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Social Death:
Comparisons between the plight of the Gerasene demoniac and those with dementia who are isolated from their communities

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Abstract

This article seeks to draw comparisons between the social death and extreme isolation of the Gerasene demoniac, with the social death and social isolation experienced by those with dementia who are taken into care homes and other such environments. Arguably, whether the Gerasene was possessed by demons or not, his isolation and removal from society hastened and worsened his condition. Parallels can be drawn with the worsening of dementia when the person concerned does not receive meaningful contact with others. An exploration of both conditions is detailed below, and care-focussed solutions are offered to those who wish to maintain contact with those in their community who have a diagnosis of dementia. The underpinning care given to both the Gerasene and those with dementia derives from the compassion and love God has shown to us. It is then argued that our duty as the beloved children of God is to share this love with others, in this particular case, those with dementia.

The focus of this article is the Gerasene demoniac, as found in Matthew 8:28–34, Mark 5:1–20 and Luke 8:26–39. Concentrating on the social death that he suffered through isolation, a comparison is drawn to those

with dementia who also experience social death through their institutionalisation within hospitals and care homes. Suggestions will also be made on how Christians can intervene and keep those with dementia as part of their communities and churches, with the underpinning that no-one should be forgotten by society, and that no-one is forgotten by God. Practically speaking, we are looking at how the church, in imitation of Christ, can help restore people with dementia back into community by building a community around them, similar to how Christ himself restored the Gerasene demoniac back to society through his actions, thus to an extent alleviating the suffering of those isolated from community due to their condition.

The Gerasene demoniac

Exorcism is ultimately a form of healing, sitting alongside the other miracles Christ performed.[1] Most accounts of Jesus healing people with physical infirmities suggest the root cause of the ailment is due to a lack of faith, whereas the exorcisms fall more within a kingdom narrative. They are intrinsically linked to this aspect of the gospel and therefore provide a concrete demonstration of the liberation Jesus, and God, can bring to people's lives.[2] Modern scholars, however, find the biblical accounts of exorcisms difficult to interpret due to contemporary scepticism.[3] The Jewish community at the time of Christ believed that demons entered the body, forcing the possessed to carry out the will of the possessing demon.[4] Matthew and Luke's accounts of exorcisms barely differ in detail and so by using redaction-critical analysis, it suggests that the accounts in these gospels are fairly authentic, given that Matthew and Luke (despite writing from different areas within the Roman Empire) barely differ in their accounts of the exorcisms Christ performed.[5] Keener states that while some may doubt the miracles attributed to Jesus, he did gain a reputation for being a successful exorcist, which is why there are many such accounts in the gospels of his work even if doubt remains over the existence of

[1] Craig S. Keener, *Miracles: The Credibility of the New Testament Accounts*, vol. 2 (Baker Academic, 2011), 769.
[2] Keener, *Miracles*, 785.
[3] Keener, 769.
[4] Keener, 779.
[5] Keener, 784.

demons and spirits.[6] It was a common belief that demons were often found in graveyards, so it raises the question why the Gerasene was banished to the tombs, as it does not seem like the place to get healthy.[7] However, the possessed were often driven out of the towns and sent to isolated places in the hope that starvation or the elements would claim their lives.[8] From this an interesting yet troubling perspective on the Gerasene's situation is raised. The hope of the community was that by sending him out to the tombs, his condition would solve itself through death. Exorcism for the Gerasene becomes a mode of deliverance, and a sign of the coming of God's kingdom for all in the community to see.[9]

In the New Testament, the Greek words *sozo* and *soteria* (save and salvation respectively) are used 150 times, with a third of them ascribed to incidents of exorcism.[10] In the Gospel accounts of the Gerasene demoniac, we are told that the man was possessed by many demons calling themselves 'Legion'.[11] Piotr Blajer notes that Luke's account emphasises the Gerasene's restored humanity after the exorcism.[12] Luke expands on the restored humanity by highlighting the fact that the demons had exited the Gerasene and consequently he became of sound mind and was fit to return to his family and the rest of society.[13] Luke also notes that the Gerasene was a victim of circumstance rather than an agent of his own destruction. By stating that the man was 'demonised', it shows that this a condition that was inflicted on the man rather than a result of his own actions and therefore a form of divine punishment.[14] Mark's account of the

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[6] Keener, 784.

