

# THE DIGNITY OF THE ISOLATED: READING JOHN 5:1-15 FROM A GHANAIAI PERSPECTIVE

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***Abstract:** The arrival of COVID-19 pandemic in Ghana led to the establishment of isolation centres. Due to the contagious nature of the disease, the inmates are not only 'isolated,' but often 'rejected' by their families and communities, even faith communities. Against this backdrop, a question arises: if Jesus were living in Ghana, what would have been His attitude towards Covid-19 patients? John 5:1-18 narrates Jesus' visit to an 'isolation centre,' to encounter a person abandoned to himself for thirty-eight years. With His presence, Jesus accompanies him on a journey of freedom from sickness, stigma and solitude. Following the Communicative approach to African Biblical Hermeneutics, the article is organized into three steps: a narrative analysis of the text; the exegesis of the reality and finally the dialogue between the text and context. From the engagement of the two contexts, a call to action will be drawn for Ghanaian communities facing the COVID-19 pandemic.*

**Key Words:** COVID-19; Dignity; Ghana; Isolation centres; John 5:1-18; Stigmatization.

## **Introduction**

The world has witnessed many deadly pandemics, such as avian influenza, acute coronavirus syndrome (SARS-CoV), Middle East coronavirus (MERS-CoV), and Ebola.<sup>1</sup> However, the impact of the COVID-19 pandemic is unprecedented due to its devastating effect on the whole world. The epidemic started in December 2019 in the city of Wuhan, Hubei.<sup>2</sup> Despite the swift response from the Chinese government, it affected thousands of Chinese people and spread further to affect 215 countries.<sup>3</sup> Among the countries hit by the virus in Sub-Saharan Africa is Ghana.

On March 12, 2020, Ghana recorded its first two cases in its capital city, Accra. Notwithstanding the steps taken to contain the spread of

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<sup>1</sup> Mohammad Asadul Habib, "General Overview of Coronavirus Disease 2019 (COVID- 19): A Summary of Evidence," *Asian Journal of Immunology* 3, no. 3 (2020): 25.

<sup>2</sup> Habib, "Overview of Coronavirus Disease," 26.

<sup>3</sup> Ibid.

the disease, the number of infected persons kept rising.<sup>4</sup> What is unique about the Ghanaian situation is the mild effect of the virus; the majority of infected persons are asymptomatic with a high recovery rate and few deaths.

According to medical experts, one key medium through which the virus spreads is by physical contact. Because of this, the Government of Ghana has taken several measures to curb the spread. Among them are the closure of the Country's borders; a three-week partial lockdown of the Country; closure of schools, universities and places of worship; restriction on social gatherings; mandatory washing of hands; compulsory wearing of a nose mask, and physical distancing in public places. On the religious front, the intervention of God is sought through prayers.<sup>5</sup> Besides, the establishment of isolation centres served as additional measures to prevent the spread of the disease. However, some reports from these centres point to an abuse of the rights of persons involved raising important questions: to what extent do the measures put in place in the isolation centres affect the dignity of the isolated individuals?

Against this backdrop, the paper assesses the management of COVID-19 patients in the Ghanaian isolation centres in the light of John 5:1-18. The choice was suggested by the content of the text, a meeting between Jesus and a patient at the pool of Bethesda, where various categories of sick and outcasts, lived 'isolated,' waiting for miraculous healing.<sup>6</sup> Furthermore, the social and religious stigma associated with sickness emerging from the text reflects a similar attitude present in contemporary Ghanaian society.

The study employs the Communicative approach to African Biblical hermeneutics as an interpretative framework and follows its three-step organisation: an exegesis of reality; exegesis of the text and engagement text-reality.<sup>7</sup> The first step examines the plight of COVID-19

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<sup>4</sup> For a constant updated on the Ghanaian situation, see Ghana Health Service, "Situation Update, COVID-19 Outbreak in Ghana," <https://www.ghanahealthservice.org/COVID19/latest.php>

<sup>5</sup> Cf. the Ministry of Health, "Presidential Addresses to the Nations," [www.moh.gov.gh/president-akufo-addo-addresses-nation-on-measures-taken-by-govt-to-combat-the-coronavirus-pandemic/](http://www.moh.gov.gh/president-akufo-addo-addresses-nation-on-measures-taken-by-govt-to-combat-the-coronavirus-pandemic/)

<sup>6</sup> David L. Jones, "A Pastoral Model for Caring for Persons with Diminished Hope" *Pastoral Psychology* 58, no. 5-6 (2009): 641-654.

<sup>7</sup> George Ossom-Batsa, "Africa Interpretation of the Bible in Communicative Perspectives," *Ghana Bulletin of Theology* 2 (2007): 91-104; Nicoletta Gatti, "Toward a 'Dialogic'

patients and how the conditions in the isolation centres affect the dignity of inmates. The second offers a narrative analysis of John 5:1-15. Finally, the third engages context and text in a dialogue to suggest a call to action for Ghanaian Christian communities dealing with the COVID-19 pandemic

### **Exegesis of Reality: COVID-19 Pandemic and Human Dignity**

Since January 2020, the COVID-19 pandemic has been one of the greatest threats to human life across the globe;<sup>8</sup> it is fought at different levels — medical, social, political, economic —and, in societies like Ghana where religion is relevant, also on the spiritual level.

