

An Insider's Look at the Gerasene Disciple¹ (Mark 5:1-20): Biblical Interpretation from the Social Location of Mental Illness

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ABSTRACT. Personal, social, and financial vulnerability often mark the experience of living with mental illness. Such vulnerabilities, along with the experience of illness itself, suggest the possibility of viewing mental illness as a social location with the potential for offering valuable insights into biblical texts. The author interviewed persons who have a mental illness to gather their perspectives on the story of the Gerasene demoniac (Mark 5:1-20), a text that offered significant points of identification and resistance for those interviewed. This method commends itself for the study of other biblical texts with particular meaning for people with mental illness.

KEYWORDS. Biblical interpretation, demon possession, depression, faith healing, Gerasene demoniac, mental illness, social location, stigma, unclean spirit, vulnerability

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Why listen to someone with mental illness?

Demented. Deranged. Unhinged. Crazy. Looney. Maniac. Malingerer. Weirdo. Psycho. Loco. Sicko. Wacko. Nut case. Crackpot. Screwball. Gone bananas. Off your rocker. Cracked in the head. Out of your gourd. Nutty as a fruitcake. Escaped from the funny farm.

The colorful terms we have in the English language for someone who may have a form of mental illness reflect a prevailing cultural attitude that people with mental illness are fair tar-

¹ I avoid the usual term Gerasene *demoniac* for this man in part because Mark prefers *unclean spirit* (a Jewish term) over *demon* (the Greek term), but also because I would rather identify the man by what he becomes, not by something that is not an essential part of who he is, something that by the end of the story has been eliminated.

get for our jokes, stereotypes, and name-calling. Political correctness has made few inroads into our conversational language about this minority. The language we use reflects the marginal social status often assigned to persons with mental illness. Those who are able to conceal their mental illness often make great efforts to deny its existence or to keep it hidden, out of fear of its social cost. When we consider the overwhelming stigma of mental illness, it is little wonder that biblical scholars who write explicitly from the social location of persons with mental illness are few to none. If they should make their views known, despite the stigma, why should anyone want to hear from someone who is deranged, unhinged, crazy, or cracked in the head? What is valuable about the perspective of persons with mental illness?

Jesus declares that he has come to bring good news to the poor, proclaim release to the captives, and let the oppressed go free (Luke 4:18). Those with mental illness are often poor because of society's treatment of them. Their captivity and oppression may be literal, figurative, or both. If the church is to embody the healing and liberating work of Christ with those affected by mental illness, the church would do well to listen to how these people hear and understand biblical texts that carry particular meaning related to mental illness, lest the church be found among the forces that oppress and add to the suffering of those with mental illness.

Those of us who have a mental illness are not defined solely by it. Although a brain disorder may at times disorder our thoughts, we are able to think and speak coherently much, or even most of the time, particularly with effective treatment. Like the rest of humanity, we are created in the image of God, and we deserve the respect accorded God's beloved creation. The body of Christ is not whole when it excludes certain groups. Without deliberate effort to listen to and value people with mental illness, our society's default position of social stigma will silence and marginalize us even in the church, counteracting the gospel witness.

The World Council of Churches statement, *A Church of All and for All*, speaks of the gifts persons with disabilities have to contribute to the church. I find this document describes articulately the gifts that a particular form of disability, mental illness, has given me, despite and

sometimes because of the pain such illness has caused. I quote from this document here, taking the liberty to substitute the term *mental illness* where the original says *disability* or *disabilities*.

Individuals with [mental illness], as well as their families, friends and carers/care-givers, may also have gifts to share that have emerged precisely from the experience of living with [mental illness]. Individuals with [mental illness] know what it is to have one's life turned upside-down by the unexpected. We have found ourselves in that liminal space between what is known and what is yet unknown, able only to listen and wait. We have faced fear and death and know our own vulnerability. We have met God in that empty darkness, where we realised we were no longer 'in control' and learned to rely on God's presence and care. We have learned to accept graciously and to give graciously, to be appreciative of the present moment. We have learned to negotiate a new terrain, a new way of life that is unfamiliar. We have learned to be adaptable and innovative, to use our imaginations to solve new problems. We can be resilient. We know what it is to live with ambiguity and in the midst of paradox, that simplistic answers and certitudes do not sustain us. We have become skillful in areas we never expected to master. We have become accidental experts with skills and expertise to share with the wider community and church.²

In this position of accidental expertise, I speak from the social location of one who has a mental illness, and as the daughter, granddaughter, mother, aunt, sister, cousin, and friend of numerous others who live or who lived with mental illness.