[7] Keener, 775.

[8] Keener, 798.

[9] Keener, 785.

[10] Elahe Hessamfar, *In the Fellowship of His Suffering: A Theological Interpretation of Mental Illness – A Focus on "Schizophrenia"* (Lutterworth Press, 2014), 145.

[11] Mark 5:9; Luke 8:30.

[12] Piotr Blajer, "The Usage of ἀνήρ [anēr] and ἄνθρωπος [anthrōpos] in the Healing of the Gerasene Demoniac (Luke 8:26–39)", *Collectanea Theologica* 92, no. 2 (2022): 35; see also, Joanna Collicutt, *Thinking of You: A Resource for the Spiritual Care of People with Dementia* (Bible Reading Fellowship, 2017), 658–62.

[13] Blajer, "Usage", 54. It is also noted here that Mark also highlights the demoniac's restored humanity by stating that he was dressed and of sound mind.

[14] Blajer, 56.

Gerasene is the longest of the three in the synoptic gospels, and the most detailed.[15] Mark's emphasis is on the terror the townsfolk feel at the presence of the demoniac, particularly around his self-harming and his ability to loose himself of the chains they have shackled him in.[16] However, the story offers hope in the face of true desperation:[17] God is at work in all situations.[18]

Dementia

Dementia can be described as 'a set of symptoms caused by damage to the brain from certain diseases or conditions.'[19] It is a progressive condition that worsens over time and there is no cure available, even when diagnosed early.[20] There are different types of dementia – the diagnosis given to the patient is used to determine the severity and symptoms presented when a diagnosis is applied. Common symptoms across the various types include issues with short-term memory, issues with communication and a lack of coherence in conversations, changes in mood or behaviour, confusion and disorientation, and sleep disturbances.[21]

Some people with dementia will also experience hallucinations or waking nightmares, and many will end up needing care, whether at home, or in a hospital or care home.[22] Institutionalised care can lead to isolation, either by sheer physical distance away from home leading to fewer visits from friends and families that they would have received otherwise, and from being removed from the towns and communities they used to live in and be part of. In turn this can lead to loss – of relationships, of self or sense of self – and a dramatic reduction in the options left available to the

[15] Teresa Calpino, "The Gerasene Demoniac (Mark 5:1–20): The Pre-Markan Function of the Pericope", *Biblical Research* 53 (2008): 15.

[16] Calpino, "Gerasene Demoniac", 17.

[17] Calpino, 15.

[18] Blajer, 57.

[19] Age Scotland, "What is Dementia?", https://www.ageuk.org.uk/scotland/information-advice/dementia/what-is-dementia.

[20] Collicutt, *Thinking of You*, 26.

[21] Age Scotland, "What is Dementia?"

[22] Collicutt, *Thinking of You*, 37; NHS, "What is Dementia", https://www.nhs.uk/conditions/dementia/about/.

individual.[23] With this isolation a life is slowly being erased: routines and frames of reference disappearing, and a loss of self and of place in the world as cognitive capabilities reduce.[24] It is important to note that the language centring around the loss of self is not helpful, as it is more a change in self since the individual is not dead.[25] Loss of executive functions can lead to the individual acting impulsively, shouting and swearing, amongst other inappropriate behaviours.[26] Vascular dementia also presents through a lack of verbal communication.[27] A diagnosis of dementia can still carry considerable stigma, often leading to the marginalisation of the individual.[28] Here we can begin to see comparisons with the Gerasene, whose life was stripped away bit by bit, just as those with dementia are stripped of their community and family connections as their condition worsens. When this occurs, the people around them feel less able to cope with the behaviours associated with dementia, and so (however reluctantly) resort to placing their loved ones in institutionalised care. Thus, both the Gerasene of history and our modern-day dementia sufferers are removed from their communities and experience the social death that arises from losing their place within society.