#### *The Ghanaian Situation*

The religious approach to the pandemic began when a section of the Christian community ‘interpreted’ the name of the virus as an acronym for “**C**hrist **O**vercomes **V**iruses and **D**iseases.”<sup>9</sup> This opened the floodgate to the ‘spiritual battle’ against the pandemic. The first utterance emanated from a popular Nigerian prophet, T. B. Joshua. In his usual congregational declarations, he foretold that the pandemic would come to an end by March 27, 2020. Furthermore, he claimed that the spiritual fight against the virus is more effective than the scientific approach: “If it is not a medicine that brought this to the world, medicine cannot take it out, it will go the way it came.”<sup>10</sup> The message was reiterated by Archbishop Duncan Williams, a popular charismatic pastor in Ghana. Though he did not prophesy an end to the pandemic, he perceives the virus as a “spiritual (evil) being” that must be fought. Consequently, he organised a seven-two-hour prayer and fasting against the disease. During one of the prayer sessions, he declared that no Ghanaian both home and abroad would die of the virus.<sup>11</sup>

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Hermeneutics. Reading Gen 4.1-16 with Akan Eyes,” *Horizon of Biblical Theology* 39, no. 1 (2017): 46-67

<sup>8</sup> “World Health Organization: Information about COVID-19;” <https://www.who.int/COVID-19/information> [Accessed July 25, 2020].

<sup>9</sup> Kwabena Asamoah-Gyadu, “Dealing with a Spiritual Virus: Whither the Prophetic?” *Religious Matters* (April, 2020), 3; <http://religiousmatters.nl/dealing-with-a-spiritual-virus-whither-the-prophetic/>

<sup>10</sup> GhanaWeb, “Prophetic Declarations on Coronavirus that Never Came to Pass;” <https://www.ghanaweb.com/GhanaHomePage/NewsArchive/Prophetic-declarations-on-coronavirus-that-never-came-to-pass-1013584> [Accessed July 22, 2020].

<sup>11</sup> GhanaWeb, “Prophetic Declarations.”

The fight against the virus on the religious front was raised to the national level when the President of the Republic of Ghana, Addo-Danquah Akufo Addo, met with Christian leaders to offer prayers to protect the nation from the virus. Meanwhile, the vice-president, Moham-madu Bawumia hosted a similar breakfast prayer meeting with leaders from the Islamic community.<sup>12</sup> Following their exclusion by government action, traditional priests in Ketu-South and Ketu-North districts in the Volta Region made ritual sacrifices to protect their subjects from the pandemic.<sup>13</sup>

The battle against the pandemic at the other fronts — medical and economic — appears highly politicised.<sup>14</sup> However, there is consensus and fear about the high infection rate of the Coronavirus; health experts, therefore, advise that infected persons be isolated before treatment because they are considered threats to public health.

Due to a large number of affected persons, and the impossibility for many to be self-isolated, there were several appeals on the Government of Ghana to construct isolation centres. For instance, on March 16, 2020, the former President of Ghana, John Dramani Mahama, urged the government to set up isolation centres in all 16 regions. He underscored that availability of isolation centres beyond Accra e Tema, testing kits and personal protective equipment would contribute to the effort of the frontline health workers in combating the disease.<sup>15</sup>

In response, the Government of Ghana earmarked several public buildings for this purpose and initiated the construction of isolation and treatment facilities. A COVID-19 Fund was established to support the initiative.<sup>16</sup> Some private and religious organisations, not only contributed to the fund but also offered their facilities as quarantine and/or isolation centres. For example, the Pentecost Church on April

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<sup>12</sup> Asamoah-Gyadu, “Dealing with Spiritual Virus,” 2.

<sup>13</sup> A programme listened to on Fafa Radio— a local radio station located at Dzodze in the Ketu North District in the Volta Region, on March 26, 2020.

<sup>14</sup> Graphic Online, “NDC Outdoors COVID-19 Response Team;” <https://www.graphic.com.gh/news/politics/ndc-outdoors-COVID-19-response-team.html> [Accessed March 24, 2020].

<sup>15</sup> GhanaWeb, “Prophetic Declarations.”

<sup>16</sup> See the official website: <https://ghanaCOVID19fund.com/>; Naa Adjorkor Sowah, “Constructing Isolation and Treatment Facility,” *Joyonline*, March 13, 2020; <https://www.myjoyonline.com/news/national/constructing-isolation-and-treatment-centres-show-we-didnt-Waste-COVID-19-Pandemic-Veep-Of-Mtn-Group/>

24, 2020, gave its Convention Centre at Gomoa Fetteh to the Government of Ghana as a COVID-19 isolation centre,<sup>17</sup> while the Ghana Catholic Bishops' Conference offered 13 facilities located in 9 regions to be used for the same purpose.<sup>18</sup>

The isolation centres can be broadly divided into two categories. The first are units attached to hospitals, which admit critically ill COVID-19 patients for emergency services and therapy. The second includes centres detached from hospital facilities, mainly to contain the spread of the disease; to reduce congestion in the health facilities isolating infected persons who are asymptomatic or with mild symptoms, and to offer the affected person the opportunity to proper care and treatment.<sup>19</sup>

However, the location and the management of the centres have provoked public debate, social reaction and controversies; with positive reports, the ongoing discussion exposes issues concerning the human rights of the affected persons and widespread stigma.<sup>20</sup>

On the positive side, the TV 3 News item aired on Sunday, 7<sup>th</sup> of June 2020 from an isolation centre presents a reassuring portrait. According to the report, many strategies employed to enhance medical treatment include a balanced diet to favour speedy recovery and physical exercises to improve the respiratory system and the holistic well-being of the inmates. Furthermore, the accommodation appears to meet the expectations of the isolated persons interviewed.<sup>21</sup> However, a more composite picture emerged from the reportage of JoyNews broadcasted on March 24, 2020, about the situation of the passengers who arrived at the nation's airport during the week before its closure and were quarantined. While many interviewees expressed a degree of satisfaction about their accommodations, others disclosed

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<sup>17</sup> News item broadcast on Friday April 24, 2020, at 9:00pm on Pentecost TV.

