clarity the despairs of human nature irrespective of their status when questions of life and death manifest.

#### **4.5 Conclusion**

Naaman's healing started with an idea, followed by information and accomplished by obedience, faith and action. It came from the very insignificant people like the slave girl, the Israelite prophet and Naaman's own servant.

## **CHAPTER FIVE: THE AFRICAN IDEOLOGICAL PERSPECTIVES ON DISEASE**

### **5.1 Introduction**

In many African societies, disease and diseases have a collective name. For instance, among the Bantu speakers like Masaba people of Uganda and Kenya, lufu (plural zifu) is the word for disease, which shares etymological semantics with death (kufa). The same idea seems to embed the Zulu of South Africa who call disease Isifo and death, Ukufa (death). There are others for diseases among the Bantu speakers like olumbe and ndwade. For instance, among the Baganda, disease is called Olumbe, which shares the name with Walumbe—the angel of death. To be sick is largely called among Ugandan Bantu speakers as kulwala. Kulwala denotes a state of being uneasy, suffering and miserable.

Diseases in African cosmology are generally associated with death. Death is a big concept, which denote total end of life on earth or becoming docile and unproductive. African cultural perspectives on diseases and practices of healing transcend tribal and national boundaries. It is common to find out that what happens in tribe A also happens in tribe B. The same applies to nations. As already noted, most of the African people across tribes and national boundaries share same ethnic roots, knowledge and values. For instance, the Luo in Kenya share many cultural perspectives with the Luo of Northern Uganda. The same with the Sudanic speaking people in West Nile, Southern Sudan and North Eastern Congo. African common affinities and perspectives on disease makes it possible for Africans to seek healing from other parts of Africa. It is not surprising to note that the African traditional healers in South Africa, popularly known as Sangomas are people of diverse nationalities like Uganda, Tanzania, and Democratic Republic of Congo and among others. The

presence of written posters on Kampala streets advertising a particular witchdoctor from Zanzibar, Congo or Nigeria.

This chapter therefore presents methodological challenges of attempting to isolate the Ugandan context from the rest of Africa. Therefore, it was necessary to entail illustrations from the rest of Africa as we also cite illustrations from the Ugandan contexts.

Generally speaking, diseases of epidemic nature constitute a challenge in many African communities. The mysterious nature of such diseases like COVID-19, Ebola and others. Heighten the religious and spiritual sensitivities of the African people. Mbiti (1990) opines that African believe in the existence of spiritual world that is heavily occupied with spiritual beings such as ancestors. In African Traditional Religion, spiritual ancestors are thought to reside in certain places like rocks, mountains, skies, rivers, lakes, forests and among others (Turaki, 1999). These ancestors, which are deified are expected to offer protection to the living people in form of good health, wealth, food security and even victory in wars. Human being in return live in reverence of these spiritual forces (ancestors), through acts of worship, commemoration, and sacrifices. These acts are believed to offer a spiritual equilibrium, which is pivotal for human flourishing. Therefore, outbreaks of diseases (as also other misfortunes) are often conceptualized as stemming from a spiritual disequilibrium. In some cases, these spiritual realities are embodied in physical forms like waterbodies, animals, birds, reptiles and trees. Matikiti (2007) was in agreement with Turaki, in illustrating that the Karanga people of Zimbabwe regard Mountain Ruvure as a dwelling place of ancestors. The mountain is resident of animals like lions, baboons, leopards and pangolins, which are thought to be spiritual beings.

The peak level of African cosmological thought is God. He is regarded as the Creator of the universe, the caretaker of life and the root of all power. Awolalu (1976) gives more light on the African cosmological thought of God as the originator, Awolalu observed that the world is solely ruled and governed by God and assisted by deities who function equally as angels in the Christian religion (Mbiti, 1969). The ancestors as mentioned above also play the role of intermediaries between God and people (Turaki, 1999:4). It should be noted with a keen eye that the exclusion of the Supreme Being from the universal scheme of Africans would thus create a vacuum in African ontology. For Africans, religion is an ontological phenomenon which pertains to the question of existence of God (Mbiti, 1990). O'Brien & Palmer (2009:16) cited familiar themes in African life, where they observed that there was a close relationship between the sacred and the non-sacred. For instance, there is a Supreme Being: creator, provider, sustainer, and controller of all creation. There are lesser deities and guardian spirits that closely work with the Supreme Being. They deal with people inflicted with suffering, Sickness, and death.