Some of the problems associated with long-term illness are not just physical but social as well.[29] Many people will stop visiting an individual if there is no cure to be found, with only clinical professionals being regular visitors.[30] Dementia can lead to social isolation and this in turn worsens the symptoms.[31] Lamar Hardwick suggests that even the church's

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[23] David Aldridge, *Spirituality, Healing, and Medicine: Return to the Silence* (Jessica Kingsley, 2000), 49.

[24] Kevin Franz, "Different Trains: Liminality and the Chaplain", in *Chaplaincy and the Soul of Health and Social Care: Fostering Spiritual Wellbeing in Emerging Paradigms of Care*, ed. Ewan Kelly and John Swinton (Jessica Kingsley, 2020), 84.

[25] Daniel R. George, "Overcoming the Social Death of Dementia Through Language", *The Lancet* 376 (2010): 587

[26] Collicutt, *Thinking of You*, 39.

[27] Collicutt, 41.

[28] Collicutt, 26.

[29] Eva Buelens, "Living with a Chronic Long-term Condition: I Can Reflect with Chaplains About Things I Cannot Share with Others", in Kelly and Swinton, *Chaplaincy*, 35.

[30] Buelens, "Living", 35.

[31] Collicutt, *Thinking of You*, 53.

view on disability is based upon the medical model, which adopts a deficit view, i.e. the perspective that something needs to be fixed.[32] The social model of disability argues that the most painful aspect of living with a disability is not the condition itself, but society's tendency to marginalise and isolate disabled individuals to avoid disrupting the comfort of the majority.[33] There is still the inclination to view disability as an issue for the individual rather than as a social issue.[34] The very stigmas around those who become institutionalised have their roots in the creation of institutions intended to segregate people from society.[35] If, however, we consider models of personhood, we can bring in the relational and communal aspects of illness.[36] This should help us reframe our perceptions by seeing the value of the individual and the gifts a relationship can bring.[37]

Social death

The biblical accounts of the Gerasene demoniac show that the afflicted man was taken out of the town, chained and isolated from the community.[38] Whilst the Gerasene may seem a fairly minor biblical character, only present there to demonstrate Christ's power, his healing transitions him from an apolitical figure to a political one.[39]

We can view the Gerasene as an apolitical figure due to his lack of 'basic structures that support the political', namely use of language, a home, clothes and being kept out of the city.[40] When we meet the Gerasene

[32] Lamar Hardwick, *Disability and the Church: A Vision for Diversity and Inclusion* (Intervarsity Press, 2021), 88.

[33] Hardwick, *Disability and the Church*, 88.

[34] Nancy L. Eiesland, *The Disabled God: Towards a Liberatory Theology of Disability* (Abingdon Press, 1994), 58; Disability Rights UK, "Social Model of Disability: Language", https://www.disabilityrightsuk.org/social-model-disability-language.

[35] Eiesland, *The Disabled God*, 61.

[36] John Swinton, "Re-imagining Personhood: Dementia, Culture and Citizenship", *Journal of Religion, Spirituality & Aging* 33, no. 2 (2021): 174.

[37] Swinton, "Re-imagining Personhood", 174.

[38] Luis Menédez-Antuña, "Of Social Death and Solitary Confinement: The Political Life of a Gerasene (Luke 8:26–39)", *Journal of Biblical Literature* 138, no. 3 (2019): 650.

[39] Menédez-Antuña, "Of Social Death", 643 and 649.