<sup>18</sup> Bosco Onyalla, "Ghana's President Appreciates Church for Offering COVID-19 Isolation Centers," *ACIAfrica* June 19, 2020; <https://www.aciafrica.org/news/1556/ghanas-president-appreciates-church-for-offering-COVID-19-isolation-centers> [Accessed October 24, 2020].

<sup>19</sup> Justice Yankson, General Secretary, Ghana Medical Association. Interview granted on JoyNews on April 12, 2020; <http://www.myjoyonline.com>news>.

<sup>20</sup> Kwadwo Appiagyeyi-Atua, "Ghana's President has Invoked a Tough New Law against Coronavirus: Why it's Disquieting," *The Conversation*, April 7, 2020; <https://theconversation.com/ghanas-president-has-invoked-a-tough-new-law-against-coronavirus-why-its-disquieting-135476> [Accessed September 3, 2020].

<sup>21</sup> News Broadcast on TV 3 on April 7, 2020, at 7:00pm.

problematic aspects, considered detrimental to the dignity of the concerned persons.<sup>22</sup>

For instance, the affected travellers complained about the modalities of their detention; others were unhappy about the accommodation, and the meal served. The majority felt the State officials had abused their right to information. For example, a couple married for thirty years was separated at the arrival, even though none of them tested positive, creating a distressful situation for them. Isolated persons expressed their displeasure that not only visit and communication were prohibited, but even the location of the centres was unknown to their families.<sup>23</sup>

Some health workers argue that this ‘secrecy’ causes significant psychological problems to the isolated persons and their families, not only because it obliterated the traditional communal approach to health, but it contributes to associating social stigma to the centres.<sup>24</sup> Speaking on a TV programme dubbed ‘Beyond the Lockdown’ the General Secretary of the Ghana Medical Association expressed concern about the public attitude toward isolation centres. His concerns came in response to certain sections of the Ghanaian populace who were opposed to earmarking facilities in their communities for isolation centres. For the opponents, the action is tantamount to bringing the dreaded disease to their doorstep.<sup>25</sup>

The widespread stigmatisation is not limited to the isolation centres but also extended to the COVID-19 patients admitted at the centres. All media corporations broadcasted interviews with fully recovered persons who lost their employment after being discharged; some of them testified they were treated as social outcasts, unwelcome into their communities and extended family; some of them were even compelled to relocate to avoid further stigmatisation.<sup>26</sup> Additionally, religious leaders who usually visit the sick, appear to share the common

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<sup>22</sup> News Broadcast on JoyNews on March 24, 2020 at 8pm.

<sup>23</sup> Ibid. The information was verified by the researchers through interviews with affected persons, 2 Ghanaian citizens and 4 European expatriates with resident permit in Ghana on June 5, 2020 and August 10, 2020.

<sup>24</sup> Interviews granted the researcher by health workers, 1 medical doctor and 3 nurses, of two isolation centres in Great Accra Regions. They asked to remain anonymous to avoid stigmatization towards their families.

<sup>25</sup> Justice Yankson, General Secretary, Ghana Medical Association. Interview granted on JoyNews on April 12, 2020; <http://www.myjoyonline.com>news>.

<sup>26</sup> News Broadcast on TV 3 on April 7, 2020, at 7:00pm.

fear and become insensitive to the plight of the isolated and sick. Their inactivity at this critical time is ironically stated in a widely circulated social post: “Pastors are waiting for COVID-19 to end so that they can continue healing the sick, raising the dead and performing miracles.”<sup>27</sup>

The situation has become so pervasive that President Akufo-Addo in his 14<sup>th</sup> COVID-19 address to the nation urged Ghanaians to stop any forms of stigmatisation, describing it as anti-social and non-Ghanaian. He subsequently encouraged the Ghanaian populace to welcome COVID-19 discharged persons because they pose no danger to society.<sup>28</sup>

To appreciate the cultural root of the attitude, it is important to explore the traditional worldview. For example, in Ewe cosmology, stigmatisation of diseased persons is premised on the kind of sickness the victims suffer. The Ewes generally categorise all diseases into two main groups — natural (*dzordzormetorwo*) and caused or ‘artificial’ (*gotagometorwo*).<sup>29</sup> Natural diseases have physical causes (cf. malaria and pile) and they can be cured by herbal treatment or ‘orthodox’ medicine.<sup>30</sup> On the other hand, ‘artificial’ diseases are caused by a spell and can only be cured by a person who knows the causative spell; our interviewees point to mental and skin diseases as classic examples.<sup>31</sup> Persons affected by ‘artificial’ diseases are stigmatised because the Ewe believed such diseases could affect the community. Besides, there is a category of diseases, defined as *dovor* (dangerous or bad) that necessitate isolation of the affected individuals, because it is believed that contact with infected persons can spread the disease. Examples include skin diseases contracted by night contact with certain gods.<sup>32</sup>

But to what extent do the stigmatisation associated with the COVID-19 isolation centres and the infected persons affect the dignity of the

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<sup>27</sup> Asamoah-Gyadu, “Dealing with Spiritual Virus,” 1.

<sup>28</sup> Addo Danquah Akufo-Addo, *COVID-19 Presidential Address No. 14*. Broadcast on 26<sup>th</sup> of July, 2020.

<sup>29</sup> Evelyn Kuebutornye, Ewe Teacher Three-Town Senior High School, Denu. Interview granted on August 1<sup>st</sup>, 2020.

<sup>30</sup> Emmanuel L. K. Damali, Former Headmaster of Afiadenyigba Senior High Scholl. Interview granted on August 3, 2020.

<sup>31</sup> *Ibid.*

<sup>32</sup> *Ibid.*

persons concerned? To respond to this, the next section of the paper interrogates the concept of human dignity.