From the African understanding, the root cause of suffering is sin or misdeeds that offend the gods/deities and ancestors. According to Nyamiti (1984:16), when ancestors are ignored (abandoned) by their living relatives, they become furious with them and they send illness to the community as a way of punishing the people of the society. Their anger is generally appeased through prayers and rituals in the form of drinks and food offerings.

White (2015) opines that life in African indigenous religion is anchored on sustaining and striking a mutual balance between the seen and the unseen world. i.e., the natural and the supernatural. White (2015) illustrates this using the context of the Akan people of Ghana, where curses are believed to be responsible for causing illness among the people. There is also a river deity called

Antoa that is responsible for restoring divine justice when appealed to by removing the curses and setting the victim or victims free.

Diseases of all nature are believed to have causal source, either as God's will, demonic spiritual afflictions, and witchcraft. These diseases may even include Sexually Transmitted Infections like Acquired Immune Disease Syndrome (AIDS) and Ebola see (Mshana et al. 2006: 45-58). Belief in superstition and witchcraft is central to many African causations of illness. For example, initially, Acquired Immune Disease Syndrome (AIDS) was believed to have been caused by witchcraft or other supernatural means like God's anger (Tenkorang, et al 2011).

Gyekye (1995:133) asserts that disobeying taboos is one of the ways how people could become sick, taboos form an essential part of African indigenous religion, taboos clearly stipulate aspects which are forbidden by a certain community or a group of people. Westerlund (2006:139) also defined taboos as a social custom prohibiting a specific practice. Taboos exist to make sure that the moral frameworks of the universe remain undamaged for the good of humanity. There are various kinds of taboos which are associated with meat and food. Any attempt of disobeying the taboos would lead to severe sickness not only to the victim but also the community and this is what Magesa (1997:76,148-149) calls the effect of life force.

## **5.2 Ugandan Perspectives on Diseases**

Studies on disease in theological and anthropological studies are very limited, despite the fact that diseases constitute a religious phenomenon among many Ugandans. Diseases are as live as life. It is the opposite of health as night is the opposite of day. In this section, focuses on some of the scholarly works—made from different anthropological and cultural perspectives, on how people

in Uganda conceptualize and deal with the problem of disease—especially diseases of mysterious nature.

In the works of Clement Aluma and others (2022), the Lugbara people of Uganda have an elaborate process of dealing with disease especially of mysterious or epidemic nature. Their perspective is engrained in their myths about their origins. Accordingly, ‘Ofunyar’ (mother of the Lugbara people), who was suffering from ofu (leprosy), met her husband ‘Dribidu’, and he treated her with local herbs whilst in oji (quarantine or self-isolation) in a cave. This puts the idea of leprosy, isolation and herbal treatment within the cultural antecedents of the Lugbara people.

Epidemic outbreak among the Lugbara is commonly associated with external sources. As Aluma opines, the first contact with slave raiders and European explorer in 1860 was followed by an outbreak of small pox and other diseases like meningitis, sleeping sickness. Smallpox was given a local name (mua), while meningitis was called (ndindia). Both terms meant sickness sent secretly. They were mysterious diseases. Meningitis was associated with a spirit known as yakan and the Lugbara people also associated epidemics with the Europeans. Sleeping sickness locally called (omvutaa), this sickness is popularly called mongoto. The Lugbara people used the roots of mahogany, pounded and mixed with hot water to treat sleeping sickness.

In the colonial days, and shortly after colonial rule, there was an outbreak of measles and smallpox like disease. The Lugbara people quarantined in homes all people who were suspected to be sick. Children were often quarantined with their mothers. The infected people were encouraged to sleep on dry banana leaves and dry spear grass because these could not be shared and the bedding would be burnt when the person got cured. Homesteads which formed the site of quarantine were sealed from the wider population. Community members were not allowed to visit the sick. The ash was

sprayed along the path to the patient's home to signal danger to unknowingly visiting their home. Sole access was granted by a medicine man. Relatives would provide food but would be required to leave the food at the gate to avoid contact with the sick person. The elders prohibited people from sleeping in pairs- even couples were not allowed to sleep together until the threat was deemed to have gone. In markets and during cultural gatherings, public announcements were made about the presence of bad disease and so people were constantly discouraged from coming close to one another and take precautions (Aluma et al, 2022).