[40] Menédez-Antuña, 649.

in the gospel narratives, he is kept out of the life of the community and living in the tombs.[41] Not only is he living among the dead, he is cut off from society and all relationships, making him socially dead.[42] While speaking about prisoners in the US, Luis Menédez-Antuña describes social death as experiencing 'extreme conditions of livability', that is, being excluded from the world and deprived of the opportunities relating to 'interrelationality'.[43] Menédez-Antuña is discussing social death primarily in the context of prisoners who experience solitary confinement, but the parallels between prisons and institutionalised care become apparent when considering periods of isolation, the regimens assigned to patients, and being deprived of social contacts. This removal from the world becomes a removal of meaningful experiences. The institutional regimes can force people into 'right' ways of thinking and being, stripping them of their own free will; they become 'monadic entities': isolated, with their sense of personhood, as well as others' perception of their personhood, diminished.[44]

Mark 5:5 describes the Gerasene as crying out, day and night, and cutting himself with stones. One could argue that these actions are very much the result of the extreme conditions the Gerasene has been forced to live in. As David Aldridge states, bodily actions can be 'used to express and manage distress'.[45] Aldridge further states that the body itself is an expressive form of communication that embodies disability and incorporates chronic illness.[46] In Luke's account, living among the dead has led to the Gerasene experiencing a loss of language and the ability to communicate, and with it the implied loss of humanity.[47] Here is the beginning of the link between social death and the deterioration of the human; the conditions mentioned here also correlate with the symptoms present in dementia. It is worth reiterating that the social isolation dementia brings also exacerbates the condition's progression.

Joanna Collicutt suggests that for those institutionalised with dementia, even the most pleasant of surroundings can feel like a prison and there is

[41] Matthew 8:28; Mark 5:1–5; Luke 8:27.
[42] Menédez-Antuña, "Of Social Death", 649.
[43] Menédez-Antuña, 651.
[44] Menédez-Antuña, 652.
[45] Aldridge, *Spirituality, Healing and Medicine*, 118.
[46] Aldridge, 118.
[47] Aldridge, 655. See Luke 8:26–39.

a sense that by placing them in care, they are out of sight and out of mind.[48] In effect, society forgets about them and they are left in limbo, still living but feeling like they have departed.[49] Social isolation is particularly prevalent in those who have been institutionalised with dementia, and studies have found that even within care institutions there can be a lack of recognition of the person themselves.[50] This 'living death' or liminal state harkens back to the Gerasene living among the dead.[51] Like the Gerasene, those with dementia are removed from community life and essentially have their citizenship removed.[52] Social inclusion is a political issue, and it is our duty to find a place for people with dementia in our society.[53]

Care-focussed solutions

Caring well for others is a moral issue, and there is a need to truly blend the disciplines of medicine and care.[54] Instead of framing the discussion about institutionalising people with dementia as a way of easing our own personal discomfort, we should view these medical conditions as a call to recognize our responsibilities to one another, and, for those with faith, to God.[55] Resulting from this reframing, care of the sick should have a relational ethic inbuilt, what Aldridge calls an 'axis of mutuality'.[56] Compassion is evident within most of the major faiths, as is a commitment to serve others. In regard to caring for people with dementia this should be a one-sided affair with no expectations placed upon those being cared for.[57] Compassion is key for the caring environment. Through faith, we should believe that God is the source of all compassion, and through this we can

[48] Collicutt, *Thinking of You*, 43.
[49] Collicutt, 43–44.
[50] Tula Brannelly, "Sustaining Citizenship: People with Dementia and the Phenomenon of Social Death", *Nursing Ethics* 18, no. 5 (2011): 662 and 668.
[51] Collicutt, *Thinking of You*, 44.
[52] Collicutt, 49–50.
[53] Collicutt, 50.
[54] Kelly and Swinton, *Chaplaincy*, "Part 6 – Caring Well, Caring Spiritually", 243–87.
[55] Aldridge, *Spirituality, Healing and Medicine*, 125.
[56] Aldridge, 69. For relational ethics, see 75.
[57] Aldridge, 69.

begin to build upon our Christian duty to care for others appropriately.[58]