### *The Dignity of the Human Person*

The discourse on human dignity may be analysed at different levels. For example, Plessis discusses two perspectives: the first views “human dignity as a permanent attribute or inherent quality of the human existence;”<sup>33</sup> the second explores the existential experience of persons whose dignity are asserted or violated. It is important to note that for Christians both perspectives are rooted in the biblical writings: the first in the creation narratives (Gen. 1—2); the second in the history of salvation and the ‘pastoral approach’ of Jesus.

Elaborating on the first, Moltmann affirms that human dignity is perceived from two viewpoints — intrinsic and extrinsic— as an inherent quality of human beings or “as an attribute assigned to, or earned by, someone under certain conditions.”<sup>34</sup> While the first perspective reflects the catholic teaching, the second is more elaborated in reformed theology.<sup>35</sup> Interestingly, the second is validated in other cultural traditions where dignity is earned through valiant deeds or bravery; inherited from one ruling generation to the next; acquired by birth or through rituals.<sup>36</sup>

The second perspective, human dignity quantified in terms of existential experience, appeals to many contemporary scholars because it appears more realistic and measurable.<sup>37</sup> From this relational perspective, dignity can be affirmed or violated in the context of social engagement. According to the gospels, Jesus affirms the dignity of humans by becoming ‘flesh’ (John 1:14) and associating intimately with them, especially with the outcasts, those considered ‘less humans.’ For instance, Luke 4:17-20 summarised Jesus’ mission statement as a message of grace and hope for the poor and the oppressed;<sup>38</sup> Mark emphasised his care for the ‘least,’ women and gentiles; sick and

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<sup>33</sup> J. Plessis, “Human Dignity According to Luke 1,” *Scriptura* 105 (2010): 581.

<sup>34</sup> J. Moltmann, *On Human Dignity. Political Theology and Ethics* (trans. MD Meeks; London: SCM, 1984), 82.

<sup>35</sup> *Ibid.*, 583

<sup>36</sup> *Ibid.*

<sup>37</sup> Plessis, “Human Dignity,” 582.

<sup>38</sup> John T. Carroll, “Welcoming Grace, Costly Commitment: An Approach to the Gospel of Luke,” *Interpretation* (2003): 17.



sinners (1:29-31; 5:34; 7:29).<sup>39</sup> Jesus's actions demonstrate that God's grace is an unconditional gift (Luke 1:48-54; 2:8-20) because the son of man "did not come to call the righteous, but sinners." (Matt. 9:13).<sup>40</sup>

Encountering the outcasts, eating with the sinners and healing the sick, Jesus reaffirmed their ontological dignity as 'image and likeness of God,' and restores their social status, as the following section demonstrates.

### **Narrative Analysis of John 5:1-18**

The chapter begins a new segment of the narrative of the Fourth Gospel, where the hostility of the Jewish leaders towards Jesus intensifies. The conflict between light and darkness, acceptance and refusal of Jesus, anticipated in the prologue (1:1-18) accentuates. Negative reactions emerge over the purging of the temple (2:13-20) and are implied in the limited trust of the crowds toward the 'signs' (2:23-25), and the perplexing response of Nicodemus (3:1-15).<sup>41</sup> However, 1:19—4:54 records more positive reactions of individuals to Jesus' person and actions; the trust of the first disciples (1:35-51; 2:11, 22); the acceptance of the Samaritans (4:27-30, 39-42), and the unconditional faith of the official that led to the healing of his son (4:50-53).

In the second part of the gospel (5—12), the healing of a man at the pool of Bethesda triggers a new series of conflicts.<sup>42</sup> After the introduction (5:1-3), the narrative is organised into three scenes marked with time-indicator and repetitions: the healing (5:4 -9a); the man's encounter with the Jews (5:9b- 13); and Jesus' dialogue with him in the temple (5:13-15).<sup>43</sup>

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<sup>39</sup> Nicoletta Gatti, "Women as 'Model Reader' in Mark's Gospel," *Bibliotheca Sacra* 176 (2019): 189–204.

<sup>40</sup> Carroll, "Welcoming Grace, Costly Commitment," 17-19.

<sup>41</sup> John C. Thomas, "'Stop Sinning Lest Something Worse Come Upon You': The Man at the Pool in John 5," *Journal for the Study of the New Testament* 59 (1995): 3.

<sup>42</sup> Thomas, "Stop Sinning," 4; Godibert K. Gharbin, "Solitude in a Multitude: An Intercultural Reading of John 5:1-47," Mphil Thesis (University of Ghana, 2016), 20-59; [http://ug-space.ug.edu.gh/bitstream/handle/123456789/21177/Solitude%20in%20a%20Multitude.%20An%20Intercultural%20Reading%20of%20John%205:1-47\\_July%202016.pdf;sequence=1](http://ug-space.ug.edu.gh/bitstream/handle/123456789/21177/Solitude%20in%20a%20Multitude.%20An%20Intercultural%20Reading%20of%20John%205:1-47_July%202016.pdf;sequence=1)

<sup>43</sup> Thomas L. Brodie, *The Gospel According to John: A Literary and Theological Commentary* (New York: Oxford University Press, 1991), 234.