The social location of mental illness

Despite the diversity of conditions identified as mental illness, I suggest three common elements that mark the social location of persons with mental illness in the United States³—and perhaps elsewhere. These I summarize as personal, social, and financial vulnerability.

² Ecumenical Disability Advocates Network (EDAN), "A Church of All and for All," in *Interpreting Disability: A Church of All and for All* (Geneva: WCC Publications, 2004), 78, paragraph 54. Available online, retrieved Oct. 16, 2006, <<http://www2.wcc-coe.org/ccdocuments2003.nsf/index/plen-1.1-en.html>>.

³ A detailed description of the experience of mental illness in the U.S. can be found in U.S. Department of Health and Human Services, *Mental Health: A Report of the Surgeon General* (Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999), retrieved Nov. 6, 2006, <<http://www.surgeongeneral.gov/library/mentalhealth/home.html>>.

A loss of control over one's thoughts and circumstances and a perhaps unwanted dependency on others contribute to a sense of *personal vulnerability* for many who live with mental illness. The onset or greatest severity of illness for many disorders occurs during the formative years of adolescence or young adulthood, adding significantly to this vulnerability.

The stigma of mental illness creates a far-reaching *social vulnerability*, regardless of the nature of the illness. Other people may regard symptoms of such illness as signs of sin, malingering, weakness, lack of character or willpower, or poor upbringing. In addition, they may sense a threat of danger or contamination from someone who is ill. Relationships of the person who is ill are likely to suffer. "Mental illness is a sword that brutally destroys relationships and causes the sufferers to doubt their ability to trust themselves and those around them," writes Cathy Johanson, out of her experience with bipolar disorder.⁴

Financial vulnerability is a third common characteristic of social location experienced by those with mental illness. Mental illness interferes with obtaining an education and maintaining productive employment. Further, mental health care is expensive and in the U.S. is usually excluded from coverage or severely limited by insurance.

Depending on the nature of the illness and the treatment and support available, each of these vulnerabilities may express themselves in varying degrees of disruption and loss.

Method

To supplement my own perspectives on Mark's story of the Gerasene man (Mark 5:1-20), I interviewed five people who identified themselves as having a mental illness. My contributors were both men and women, ranging in age from twenty to sixty, and employed as either professionals or low-wage part-time service workers, residing in the U.S. Midwest. All had significant past or present church involvement and all were from Euro-American background. For some, the

⁴ Marsha Cutting and Cathy Johanson, "The Invitation," *Journal of the California Alliance for the Mentally Ill* 8.4 (Dec. 1997): 32.

symptoms of illness were presently well under control; for others this challenge is ongoing. All at some time had experienced hospitalization or extended day treatment for their illness.⁵

After reading the story aloud, I recorded each person's responses to the following questions:

1. With whom do you identify in the story? Do you want to say why?
2. What, if anything, do you think this story has to say about mental illness?
3. Are there parts of the story that bother you?
4. Are there parts of the story that you particularly like?
5. Have you always felt the same way about this story, or has the way you feel about this story changed over time?
6. How do you understand the demons (unclean spirits)⁶ in this story?

Although I am indebted to my contributors, I cannot presume to speak for them as a group, let alone speak for all people with mental illness. Therefore, these observations remain my own, those of a woman who has lived for decades with untreated major depression, one who has been profoundly affected by the mental illness of close family members, one who in recent years has been fortunate enough to find considerable relief from my symptoms through medication and psychotherapy.

Demons, mental illness, and the Gerasene story

The man in Mark 5:1-20 offers people with mental illness much to identify with. Right away the narrator tells us that we are encountering a man with an unclean spirit (5:2). My contributors connected with the way the story immediately identifies the man by what is wrong with him and marks him as dangerous. "If people don't get to know you before they know you have a mental illness, they see you as the disorder," commented one contributor. "They're afraid of you," she continued. "I relate to the demoniac because he causes fear and has to deal with others' fear, even though he is a completely different person on the inside. They don't see him; they see the demon." "I have felt that sense of being seen as strange—a distance between myself and other people," another contributor reflected. Jesus is not a wholly positive figure from this point of

⁵ Because I am committed to allowing my contributors to tell their own stories, I have obscured identifying data. I am indebted to a contributor for raising the question, What is valuable about the perspective of persons with mental illness?