While medication and institutionalisation may alleviate certain symptoms and thereby improve a person's overall wellbeing, it should be noted that suffering and distress can also be eased without clinical intervention.[59] There is an innate need for personal contact, but one which is more human than authoritarian, and removed from the strict routines of the institution.[60] People living with long-term conditions often need caring, non-clinical touch. There is an actualised symbolism through touch – the literal physical reaching out to another.[61] This non-clinical touch can offer calmness and comfort, particularly if verbal communication is difficult. However, caution must be exercised so as not to violate a person's space. It is always best practice to ask permission first or at the very least state what you are about to do prior to an action, preferably from a head-on position, and to limit touch to the hands or shoulders.[62] One should also stay alert to any non-verbal signs of discomfort such as a tensing of muscles or attempts to withdraw from touch.[63]

Both the Gerasene demoniac and caring for those with dementia who experience periods of emotional instability present a 'confusing' pastoral situation.[64] James Martin offers advice on the need to establish boundaries and to look after yourself, as can be seen in the story of the Gerasene when he accosts Jesus.[65] Jesus responds simply by listening before he completes his healing act.[66] Listening to someone and their complaints often helps to diffuse an emotionally charged situation.[67] Like Christ, we should enter the lives of those with dementia, no matter how uncomfortable it may be,

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[58] Neil Pembroke and Raymond Reddicliffe, "The Chaplain and Organizational Spirituality of Church-sponsored Healthcare Institutions", in Kelly and Swinton, *Chaplaincy*, 205–06.

[59] Mark Stobert, "Healthcare Chaplaincy as Professional Artistry", in Kelly and Swinton, *Chaplaincy*, 77.

[60] Stobert, "Healthcare Chaplaincy", 77.

[61] Pembroke and Reddicliffe, "Chaplain and Organisational Spirituality", 11.

[62] Collicutt, *Thinking of You*, 100.

[63] Collicutt, 100.

[64] James Martin, SJ, "The Land of the Gerasenes", in *America: The Jesuit Review* 208, no. 18 (2013): 9.

[65] Martin, "Land of the Gerasenes", 9.

[66] Mark 5:9–13; Luke 8:30–32.

[67] Martin, "Land of the Gerasenes", 9.

and bring them the same love and compassion without fear, in the hopes of bringing them back into community.[68] Martin offers advice on navigating emotional instability which is worth repeating as sound instruction to anyone undertaking this pastoral ministry: 'Be kind. Be merciful. Be forgiving. Listen carefully. Above all, love.'[69]

Three key approaches are needed in delivering better care and inclusion for those with dementia residing in institutions.[70] The first is one-to-one intervention, through individually visiting those we know with dementia. The second is community interventions, whereby church groups can actively engage with local care homes to set up befriending programmes and create more dementia awareness within congregations.[71] There is a real need for a ministry of presence in the lives of those sequestered to institutions.[72] The third intervention is organisational strategy which is somewhat more difficult to achieve and requires changes in the systems which are in place. Society should be advocating for those with dementia when they are unable to do so themselves.[73] The latter is key because it provides a jumping-off point from which to argue that care needs to be less system-focussed and should re-prioritise the individual over the symptoms.[74] By placing the individual first, we re-humanise them and the institution becomes less soulless in itself.[75] We must fight for social justice regarding those with dementia, and perhaps people would understand dementia rights better if they were framed within disability rights rather than solely as a disease.[76]

It should be noted that sending loved ones into an institutionalised care setting is usually a matter of necessity, rather than a lack of willingness to

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[68] Christine J. Guth, "An Insider's Look at the Gerasene Disciple (Mark 5:1–20): Biblical Interpretation From the Social Location of Mental Illness", *Journal of Religion, Disability & Health* 11, no. 4 (2008): 67.

[69] Martin, "Land of the Gerasenes", 9.

[70] Jo Kennedy and Ian Stirling, "From Person-centred to People-centred Spiritual Care", in Kelly and Swinton, *Chaplaincy*, 267.