Water played a big role in administering healing for instance, when the child was suffering from measles, they would not give that child cold water, but would instead administer warm water for drinking and bathing. The rationale was that if that child was given cold water, the sickness would remain internal then kill the child, but with hot water would flush out the affliction. Rashes on a child's body were considered as an indicator of the curing process (Aluma et al, 2022).

In critical cases, where disease outbreaks were spreading rapidly and there were mass deaths registered among particular clans, powerful elders representing main lineages would perform a community healing ritual from a curse of disease. In times of epidemics, elders used these rituals to condemn practices which were linked to the spread of disease. To date, such curses are believed to work on blood descendants of the elders, and bring either physical or mental illness to those who have violated the demands (requirements) of the spiritual realities. Community elders played a key role in collective consultations and measures to combat diseases. They issued warnings and procedures, akin to the modern-day SOPs. If the warnings of the elder were breached, the implicated person would experience misfortune, for example in the form of the snake bite. During the outbreak of Ebola parents asked their children not to mix with the strangers or people they



suspected to be victims of Ebola. The ritual of cleaning the body by the close relatives before was put on a standstill (Aluma et al, 2022).

The Lugbara perspectives and approaches to pandemics constituted a conflict with the ministry of Health plans to deal with COVID-19 in 2020. Accordingly, the Lugbara people refused the idea of establishing quarantine centers in their communities, arguing that people from other parts who are infected with COVID-19 will be brought to the centers, hence importing the pandemic to West Nile. It was also eventually feared that the Uganda government measures were too stringent that would eventually subject people to starvation and other miseries (Aluma et al, 2022).

In the works of Alexander Isiko and Keddy Acayo (2022), the Luo community of the Acholi in Northern Uganda equally presents a detailed process of dealing with disease more especially of mysterious nature. Acholi community has experienced a number of mysterious diseases such as nodding disease, smallpox (odye), sleeping sickness (two anino), leprosy (two dobo), measles (two anyoo), epilepsy (two odero) and Ebola. The Acholi people have always believed that the origin of these diseases is bad spirits locally called gemo. Such diseases are handled by specialized persons, using traditional herbs and spiritual rituals. The case in point is in the year 2000, rituals were conducted at Aruu falls to deal with Ebola.

There are several myths that have been used to explain the origin of nodding disease among the Acholi people of Northern Uganda as presented. For instance, the myth of a black cow that was seen at talabek in Lamwo. The black cow is believed to have been demonic object that was sent to inflict the people with the nodding disease; the myth of a strange black pig that was slaughtered and eaten by some people in Awere in Pader district. It is believed that families that ate the pork were inflicted with nodding disease. And also, there is the myth of mysterious appearance and

disappearance of black snakes on a tree located in Pader district. To deal with this problem, the Acholi community used herbal medicine (Ajwaka) to treat nodding disease. The cleansing rituals and sacrifices were performed as a way of averting nodding disease. The herbal medicine developed by some staff from Gulu University was used alongside cultural rituals. It is well cited that elderly ritualists were called upon to pray and intercede to the gods to grant healing to the sick children.

In dealing with COVID-19, the Luo community of the Acholi in Northern Uganda used the ritual of ryemo gemo. Ryemo gemo is from two Luo words that is ryemo which means chasing and gemo which means bad spirit or evil spirit, therefore the Luo phrase ryemo gemo refers to the chasing of bad spirits that cause epidemics. The Acholi people believe that bad spirits (gemo) cause mysterious illness and if taken for granted it may result into death. It is believed among the Acholi people that gemo always manifest to the community, if the people of the community have disrespected the gods and their places where they reside such as hills, water bodies and others. In relation to the above COVID-19 was conceptualized as caused by angry spirits in the Acholi land. In dealing with such a situation the Acholi people make a communal loud voice accompanied with the banging of drums and other objects that can produce noise in order to chase the bad spirit before the day break or in the late evening. The Acholi people perceived COVID-19 to be bad spirit that had invaded their community. The Acholi views on COVID-19 equally constituted a conflict with the directives of the president like social distancing (Isiko, 2020).