*Introduction (vv. 1-3)*

The passage starts with μετά ταῦτα, a syntagm used by the Evangelist to begin new narratives (3:22; 5:1; 6:1; 7:1; etc.).<sup>44</sup> Here it is related to the pilgrimage of Jesus to Jerusalem on the occasion of “a feast of the Jews.” Though the identity of the feast is unclear, the reference reinforces the author of the Fourth Gospel’s penchant for connecting narrative developments with popular Jewish feasts such as Passover, Pentecost, and Tabernacles (2:12-13; 2:23; 4:45).<sup>45</sup> The allusion serves two purposes— to explain the reason for Jesus’ presence in Jerusalem and to offer a ‘theological’ timing of the narrative.<sup>46</sup> However, if the reference to a religious pilgrimage is familiar to the readers, the ‘destination’ destabilises them (v. 3). The readers do not follow Jesus in the sacrality of the temple (cf. 2:13),<sup>47</sup> but at the Bethesda’s pool,<sup>48</sup> where a multitude of outcasts and physically ill — blind, lame, paralysed (ἐν ταύταις κατέκειτο πλῆθος τῶν ἀσθενούντων, τυφλῶν, χωλῶν, ξηρῶν - v. 3) — congregate.<sup>49</sup>

However, the reference to ‘water,’ a well-known metaphor of new, abundant life (1:25-28, 33; 3:23; 2:1-11) and the memory of the healing of the official’s son (4:46-54) in the previous pericope, create in the readers the expectation for a miraculous event.<sup>50</sup>

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<sup>44</sup> J.R. Michaels, *John* (Peabody, MA: Hendrickson, 1989), 84.

<sup>45</sup> Ernst Haenchen, *John 1: A Commentary on the Gospel of John, Chapters 1-6* (Hermeneia; Minneapolis, Mn: Fortress Press, 1984), 142; Francis Moloney, *The Gospel of John* (Sacra Pagina; Collegeville, MN: Liturgical Press, 1998), 68; Thomas, “Stop Sinning,” 5; Robert H. Gundry, *A Survey of the New Testament* (Grand Rapids: Zondervan Publishing House, 1994), 268-269.

<sup>46</sup> Moloney, *The Gospel of John*, 165; See also R. Alan Culpepper, “John 5:1-18: A Sample of Narrative-Critical Commentary,” in *The Gospel of John as Literature: An Anthology of Twentieth-Century Perspectives*, ed. Mark W. G. Stibbe (Leiden: E. J. Brill, 1993), 196; C.K. Barrett, *The Gospel According to St John* (Philadelphia: Westminster Press, 1978), 251; D.A. Carson, *The Gospel According to John* (Grand Rapids: Eerdmans, 1990), 241

<sup>47</sup> Thomas Brodie, *The Gospel According to John* (A Literary and Theological Commentary; New York – Oxford: Oxford University Press, 1993), 235.

<sup>48</sup> Cf. Urban C. von Wahlde, “Archaeology and Theology,” in *Jesus and Archaeology*, ed. James H. Charlesworth, (Grand Rapids - Cambridge: Eerdmans, 2006), 561; B.M. Metzger, *A Textual Commentary on the Greek New Testament* (London: United Bible Societies, 1971), 208.

<sup>49</sup> “Rather than learning of religious pilgrims, the reader discovers that this crowd is composed of outcasts, the physically ill: the blind, lame and paralyzed.” Thomas, “Stop Sinning,” 6; cf. E.C. Hoskyns, *The Fourth Gospel* (London: Faber & Faber, 1956), 27.

<sup>50</sup> Thomas, “Stop Sinning,” 6-7; Brodie, *The Gospel According to John*, 236.

*The Creator-Like Healing (vv. 5-9a)*

Amid the ‘suffering multitude,’ the narrator draws the attention of the readers to a man “who had been ill for thirty-eight years” (v. 5). The man is described in his immobility: contrary to the previous healing narrative where the official sought Jesus to beg him for his child, Jesus takes the initiative to approach the man; unlike the Samaritan woman who walked to fetch water (4:3), this man is lying near the pool but cannot enter the water to be healed.<sup>51</sup>

The narrator informs the readers that the anonymous man (τις ἄνθρωπος) has been sick for 38 years. Scholars propose two interpretations of the figure; some as an allusion to Israel’s time of ‘wandering’ in the wilderness; others as the length of a generation (Deut. 2:14-21).<sup>52</sup> With Brodie, we believe that the emphasis on the duration of the sickness has the purpose of communicating to the readers how ‘engulfed’ the man was in his weakness (ἐν τῇ ἀσθενείᾳ), and to convince them that the healing is, indeed, a miracle.<sup>53</sup>

In verse 6, the readers ‘see’ the man through the eyes of Jesus and comprehend that he has *always* known him, his long-lasting suffering, his desire to be whole again and the frustration of being unable to reach salvation (1:48-49; 4:46-54).<sup>54</sup> Against this backdrop, Jesus’ question, “Do you wish to be whole?” (v. 6) surprises the readers. What is the reason behind this ‘odd’ question?<sup>55</sup> Some scholars read it as a rebuke to the man for his unwillingness to recover;<sup>56</sup> others as a test of his will to heal<sup>57</sup> or a means of eliciting hope and reviving his

<sup>51</sup> Brodie, *The Gospel According to John*, 236; Stanley E. Porter, *John, His Gospel and Jesus: In Pursuit of the Johannine Voice* (Grand Rapids-Cambridge: Eerdmans, 2015), 54.

<sup>52</sup> Thomas, “Stop Sinning,” 8; Gundry, *Survey of the New Testament*, 269; Farmer, *The International Bible Commentary*, 1470.

<sup>53</sup> Brodie, *The Gospel According to John*, 236; Andreas J. Köstenberger, *John* (Baker Exegetical Commentary on the New Testament; Grand Rapids, MI: Baker Academic, 2004), 28.

<sup>54</sup> Moloney, *Signs and Shadow*, 5-7.

<sup>55</sup> Francis J. Moloney, *Signs and Shadow: Reading John 5-12* (Minneapolis: Fortress, 1996), 5

<sup>56</sup> Beasley-Murray, *John*, 74.