⁶ Since my contributors preferred the term demon to unclean spirit, I follow that usage.

view, since, following the lead of the narrator, he first recognizes and addresses the unclean spirit—what is wrong about the man—and not the man as he is in his right mind (5:8).

Contributors identified with the unrestrained actions of the Gerasene man, appreciating his ability to do things that they themselves might wish they could do. Some identified with the man's strength for breaking chains and shackles (5:3-4). One spoke with respect, even admiration, for his ability to resist all efforts to physically restrain him. Another admired his free expression of agony—howling and injuring himself—finding in him a symbol of psychic pain that for the contributor has been all the more intense because she, unlike him, has felt compelled to hold it in (5:5). A contributor identified with the man's subjection to forceful mistreatment and with his hostile suspicion of approaching visitors (5:8). He commented, "It's like the man says, 'So, Jesus, are you going to torture me too?' That's my general attitude when I go into mental health facilities. I am tired of being tortured." Identification with the Gerasene man offered some a way to sense God's care for their inner turmoil. "I identify with the demon possessed guy. I am really glad to know that this story is in the Bible," commented a contributor.

On the other hand, contributors understood the demons in the story metaphorically (not literally), and most strongly resisted identifying their own condition as demon-caused. Understanding themselves as demon inhabited implied a complicity with evil that did not fit with their experience. One contributor described demon language as offensive. Similarly, Kathryn Greene-McCreight, writing from personal experience with mental illness, suggests that equating mental illness with demon possession is likely to offend those with brain disorders. She states unequivocally, "Mental illnesses are understood these days as biologically and socially based, not spiritually."⁷ My contributors have sometimes listened to Christians denigrate the biological basis of mental illness. One described being told, "To accept help from [medical] sources is to spit in God's face." This contributor added that some who thought his illness was demonic expected him to stop taking medications and to rely only on faith. This could be a fatal step for someone

⁷ *Darkness is my Only Companion: A Christian Response to Mental Illness* (Grand Rapids: Brazos, 2006), 107.

with bipolar disorder, as he has. The contributor thinks the Gerasene story is not literally about mental illness because “mental illness just doesn’t go away like that. It’s lots of hard work and struggle. You can’t just snap your fingers and it’s over.”

Another contributor had at one time understood his condition as caused by a demon, and his faith community prayed for healing. “My understanding was that there were supposed to be quick results, that I wasn’t supposed to struggle with this the way I did, the way I have. This story encouraged me to think there was something wrong with me [spiritually] because I couldn’t get healed like he did.” The result was alienation from his faith community and additional pain.

A contributor stated, “I used to hate myself because I was in pain. Thinking about the pain as demonic was destructive. It just gave me that much more to hate. I needed help learning to accept and love the hurting parts of myself and integrate them. I didn’t need anyone labeling them as evil and trying to get rid of them.” None of these contributors denied the possibility of demonic activity, but they found it unhelpful for describing literally their own experience of mental illness.

In contrast, one contributor preferred the language of demon possession to that of mental illness, saying the Gerasene story felt more real or true to his experience than mental illness models, which he has experienced as oppressive. I wonder if the preference for one term or another for describing the cause of disturbed and disturbing behavior may have much to do with how the term has been used in association with the power to control, shame, or marginalize. Mental health professionals, exorcists, and churchgoers alike may be vulnerable to such possibilities.

Based on the reports of my contributors, I would suggest that the Gerasene story is often meaningful to people with mental illness; however, using the story to attribute the disturbing thoughts and behaviors of mental illness to demonic activity has considerable potential for harm. It is outside the scope of this paper to evaluate the potential for benefit. Regardless of beliefs or worldview, those hoping to alleviate the suffering of a disturbed person have a moral obligation

to examine their use of power—medical, religious, social, or otherwise—applied for personal gain, or to control, shame, or marginalize people in extreme vulnerability.