Isiko in other works reveals that idea of Tondism. Tondism, which comes from the Luganda word “Tonda” means creator. Tondism faith is practiced by the Bantu societies of Buganda, Busoga, Bunyoro and Ankole-Kigezi. According to this faith (Tondism), the Supreme god called Katonda

was responsible for sending the COVID-19 upon the people of the world. Tondism faith prescribes prayer and faith as the solution to COVID-19. There were different prayer points which portrays the universal character of God and this people believed that God answered their prayer of taking away his anger upon humanity not only to Uganda but the whole world. The taking a way meant the end of COVID-19. The prayer reveals the universality of Katonda's healing powers. They also believed that Katonda cannot cause COVID-19 without availing the cure (Isiko, 2020).

In the works of Alexander Isiko (2019), the Basoga people have a strong believe in the spirits of the dead relatives and ancestors. The dead relatives have powers to influence the life of the living, they can inflict the living with illness and if rituals are not performed according to their expectations the patient can die. The ancestors continue showing their interest to the physical world that they are still alive, communication between living, the living-dead and God is established through constant offering of sacrifices to (mizimu) in form of sheep, cattle, goats, hen, pigeon and others, in order to appease the ancestors and gods. It is believed that people collect water from bujagali falls to nurse their wounds and also the Baganda people of central Uganda have the same view about Ssezibwa River. Ssezibwa River and this River has an interesting myth that explains how it came into existence. The Baganda people believe that there was a woman called Nakangu, who gave birth to twins but one of the twins was non-human. The non-human was a water body, which is Ssezibwa. Ssezibwa, among many Baganda people is associated with mystical powers. There are sites which are used for various rituals including healing rituals, and its waters are bathed to African traditional believers off bad omens, locally called "ebisiraani".

In Western Uganda, the healing water of Mulago and Mugabe hot spring popularly referred to as Kitagata hot spring are worth mentioning. The pools of Mulago and Mugabe (twin hot spring) are

associated with divine healing. It is interesting to note that Mulago is also the name given to Mulago National Referral Hospital, while Mugabe is related to Omugabe of Nkore, called John Patrick Barigye, the former king of the Nkore kingdom who used to visit the pool. The group of people who bath (soak) in the hot springs often refer to themselves as patients. The Kitagata waters is enjoyed by the indigenous communities of Banyankole, Batooro and Bakiga of Western Uganda and even from other parts of the country (Namara, 2017). In the corresponding regions of Africa, a similar motif exists among the Enugu people of Nigeria, where a healing river, Orimiri Jordan exist. The pool named orimiri Jordan meaning the river Jordan was first seen by the Fulani herdsmen of Northern Nigeria, who were looking for water to their livestock to take but on their way back they spotted a new pool of water which had not been before. The oldest men in the community reported that the mysterious river first appeared back in 1971, where various forms of ailments were cured (Naija, 2013).

The centrality of water in the healing ritual is paramount in the African contexts. For instance, in the works of Mike Vahakangas (2015), the people from various parts of Africa even Europe visited Babu wa Loliondo in search for the healing. The sick people stood at around a tiny shelter in a remote village of Samunge and the Babu gave them plastic mugs containing the hot water mixed with the roots of Mugariga tree. It is noted that for the medicine to be effective has to be measured by Babu, using his miraculous cup, the prayer and then faith. The four aspects were vital in order for the healing to take place. The Mugariga tree is said to be widely used among the Maasai communities and even the Chagga communities.

David Blumenkrantz (1989) reports that Nanyonga Yowanina aged 60 (from Masaka District) in the event of Human Immune Virus/Acquired Immune Disease Syndrome claimed to have received

a heavenly vision on how to cure (using holy soil) different ailments Human Immune Virus/Acquired Immune Disease Syndrome inclusive. People from different parts of the country and even neighboring countries like Rwanda and DRC visited Nanyonga to be healed from Human Immune Virus /Acquired Immune Disease Syndrome. Nanyonga served her patients with soil from an anti-hill mixed with water. It is estimated that patients ate about 50 tons of soil. Her patients were people of all life backgrounds who were desperate for healing then, at the time Human Immune Virus was massacring people in the regions of East Africa as elsewhere in Africa. These included government officials, the police men, soldiers, government officials and even people from other religious affiliations. As time went on, the central government picked interest about the popular woman of Masaka who would heal Human Immune Virus /Acquired Immune Disease Syndrome. The minister of Health Hon Zak Kaheru sent a delegation to go to the site and establish. The medical experts were part of the delegation, who conducted samples on the said soil that would heal various sicknesses and the results revealed that the soil would not even heal any disease. The poor old woman was ordered by the minister of Health to stop giving the patients soil.

