

THE GERASENE DEMONIAK

A Disability Support Worker's Commentary

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MY INITIAL REACTION to reading the passage in Mark's Gospel on Jesus' cure of the Gerasene demoniac (Mk. 5:1-20) is how is it that another person, family or community could treat someone in such a manner? The man deserves compassion, not to be chained up on the outskirts of town in a cave like an animal!

Yet this is my reaction to the man from the vantage of my armchair at the start of the twenty first century. There is a larger story here of what brought this man to this point where Jesus meets and heals him. It is this larger story which this commentary is about which will be pieced together using my own experience as a support worker for people with disabilities.

In attempting to do this commentary it has been noted over the years that this is a passage about a man with a mental illness being healed by Jesus. However, I would like to put forward the proposition that the condition treated by Jesus on this occasion is autism. I would also like to put forward the hypothesis that this passage is about an actual incident in the ministry of Jesus and should not just be read in terms of the imagery portrayed (although the evangelist has greatly embellished the story for dramatic effect). This is a hypothesis I would now like to expand upon more fully.

An Autistic Man

Mark relates that the man lived among the tombs, wore shackles and would often wander at night howling. The questions I would like to ask are why is the man living amongst the tombs? Why is he shackled? Why does he howl like an animal? Whilst it could be argued as mentioned above that Mark is using some vivid imagery to show that the man is spiritually dead, I would like to argue that in

this passage Mark the Evangelist could actually be portraying an actual event from the ministry of Jesus. This is potentially about Jesus' ministry to a man who is autistic.

So firstly, why is the man living in a tomb? We do know that in the time of Jesus we know that tombs, including Jesus' own, were often caves in which the body of the deceased lay after they died. Apart from sheltering the body of the deceased from animals, a cave can also provide good shelter for a person who could not live at home for various reasons. Even today we hear of homeless people living in some of the mausoleums of places like Waverley and Botany cemeteries in Sydney. They do it simply as a means of providing shelter for themselves from the elements. For a family who is living in borderline poverty and wanting to provide shelter for a loved one that could not live at home due to their behaviour, this is an effective means for sheltering the man from the elements.

Secondly, as a worker who has worked with people with various disabilities, including autism, a person who is severely disabled by the condition can be extremely frightening. If the person has the capacity to make sounds, the only sounds he/she may make may sound like animal noises at times. There may be no speech but simply a series of grunts which need to be interpreted as speech for that person. This at times can be quite loud and at night time, in the stillness of the night, this sound can carry.

The person is also frightening to others if he/she exhibits challenging or violent behaviour. This could show itself in attacking another person or even self-injurious behaviour such as banging one's head against a wall. In an ancient era in which modern antipsychotics such as Risperidone, Zyprexa and Neulactil are not yet known, it is no wonder that the

Gerasene demoniac has been chained to a wall, a practice that continued in psychiatric hospitals up until the start of the twentieth century. Given also the great strength exhibited when angry by any person and the fatigue of metal due to the elements, it is no wonder that the bonds have been broken frequently and the man wandered by day and night howling and bruising himself with stones. (Mk. 5: 5)

A Good Pastoral Response

In the ancient world, illnesses such as schizophrenia, epilepsy, stuttering, bi-polar disorder, *etc.* were seen as being the result of demonic possession and the manner in which the illness was treated was through an exorcism.¹ So using the healing technique of the period, Jesus performs an exorcism upon this man who was crying out for help. Like a good therapist, not wanting to create dependency, Jesus then sends him on his way. This intervention results in the man not only being restored to sanity but also to being in relationship with others as he could now live and associate with other people. Also note that Jesus was not afraid of the man but is able to listen to what the man is asking for and is able deliver the outcome which is requested.

This intervention of Jesus now gives us a model of what is a good pastoral response in working with people with disabilities who exhibit challenging behaviour². Firstly, we should not be afraid of the person although at times we may be wary of some of the person's behaviours. Secondly, we should use what is considered best practice for working with the person. Thirdly, any intervention should not create any dependency upon the worker by the person we are working with. Fourthly, any intervention should lead to liberation and allow the person to be able to live freely amongst family, friends and one's community. Finally, and most importantly, the man asked for Jesus' help. The man gave his consent for the process to occur and was a willing partner in it. In the event that a person is unable to give consent (*e.g.* due to an inability to understand), this consent needs to be given by another per-



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son who knows their wishes or can evaluate what is in the person's best interests.