<sup>57</sup> M. Dods, *The Gospel of St John*, 178; J.R. Morton, “Christ’s Diagnosis of Disease at Bethesda,” *ExpTim* 33 (1921-22), 424-25; W. Barclay, *The Gospel of John* (St Andrews: St Andrews Press, 1955), I:175; W.O. Firch, “The Interpretation of St John 5,6,” in F.L. Cross, ed., *Studia Evangelica IV* (Berlin: Akademie-Verlag, 1968), 195; and Culpepper, “An example,” 148.

receptive spirit.<sup>58</sup> With Moloney, we believe that the question is a rhetorical device to prepare the reader for what Jesus is about to do.<sup>59</sup>

The man's answer in v. 7 reveals two key issues: lack of awareness of the one he was dealing with, and 'lack of a man.'<sup>60</sup> The lack of knowledge about the identity of Jesus (cf. vv. 11-13), is a common theme in the Johannine Gospel as evident in the encounter of Nicodemus with Jesus (3:1-9), the Samaritan woman (4:7-26) and the man born blind (9:1-38). Reading these passages against the prologue, we can note that discovering Jesus' identity is a journey from darkness to light (1:1-18). As a consequence of his inability to 'see' Jesus, the man considers the absence of a helper as the rationale behind his long years of suffering. In other words, the sick needs a person who is human enough (*ἄνθρωπος*) to 'see' him, to meet his solitude and address his need.

Jesus responds to the man 'being' that person. He commands him to rise, take up his mat and walk (*ἔγειρε ἄρον τὸν κράβαττόν σου καὶ περιπάτει* - v. 8); the precise repetition of these words describes the man response (*ἤρην τὸν κράβαττον αὐτοῦ καὶ περιπάτει* - v. 9). But between the command and the execution, there is the indication that something happened: *καὶ εὐθέως ἐγένετο ὑγιὴς ὁ ἄνθρωπος* ("the man was made well;" v. 9a).<sup>61</sup> The perlocutionary effect on the readers is the assurance that the *word of Jesus* has healed the sick, opening to him the possibility of new life.<sup>62</sup>

### *The Jews' Failure to Recognise the Life-giver (vv. 9b-13)*

In v. 9b, the narrator informs the readers that the healing happened on a Sabbath day. Scholars uncover a plurality of symbolic meanings in the temporal indication. For instance, Brodie asserts that the reference to Sabbath transforms the healing in a creation-like event (Gen. 1:1—2:4a), that equals Jesus to God.<sup>63</sup> Gundry argues that the reference to

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<sup>58</sup> J.F. Staley, "Stumbling in the Dark, Reaching for the Light: Reading Character in John 5 and 9," *Semeia* 52 (1990): 59.

<sup>59</sup> Moloney, *Signs and Shadow*, 5; cf. Thomas, "Stop Sinning," 9-10.

<sup>60</sup> Moloney, *Signs and Shadow*, 5.

<sup>61</sup> Jesus' mention of *κράβαττος* (the mat) confirms the earlier assertion that the man was paralysed or lame. Cf. R.T. Fortna, *The Gospel of Signs* (Cambridge: Cambridge University Press, 1970), 51.

<sup>62</sup> Thomas, "Stop Sinning," 10; Brodie, *A Literary and Theological Commentary*, 237.

<sup>63</sup> Brodie, *A Literary and Theological Commentary*, 237.

Sabbath read against the backdrop of the five porches of the pool allude to the Torah: “The Law is unable to give salvation, whereas Jesus is able to do so.”<sup>64</sup>

With Moloney, we believe that the reference alludes to the Deuteronomic concept of Sabbath as a liturgical celebration of ‘freedom’ (Deut. 5:15): following God’s command, Jesus sets the man ‘free,’ from sickness and socio-religious isolation, fulfilling the Sabbath obligation. Probably, for this reason, the narrator did not identify in verse 1 the Jewish ‘feast’ which brings Jesus to Jerusalem, because in the narrator’s perspective, the feast to rediscover and celebrate was the Sabbath.<sup>65</sup>

In verse 10, the Jewish leaders are introduced. Their initial words, directed at “the one who has been healed”, raised objections to his healing because it has broken two norms: only a life-threatening sickness can be treated on the Sabbath (m. Sabb. 11.1-11), and the law prohibits carrying anything on the Sabbath (m. Sabb. 7.2).<sup>66</sup> The specific accusation was having carried the mat (v. 10).<sup>67</sup> Responding to the allegation (v. 11), the man appeals to the command of Jesus. Some scholars suppose that this man shifts blame to Jesus. But Thomas rejects this negative assessment, on three bases:

First, the emphasis of the sentence is upon the reality of his healing, if word order means anything in Greek. Secondly, nothing in the text to this point suggests that he is antagonistic toward Jesus or desires to act in a malevolent way toward him. Lastly, in all honesty, the man makes, in a general way, the very point that Jesus himself will make in the discourse that follows: the Son has authority to act and judge as he does!<sup>68</sup>

From the perspective of the healed man, it is an issue of authority; the one who has authority to heal has power over the Law: “The man who cured me told me, ‘Pick up your sleeping mat and walk around’ (v. 11).<sup>69</sup> Unsatisfied with his answer, the Jews request to know the name

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<sup>64</sup> Gundry, *Survey of the New Testament*, 269.

<sup>65</sup> Moloney, *Sign and Shadow*, 3.

<sup>66</sup> Gundry, *Survey of the New Testament*, 269-270.

<sup>67</sup> J.C. Thomas, “The Fourth Gospel and Rabbinic Judaism,” *ZNW* 82 (1991):169-72.