It is worth noting that African worldviews on disease and healing have infiltrated Pentecostal ideologies, especially in many African Pentecostal churches. Like in religious practices of African traditional origins, the distinct feature of Pentecostalism is spiritual experience. Basing their claims on the Bible and early Pentecostals' literature, African Pentecostals claim that the gospel without signs and wonders is incomplete (Samuel, 2015). Disease, illness and all life challenges are conceptualized in spiritual terms as either demonic, witchcraft or punishments. In response to these, spiritual interventions in form of prayers and healing rituals are employed.

As Lubaale (2018) further explains, Pentecostal ministry without healing is incomplete, the healing ministry where people with illnesses are healed as Jesus did in his public ministry. Healing is twin in nature that is physical and spiritual. Deliverance from demons, diseases and others is key in the Pentecostal church. The modern Pentecostal acknowledge place of medical science in treating, but God's healing in the name of Jesus is superior to medical treatment. In the process of healing, faith is very central and important. Lubaale illustrates his argument with testimonies like that of David Ngobi, who was sick for a long time with stomach pains. He visited various medical doctors and even traditional healers but all in vain. He went to Pastor Abedi Bwanika of Christ Witness Church Ntinda, who prayed for him and received instant healing. In addition Michael Ogolla was lame, but Pastor Kayanja of Miracle Centre Cathedral prayed for Ogolla and got healed from lameness. Pentecostals believe that God can heal any illness be it small or big (headache, AIDS, cancer and others) for instance, there was comparison between the science and divine means in treating cancer, the patient with cancer in his or stomach, the doctor may remove some parts but Jesus heals you without removing your internal organs (Stolz, 2020).

Moses Stephen Isabirye (2020), has expounded on this phenomenon in African Pentecostal churches. He opines that there are basically three components of healing that is; ritual healing (James 5:14), ritual of prayer of faith (James 5:14-15), and gift of healing (1Corinthians 12:9). The healing is not only to body but also to the soul and the spirit. The Pentecostal believers are expectant of extraordinary happenings at anytime and anywhere. This is because of the popular belief among the Pentecostals that life is full of challenges and there are spiritual powers always at war against humanity. The slogan of Pray Until Something Happens (PUSH) is a symbol of constant warfare against evil and disease. Constant prayers with faith, it is believed grants victory

to the believer. Healings, guidance and protection from evil, prosperity and success are the core benefits offered to the faithful members of the Pentecostal and Charismatic churches.

### **5.3 Conclusion**

Ugandans, as other Africans in Sub-Saharan Africa and biblical times believed in the spiritual causation of disease. This is obviously followed by the spiritual responses to disease which take various forms like rituals, traditional medicines and prayers. It is a widely claimed among the practitioners of African traditional religions that spirits reveal which kind of herbs should be administered and how they should be administered. There are inevitable conflicts between African religious responses to disease and modern science, where science disapprovals of religious approaches land the African religious approaches in trouble with government authorities.

## **CHAPTER SIX: THE CORRELATION OF 2KINGS 5:1-15 WITH AFRICAN IDEOLOGICAL PERSPECTIVES ON DISEASE**

### **6.1 Introduction**

Throughout history people have turned to the study of the Bible and African indigenous society with hope that it would shed light upon some essential problems encountered in their societies. In the contemporary African society—South of the Saharan, where Uganda belongs, questions about disease especially diseases of mysterious and epidemic nature are often understood in spiritual terms. As such, there is always a frantic search for fissure illusions of such diseases in the Bible and other African spiritual authorities. The objective is often to understand what the spiritual realities have to say about the disease or why they have allowed it to happen. This is not limited to any past imaginations, but encompasses the contemporary reality of COVID-19.