In the twenty first century this does not necessitate that if we find a person with a severe intellectual disability we call the local parish priest to perform an exorcism. Rather, wherever possible, we now use whatever educational techniques, adaptive technology, and positive behavioural shaping, *etc.* that is at our disposal to help develop a better life for those with whom we work. This may mean that to help another to be able to live their life more effectively we need to modify the world around them. This includes not only the use of rails, adaptive technology, *etc.* in the person's home, but also ourselves. This includes not only our own behaviour, but our values and prejudices as well.

Restrictive Practices

Whilst chaining a person to a wall in a cave and leaving him or her on the outskirts of the town may seem quite extreme, practices such as these still continue in our society in much subtler forms. So the chaining of a person to a wall may seem barbaric, yet many people who have disabilities in Australia still do not have the basic rights which many people take for granted. Examples of these include being able to go for a walk down the road without a support person in attendance, at times being locked in their own room for periods of time (seclusion), being locked in their own homes (containment), being doped to the eyeballs with major psychotropic medications such as Zyprexa and Risperidone (chemical restraint). These people are the modern Gerasene Demoniacs who have been cast onto the fringes

of human society and forgotten about.

It can at times be argued that such practices are required for the benefit of the person and those around them and strong arguments can be mounted for continued use of such practices. However, whilst they may be required in the short term, their use must be continually reviewed as to if it is in the person's and society's best interests. This is why such practices are reviewed by tribunals such as Guardianship Boards to ensure that best practices are being used and the rights of the person with a disability are being held.

Currently, in Australia most services operate from a human rights model which endeavours to protect the rights of people with disabilities in our community, a service which endeavours to ensure such restrictive practices are constantly reviewed by appropriate professionals (e.g. psychiatrists, psychologists, occupational therapists): rights which many of us take for granted, rights such as being able to go to the shop to buy a soft drink—simple pleasures in life which many people take for granted yet which are denied to many people with disabilities.

As a disability support worker it is my role to help people regain their place in society. Sometimes I am leading that person to a place they do not want to go and the steps we take are small. Quite often it is necessary to educate members of the public as to the humanity of the person who is beside me, for them to see not the demoniac but the person, and to

help others to confront their fears. At times part of the journey is my own in confronting my own fears for this person so that the person who is journeying with me may grow. Often this process is an educative process for both myself, the person with a disability and the wider community. Unlike the miraculous cure of Jesus, many of the miracles for the people with whom I work are small miracles achieved over many years of hard work—a miracle such as crossing the street, being able to catch the bus by themselves or independently being able to communicate through the use of sign language. These are miracles of everyday life which cannot be achieved through ostracising those with disabilities from society, keeping them behind closed doors and drugging them to keep their voices quiet.

Unfortunately, such work is very expensive, time consuming and at times appears to show very little rewards. However, if we remember some of the words of the song, *Woman of the Sacred Heart*, 'in our delight, in our despair, through the smallest choices of each day, through the cost to us, hope filled yes, the courage lived, shows us the way.'³ For Mary, many of the miracles she witnessed in Jesus' life as he grew up were not big, yet they were very important milestones for a mother. Similarly, many of the milestones I witness in the lives of those with whom I work are not big, but for them are giant steps. It is these small educative steps which become big steps in time and lead to freedom.

REFERENCES

Connell, James V. (1989), *Understanding Human Behaviour*, New York: Holt, Rinehart & Winston, p.10

Maher, James. (2002), 'Woman of the Sacred Heart' in *Heartvoice* (C.D.).

NOTES

1 Connell, *Understanding Human Behaviour*, p.10

2 Challenging behaviour refers to any behaviour which restricts a person's wellbeing, the wellbeing of others or the ability to relate to others. Examples of this can include, hitting one's head against a wall (self-injurious behaviour), hitting or punching other people, refusing to eat or drink or even something as simple as refusing to shower.

Some of these examples may not seem to require intervention, for example the person who refuses to shower for over a week would develop a strong body odour and would be offensive to the people around them thereby preventing the person from interacting with other people.

3 James Maher. (2002), 'Woman of the Sacred Heart' in the *Heartvoice* Album