<sup>68</sup> Thomas, “Stop Sinning,” 13-14; cf. Charles Talbert, *Reading John: A Literary and Theological Commentary on the Fourth Gospel and the Johannine Epistles* (Macon: Smyth and Helwys Publishing Inc., 2005), 78-80.

<sup>69</sup> Thomas, “Stop Sinning,” 13-14.

of the person who has challenged the law. But the healed (ὁ δὲ ἰαθεὶς – v. 13) cannot identify Jesus, since he has probably disappeared into the multitude.<sup>70</sup>

*D. In the Temple: An Opportunity for Recognition and Repentance (vv. 14-15)*

The repetition of μετὰ ταῦτα connotes a passage of time and a new opportunity (v. 14; cf. v. 1). If Jesus' presence in the temple fulfils the pilgrimage motive, the presence of the healed sanctions his new status as a member of Israel's socio-religious community.<sup>71</sup> Taking again the initiative, Jesus admonishes him to conserve his new-found freedom: μηκέτι ἀμάρτανε, ἵνα μὴ χεῖρόν σοί τι γένηται ("not from now sin" - v. 14). Contrary to the narrative of the blind man where Jesus refuted any link to sin nor warned against sin, Jesus' admonition to abstain from sin is emphasised by the warning to avert the worst scenario in the future.<sup>72</sup>

The context does not support reference to bodily sickness,<sup>73</sup> but something worse than sickness, such as the judgment of God.<sup>74</sup> The fact that the reaction of the man is to inform the Jewish leaders that "Jesus was the one who had made him well" (v. 15) has caused a lengthy discussion among scholars. Some interpret his action as a renounce to discipleship, to follow Jesus and to accept his words;<sup>75</sup> others have a more positive reading. For example, Brodie suggests that the man's actions, to go and 'testify' about Jesus, depict repentance and maturity. Moreover, his presence in the temple suggests that he is living a new life — a 'conversion' from an existence of isolation, to an existence characterised by integration into his socio-religious community.<sup>76</sup>

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<sup>70</sup> Leon Morris, *Expository Reflections on the Gospel of John* (Grand Rapids: Baker Books, 1988), 306; Brodie, *The Gospel According to John*, 238.

<sup>71</sup> Sandra M. Schneiders, *Written That You May Believe: Encountering Jesus in the Fourth Gospel* (New York: Crossroad, 1999), 53; Brodie, *The Gospel According to John*, 238.

<sup>72</sup> Ben Witherington III, *John's Wisdom: A Commentary on the Fourth Gospel*, 3rd ed. (Louisville: Westminster John Knox Press, 1995), 46; Brodie, *The Gospel According to John*, 237-238.

<sup>73</sup> Moloney, *The Gospel of John*, 169

<sup>74</sup> Herman Ridderbos, *The Gospel of John: A Theological Commentary* (Grand Rapids- Cambridge: Eerdmans, 1997), 189.

<sup>75</sup> Cf. for example, Moloney, *Sign and Shadow*, 7.

<sup>76</sup> Brodie, *A Literary and Theological Commentary*, 238.

### *E. Theological Synthesis*

The exegetical analysis of the pericope has brought to the fore issues that are relevant to the context under study. In this light, this section engages Jesus' attitude towards the infirmed and the call to action for the Ghanaian readers. First, the healing narrative shows engagement between three communities — the 'divine' (the Father and Jesus – v. 17), the religious (Jews) and the 'suffering crowd' (Bethesda) — to expound the idea of community and challenge what the Bethesda multitude had neglected, and what the Jewish society failed to comprehend.

The interaction between Jesus and the man offers different challenges to the readers, starting with the call to be human. The man is not looking for just a person, but for a 'human being' (ἄνθρωπος - v. 7), able to 'see' in him the hidden image of God, regardless of his condition. Unfortunately, he could not find 'one' in the Bethesda community until the encounter with Jesus. The man's identification of Jesus as "the one who made me well" (v. 11), clearly shows that he has now met someone human enough to see him and act accordingly. Jesus saw him not as a lame person excluded from the temple but as an "image and likeness of God" (Gen. 1:27).

The intention of the pericope, as well as the entire Johannine narrative, is to stimulate a reflection of what constitutes 'image and likeness of God,' offering a new perspective of God as a community (1:1-2), in which there are intimacy and equality (1:1-2; 10:30), and where individuals constantly cooperate with each other (5:17-23). According to the fourth Gospel, the absence of these attributes in any human-religious society betrays the original plan of God and leads to suffering, exclusion and prolonged problems that could have been easily resolved.

The Sabbath framework emphasises further the absence of concern for the brother at the pool. The Deuteronomic code, in fact, solicits Israel to sanctify the Sabbath, as a day of relationship with God and the 'other,' a day of rest not only for themselves and their families but also for foreigners, servants, slaves and animals (v. 14). This presupposes that the Sabbath experience transcends social and religious

status, gender or even species differentiation.<sup>77</sup> In this light, the Sabbath celebration is aimed at removing social barriers and institutes a human society founded on equity for all in the awareness of ontological equality: the shared image and likeness of God.

The Sabbath indicates, also, a commitment to bring freedom in society, exemplified by freedom from work and servitude; this aim cannot materialise without human actions. Therefore, the actions of those in authority (Deut. 5:14) should ensure that their subjects enjoy the freedom guaranteed by the Torah (v. 15). From this perspective, the man's freedom from the bondage of sickness and sin reminds the community of its role toward persons enslaved by labels, social exclusion and indifference. Narrating to the readers the man's journey from bondage to freedom and the role Jesus played because he chooses to 'see' and 'be human,' the evangelist reminds them of their responsibility in helping God to liberate their co-humans from any form of slavery.<sup>78</sup>

The last important idea originates from the meaning of the toponym Βηθζαθά, *the house of mercy*.<sup>79</sup> The pool was probably referred to as Bethesda because it symbolises a place where God's mercy is displayed through healing. However, according to the man's testimony in v. 7, he experienced no mercy in the house of mercy, not even from those who after sharing his despair had received healing, 'mercy,' at the pool. The reason for Jesus' visit to the pool becomes now clear to the readers. Jesus, as the good shepherd (10:1) went to the Sheep gate (5:1) to show mercy to those rejected.