### **6.2 Text and Context**

The aspect of disease having a spiritual cause (divine causation) is shared between the Bible and African contexts. The leprosy that Naaman had was seen in the ancient Near East as divine caused, either as a curse for committing sin or just for the indulgence of the gods. In the account of Miriam in the book of Numbers, God inflicted leprosy upon her as a punishment. There are accounts in the Hebrew Bible, where God would inflict disease upon people for purposes of revealing his glory. In the story of Job, there is a conspiracy in Heaven between God and Satan, in which God allowed Satan to afflict Job (Job 1:6-22); while in John 9, the man was born blind “so that the work of God might be displayed in his life.” In many African beliefs, some people are afflicted with



disease for similar reasons. The gods of the land can possess certain individuals and either cause mental or physical illnesses, or just pre-destiny the victim to suffering (Onongha, 2019:129).

In view of the above, COVID-19 among many people in Uganda was perceived in spiritual terms, at various levels. Despite the revelations about the origin of the pandemic being Chinese Market, where people ate pangolins, Africans still uphold divine causation of COVID-19. The phenomenon of COVID-19 among many Africans was treated as any other strange disease. Its cause needed to be established. Why did the God or gods cause this disease or allow it to afflict our land? The response to this is spiritual actions. As earlier noted, there were activities of spiritual nature among the Acholi's and Lugbara people to deal with the phenomenon of COVID-19. The climaxing of this religious view of disease is epitomized in the Christian approach, where the president of Uganda hosted a series of prayer sessions against COVID-19 in June 2021. This was preceded by a declaration, in which President Museveni declared 29<sup>th</sup> August 2020 as a public holiday for nationwide prayers against COVID-19.

It is useful for purposes of this study to analyze the relationship between COVID-19 and biblical leprosy, which afflicted Naaman. In view of the similarities in cosmological perspectives, both leprosy and COVID-19 are illnesses of divine origin cause. There is no hint in the Bible as to why Naaman contracted leprosy just as there are no hints of theological nature as to why Ugandans contracted and other succumbed to COVID-19. There was a belief in biblical sources that associated leprosy with contamination. Leprosy can be contracted through contact with the infected persons. Lepers were quarantined so that they don't infect other people. The protocols observed were almost similar to the standard operating procedures associated with COVID-19. COVID-19 virus is also transmitted through contact with the affected person. Quarantining of

COVID-19 victims may have created a sense of isolation and rejection. As lepers, victims of COVID-19 were buried in a specialized way to avoid the contamination and spread of disease. The social distance and specialized burial protocols obviously destabilized African spiritualities, where mourners interacted with the departed until the day of burial. This interaction would continue even after the burial as mourners would stay together in consoling the grieved family.

In many African societies, it is also believed that diseases can be transferred from an infected person to others through money. Among the Banyoro of Uganda, a malicious person may transfer boils or syphilis when he/she deliberately handover money or drops it on the way and it is picked by an innocent traveler. It is not clear as this is the motif that underpin Prophet Elisha's refusal of Naaman's presents. But what is suggestive is that Gehazi, who accepted Naaman's gifts became infected with Naaman's leprosy. This is also noticed among the Lugbara people of West Nile, the infected people were encouraged to sleep on dry spear grass because these could not be shared and the bedding would be burnt when the person got cured. The burning of the spear grass informs that incase the grass is not burnt there is a possibility of transferring a disease to other people.

Like in the healing of Naaman, African healing of mysterious diseases is ritualistic and dramatic. Some of the practices contract common sense and logic. In the case of Naaman, being told to go and bath in River Jordan seven times seemed illogical to his expectations. It took obedience on the side of Naaman in order to realize his healing. Some bizarre acts in African traditional healing include bathing at night in the crossroads, walking to a particular spot without looking behind or talking to anybody or drinking or smearing oneself with certain concoctions.

Of significance is the influence of nature in both contexts. Like in the story of Naaman, waters play a crucial role in African healing rituals. Water bodies especially rivers and lakes are believed

to embody spiritual qualities that can bring healing. This water can be either used at its source or fetched in utensils to administer healing from home. This is the reason why some water bodies like Ssezibwa, Lake Victoria, River Nile, Kitagata hot springs, and certain wells and among others are sacred centers like water well at Namugongo, from which pilgrims fetch water to use for healing ritual purposes back home.