Restoring the man to the Gerasenes

Jesus offers a way for the man to reenter the land of the living and a model for disciples to follow in Jesus' way of healing. Jesus shows his willingness to risk a relationship with an unpredictable person when he steps out of the boat to meet the approaching Gerasene man (5:2). Social conventions and purity codes have not kept Jesus away from Gentile territory, nor do they bar him from approaching the homeless man's unclean hangout among the dead.⁸ When the man encounters Jesus on the shore, Jesus shows no fear. One contributor noted, "I like it that Jesus wasn't afraid of this guy. No matter how big or grotesque the mess we bring to Jesus, he is not put off by it." Although the man rushes up to Jesus and demands that he stop tormenting him, Jesus does not answer his threatening advance with force, as others have done so often. Rather, Jesus "enables the man to regain control of his own life, and then Jesus trusts him with responsibility as he sends him back home to preach the good news," suggests Kathy Black, author of *A Healing Homiletic*.⁹

A significant part—perhaps even the most significant part—of Jesus' ministry to the Gerasene man is restoring him to human community,¹⁰ first with Jesus himself and eventually with his own people who had formerly feared and ostracized him. The church continues Jesus' work of healing and restoration today when it offers dignity and compassion to persons with mental illness and allows us to retain or regain places of full integration and contribution within our communities, without needing to hide our illness.

Modern readers of this story often find the fate of the pigs puzzling (5:13), if not disturbing, even if we assume that the demons drowned along with the pigs¹¹ and we recognize the Jewish view of pigs as unclean animals. As one contributor wryly noted, "Two thousand dead swine

⁸ Kathy Black, *A Healing Homiletic: Preaching and Disability* (Nashville: Abingdon, 1996), 178.

⁹ Ibid.

¹⁰ EDAN, 74–75, paragraphs 38–39.

¹¹ As does Black, 167–168.

lying bloated in the sea is not lovely.” Yet when she began reflecting on reasons for self-inflicted injury like that of the Gerasene man, her insight about the importance of the herd of pigs unfolded. Self-inflicted cutting, she explained, “is sometimes in order to see the evidence of why I am hurting. I see that I have a reason for all the pain, because I see my blood. [The man] is doing these things to hurt himself, to have evidence of his pain. When Jesus sends the demons out into the pigs, yeah, it is a ghastly sight, but now the pain affects all the other people, and the man is fine. Now there is evidence of the pain he was in. The pain is not just in him now. It is spread around instead of him being the scapegoat for the community. Other people have to bear the pain with him now, but he is now OK. It’s a piece of God’s justice and God’s reign.”

The pigs offer a twofold symbol—a symbol of the vast suffering of people affected by mental illness, and a symbol of the commitment the story invites of us. If we wish to support God’s justice and God’s reign by standing in solidarity with people who live with mental illness, it is going to cost us something. The clothed man sitting calmly with Jesus offers a symbol of the restoration to wholeness and human community that is the hope of this costly commitment.

Reflection on the method

The method I used relies on a network of relationships with persons who have a mental illness; thus, such research is limited by the extent to which the researcher has such a network. For example, my contacts did not include anyone who believed casting out of demons had healed their mental illness, although this would be an important perspective to consider.

Obtaining permission to interview and asking the perspectives of persons with mental illness felt like a delicate business. Contributors needed to be willing to identify themselves as having a mental illness—no small thing given the stigma associated with the condition—and willing to open up something of their inner experience of mental illness to another. This in turn depended on a certain level of stability in the illness and a relationship of trust. Two potential contributors did not respond to my inquiries, for whatever reason. Another potential contributor I ultimately chose not to contact because I felt that the trust level in our relationship was not ade-

quate, given what I knew of the person's condition at that time. I wanted my interviewing above all to be respectful and not to feel like I was peering into the lives of persons with mental illness as if they were animals in a zoo or alien life forms. I sensed that my self-identification to them as someone with mental illness myself facilitated a relationship of trust.

Readers may have noticed that I did not include information about the kinds of illness that affected the people with whom I spoke. One reason for this deliberate omission was that asking for such information felt intrusive. Further, the social location of mental illness, as well as the capacity for insight about the Gerasene story, seemed relatively independent of specific diagnosis, and thus specifying the illness seemed like a distraction from the point of my work.

I found listening to the insights, interpretations, and questions of people with mental illness deeply rewarding and enriching for understanding Mark 5:1-20, a text that offers significant points of identification and resistance for people who live with mental illness. This method commends itself for the study of other biblical texts that people with mental illness may identify with or find troubling.