His nearness not only fulfilled the Sabbath purpose but revealed him as the 'new' temple (2:21). It is important to note that the sick and disabled persons mentioned in v. 3 were those forbidden by the law to enter the temple (cf. 2Sam 5:8; Lev 21:18). Jesus, the new temple does not discriminate against them: he reaches to them where they are because nobody is excluded by God's community where mercy triumphs over judgment.

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<sup>77</sup> Richard D. Nelson, *Deuteronomy: A Commentary* (Louisville-London: Westminster John Knox Press, 2004), 83.

<sup>78</sup> Jacob Neusner, *The Social Teaching of Rabbinic Judaism: God's Presence in Israel* (Leiden-Boston: Brill, 2001), 142.

<sup>79</sup> Urban C. von Wahlde, "Archaeology and Theology," in *Jesus and Archaeology*, ed. James H. Charlesworth (Grand Rapids - Cambridge: Eerdmans, 2006), 561.it



Finally, the healing narrative invites the readers to become an extension of Jesus' mercy, to incarnate the divine community in their society (vv. 17, 19 and 21), through active mercy and unconditional love.

#### 4. Engagement between the Text and the Context

In this section the text engages the context under study to address the challenges encountered by COVID-19 isolated persons, specifically concerning their human dignity. Studying the two contexts brings to the fore some gaps that need urgent attention. The first is the concept of community. The Johannine narrator projected the divine community as a model both to the Jewish and the readers' community. For the narrator, what makes society thrive is love; in such a society mercy triumphs over judgment. The Evangelist believes that upholding judgment over mercy creates 'outcasts' like the multitude at the Bethesda.

Secondly, the narrator reminds the reader of the need to 'see' and treat every person as an image and likeness of God, to promote equality and cooperation. These attributes were not only lacking in the Jewish community but also in the Ghanaian society where people's worth is measured based on race, tribe, social status or health conditions. The narrator insists that every person has an *ontological* value that does not depend on *accidental* circumstances.

Thirdly, the story urges the reader *to be human* in his or her community, showing unconditional love and mercy to those who need them most. On the contrary, both the Jewish and the Ghanaian societies instead show love and care to the most privileged, those from whom it is possible to gain something in return (Luke 14:12-14). Our contemporary society thrives, in fact, on 'meritocracy,' a criterion that segregates people into two main groups—patrons and clients. The criterion creates outcasts and generates indifference towards the underprivileged.

Furthermore, the reference to the Sabbath reminds the reader of the inherent qualities of every society: to promote equality, freedom and justice for all. For instance, the Sabbath celebration in the Jewish community underscores the need to ensure the personal liberty, safety and well-being of the individual. Similarly, the structure of the Ghanaian state intends to provide the same values for all Ghanaian people, as

asserted in the State emblem, ‘Freedom and Justice,’ and ensured by the 1992 Constitution. However, the narrative demonstrated that laws and institutional frameworks alone are inadequate in ensuring the right of people. To make the needed impact, these well-intended instruments must be enforced by people in authority who respect the intrinsic dignity of every person and each person.

Finally, Jesus’ visit to the pool brings to the attention of the reader, the narrator’s stance against the discriminative tendencies of the Jewish religious leaders. The narrative presents Jesus as a new ‘temple,’ as a new inclusive leader with special attention to the discriminated. This is a call to action for the Ghanaian Christian leaders and communities, as Pope Francis summarised:

Pain and death make us experience our human frailty... In this context, the call to mission, the invitation to step out of ourselves for love of God and neighbour presents itself as an opportunity for sharing, service and intercessory prayer. The mission that God entrusts to each one of us leads us from fear and introspection to a renewed realisation that we find ourselves precisely when we give ourselves to others. [...] Illness, suffering, fear and isolation challenge us. The poverty of those who die alone, the abandoned, those who have lost their jobs and income, the homeless and those who lack food challenge us.<sup>80</sup>

## Conclusion

Christians are called to make the Scriptures alive and relevant to our contemporary situations. Presently our world is plagued with the Coronavirus pandemic, and it appears to have changed its normal order to what is now called ‘new normal.’ Reading John 5:1-18 in this context reveals that Christians in Ghana can adapt to this new normal, and still live up to their vocation. The text challenges the Christian community in Ghana to emulate Jesus—the new temple—that opens its doors to all, starting from the outcasts.

Therefore, the ministry of the Christian churches should extend to all, including the isolated persons and those afflicted by COVID-19. The church must rise beyond the barriers that the virus seems to bring between its victims and the general public. This suggests that the church

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<sup>80</sup> Pope Francis, “Message for World Mission Day 2020: “Here I Am, Send Me (Isa 6:8),” May 31, 2020; [http://www.vatican.va/content/francesco/en/messages/missions/documents/papa-francesco\\_20200531\\_giornata-missionaria2020.html](http://www.vatican.va/content/francesco/en/messages/missions/documents/papa-francesco_20200531_giornata-missionaria2020.html) [Accessed July 26, 2020].

engages in reckless actions that endanger the lives of its people. What we seek to advance is that the church must not be overtaken by fear and neglect its mandate to the world community. Instead, the church of God must demonstrate courage, fearlessness, and love towards any person in fulfilling the mandate to transform the human community into the divine one.

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