Underlying African approaches to diseases is the belief that nature embodies powers to deal with strange diseases. Nature is conceived as embodiment of both the physical and natural realities. There are medicines in nature of herbal nature that can treat diseases. Some people believe to get knowledge of medicines through visions or dream revelations as revealed by the spiritual realities. In dealing with COVID-19, many Africans resorted to drinking natural remedies. Some of these remedies were advanced to pharmaceutical levels like Covidex. The spiritual reality of nature is believed to offer healing potency to what seems useless. Like in Naaman's healing, where the God of Israel healed through the river, Africans believe that God heals through physical objects. The physical objects themselves have no power to heal, but the invisible force behind them. This motif has been adopted by many African Pentecostal churches, where, besides bizarre practices like eating grass, drinking petrol, stepping on pregnant women and among others, objects like holy soaps, holy rice, anointed lotions, holy water and among others are cherished to have curative powers.

Naaman's healing and African traditional responses to disease reveal a very challenging aspect to modern scientific and empirical worldviews. It portrays the power of culture, tradition and religion in dealing with certain diseases. It amplifies the centrality of faith, which science cannot decipher. For instance, Christian pilgrims who collect Water from Namugongo well believe that the water

can heal. But if such water is subjected to microscopic and laboratory test, it is purely H<sub>2</sub>O (water). It is no wonder that the medical practitioners who subjected Nanyonga's concoctions in Masaka could only find her medicines useless. It is the same case with Naaman. What was in River Jordan, that he couldn't get from the rivers of Damascus?

The biblical and African worldviews would therefore conflict with authorities that are founded on modernity and science. African and biblical worldviews spiritualize disease. The people of Acholi performed the ryemo gemo ritual (COVID-19 viewed as an evil spirit (gemo) that was meant to be chased away by the people). The Lugbara people refused the idea of establishing quarantine centers in their communities. The Tondism faith called upon its adherents to pray and have faith as a way of dealing with COVID-19. The cleansing rituals and sacrifices were organized and performed as a way of managing the nodding disease among the Acholi people of Northern Uganda. Ugandans, as other Africans in Sub-Saharan Africa and biblical times' belief in the spiritual causation of diseases and illness. This is obviously followed by the spiritual responses to disease which take various forms like rituals, traditional medicines and prayers. It is a widely claimed view that spirits reveal which kind of herbs should be administered and how they should be administered. There are inevitable conflicts between African religious responses to disease and modern science, where science disapproves religious approaches and the African religious approaches in trouble with government authorities.

In the year 2000, rituals were conducted at Aruu falls to handle Ebola. Ironically, during critical times modern scientific believers have resorted to African spirituality, more so when science and modern technology fail to yield to the expectations of the African man and woman. For instance,

the people in Africa resorted to herbs which cleared attributed to African spirituality and even the so-called Christians needlessly visit the shrines in attempt of seeking healing.

### **6.3 Conclusion**

Naaman's healing and African traditional responses to disease reveal a very challenging aspect to modern scientific and empirical worldviews. It portrays the power of culture, tradition and religion in dealing with certain diseases. It amplifies the centrality of faith, which science cannot decipher. For instance, Christian pilgrims who collect Water from Namugongo well believe that the water can heal.

## **CHAPTER SEVEN: SUMMARY, CONCLUSION AND RECOMMENDATIONS**

### **7.1 Introduction**

This chapter presents the summary, conclusions and recommendations arising from the current study.

### **7.2 Summary**

The study focused on contextual reading of 2Kings 5:1-15 in relation to African ideological perspectives on disease. The analysis of this biblical text was made in relation to socio-cultural and religious environment of Africa. The study was anchored on the postcolonial African interpretation of the Bible. The study used a comparative approach where the epistemological worldviews of 2 Kings 5:1-15 were read in correlation with African epistemological perspectives on disease. This method is what Justine Ukpong (1994) calls inculturation or what Gerald West (1993) called Contextual Bible interpretation.

The study made a detailed textual analysis of 2Kings5:1-15 in relation to the problem of disease and healing. In a bid to analyze the text, efforts were made to divide the fifteen (15) verses into three sections (verse1-3, verse4-10 and verse 11-15). The first section, (verse 1-3), was considered to be introductory and informative in nature. It introduced the characters in the text and the purpose. It introduces who Naaman is and his nationality, and the role of the Israelite slave girl and the prophet of Israel. Besides the information about Naaman, his splendor in Aram and his leprosy to the readers, Naaman is informed about the prophet in Israel who could cure his leprosy. The second section (verses 4-10), is related to the previous section in terms of how Naaman used the information from the slave girl. It also presents a new dimension in the narrative, that is to say;

the ancient Near Eastern Diplomatic protocols. Naaman couldn't just enter the Israelite territory without clear permission from both his King and the King of Israel. This further amplifies the diplomatic stature and icon which Naaman was associated with. Section three, (verses 11-15), acknowledges the role of obedience, faith and action during the healing of Naaman from leprosy.

The study further progressed to examine the African ideological perspectives on disease, noting that in many African societies, disease and diseases have a collective name. For instance, among the Bantu speakers like Masaba people of Uganda and Kenya, lufu (plural zifu) is the word for disease, which shares etymological semantics with death (kufa). The same idea is embedded in the disease perspectives of the Zulu of South Africa who call disease Isifo and death, Ukufa (death). There are other names for diseases for instance, among the Baganda, disease is called Olumbe, which shares the name with Walumbe—the spirit of death. To be sick is largely called among Ugandan Bantu speakers as kulwala. Kulwala denotes a state of being uneasy, suffering and miserable. Diseases in African cosmology are generally associated with death. In Africa, death is a central concept, which denotes total end to physical life or becoming docile and unproductive. African cultural perspectives on diseases and practices of healing transcend tribal and national boundaries. It is common to find out that what happens in society A also happens in society B. African common affinities and perspectives on disease makes it possible for Africans to seek healing from other parts of Africa. It is not surprising to note that the African traditional healers in South Africa, popularly known as Sangomas are people of diverse nationalities such as Uganda, Tanzania Democratic Republic of Congo and among others and also the presence of written posters on Kampala streets advertising a particular witchdoctor from Zanzibar, Congo and others.

The study examined the epistemological correlation between 2Kings5:1-15 and African ideological perspective on diseases. Naaman's healing and African traditional responses to disease reveal a very challenging aspect to modern scientific and empirical worldviews. It portrays the power of culture, tradition and religion in dealing with certain diseases. It amplifies the centrality of faith, which science cannot decipher. For instance, Christian pilgrims who collect Water from Namugongo well believe that the water can heal. But if such water is subjected to a laboratory test, no healing component can be cited. It is no wonder that the medical practitioners who subjected Nanyonga's concoctions in Masaka could only find her medicines useless. It is the same case with Naaman. What was in River Jordan, that he couldn't get from the rivers of Damascus? Such statements are worth to be stated.

### **7.3 Conclusions**

The study reveals a close relationship between the African, and the Biblical and Ancient Near Eastern ideological perspectives on disease. Evident in this relationship is the belief in the spiritual causation of diseases and illness which results into spiritualization of disease. The variety of examples from the various African societies cited in this work stand as evidence attesting to this correlation in the spiritualization of disease.

In both the text and the African context, the spiritualization of disease influences the response to it. In many instances, this reaction and response takes more of a spiritual strand rather than the medical. The sick is required to visit the religious leaders instead of the seeking professional medical care. It is from such a background that am not hesitant to allude that the young slave girl's advice to his master Naaman is typical of an African advice to a sick and ill individual. Seen from



an African perspective, Elisha's role in the healing of Naaman can be compared to that of the African diviners and medicine men.

Viewed from a contemporary sight, Naaman's healing and African traditional responses to disease reveal a very challenging aspect to modern scientific and empirical worldviews. It portrays the influence of culture, tradition and religion in dealing with mystical diseases. The study therefore, recommends that modern scientific approaches should consider such perspectives while offering their services. Naaman's attitude towards disease was tamed by that of the young slave girl and his servant. His first negative response to Elisha's recommendations on using river Jordan exemplifies the attitude of many elite Africans on taking spiritual remedies from traditional healers, diviners and medicine men.

#### **7.4 Recommendations**

Naaman's healing and African ideological responses on disease reveal a very challenging aspect to modern scientific and empirical worldviews basing on the above the study therefore, recommends that modern scientific approaches should consider such perspectives while offering their services.

The study also recommends that modern scientific approaches to disease need to take advantage of the prevailing African perspectives on disease, and should consider the African spiritual leaders as key individual in response to mystical diseases and pandemics like COVID-19.

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