[71] Collicutt, *Thinking of You*, 51

[72] Hardwick, *Disability and the Church*, 135.

[73] Collicutt, *Thinking of You*, 50.

[74] Ewan Kelly and John Swinton, "Future Directions: Posing and Living with Questions", in Kelly and Swinton, *Chaplaincy*, 359.

[75] Kelly and Swinton, "Future Directions", 359.

[76] Collicuttt, *Thinking of You*, 50.

look after those with dementia. With dementia being a progressive condition, care needs can become increasingly more complex regarding night-time supervision, medication, mobility assistance and changes to mood and personality.[77] The strain this places upon informal carers, as in the likes of family members and spouses, can take an overwhelming physical and emotional toll on the one caring for the dementia sufferer,[78] as well as increasing the risk of harm to the sufferer. Institutionalised places of care can attract criticism for their inability to provide appropriate care for those with dementia and other similar conditions, often due to a lack of specialised training, or their lack of person-centred care approaches to support those with cognitive impairments.[79] However, there are care homes which excel at looking after those with dementia and this often ascribed to their person-centred approach which helps alleviate some of the symptoms of dementia such as agitation and leads to greater well-being of the sufferer.[80] An example of this care working effectively for those with dementia, with person-centred care as its core ethos, would be that of Field Lodge in Cambridgeshire, which has been awarded Care UK's *Care Fit for VIPs* accreditation which is centred on the four key principles of 'valuing those living with dementia, treating everyone as an individual, showing empathy towards those living with the condition, and recognising the need for a stimulating social environment.'[81] So whilst institutionalised care can be problematic at times when there is poor training on how to specifically care for those with dementia, when person-centred and other

[77]NHS, "Dementia and Care Homes", https://www.nhs.uk/conditions/dementia/care-and-support/care-homes/.

[78] Care UK, "When should someone with dementia go into a care home?", https://www.careuk.com/help-advice/when-should-someone-with-dementia-go-into-a-care-home.

[79] Alzheimer's Society, "The costs and benefits of moving to a care home", https://www.alzheimers.org.uk/get-support/help-dementia-care/care-homes-evaluating-benefits.

[80] National Institute for Health and Care Excellence, "Dementia: assessment, management and support for people living with dementia and their carers (NICE guideline NG97) – Person-Centred Care", https://www.nice.org.uk/guidance/ng97/chapter/Person-centred-care.

[81] Care UK, "Care UK: leading the way in person-centred dementia care", https://www.careuk.com/news/2024/05/care-uk-leading-the-way-in-person-centred-dementia-care.

specialised training is used effectively, care homes and other institutions can in fact be beneficial for those with dementia, and for those who have been caring for them.

To return to Martin's advice on caring, ultimately it is Christ's love that is to be brought to those who are suffering ill health. From 1 John 2:5b–6, we can argue that we should walk as Jesus did and break down barriers to destroy any 'social estrangement' that may affect a person due to ill health.[82] This love is not reciprocal, but must be unconditional, as Christ's love is. In this, illness is not a personal matter but a communal matter; if one part of the body of Christ suffers then we all suffer.[83]

Conclusion

There are clear parallels between the social death of the Gerasene demoniac and those who have a dementia diagnosis, as well as the stigma attached to both. These parallels are demonstrated in their exclusion from society at large due to circumstances outside their control. Exploring the phenomenon of social death highlights meaningful ways in which Christians can advocate for and befriend those with dementia who may be experiencing isolation. In keeping the example of Christ as the focus, as well as the duty to share his love with others, the Church too can help to bring those isolated from society back into a community through interventions of care. Most importantly remember, 'Be kind. Be merciful. Be forgiving. Listen carefully. Above all, love'.[84]

This paper was written very much to honour my Granny Bettine, who has lived through and continues to live through dementia. Much of what has been written about comes from that lived experience of seeing how others treat people with dementia and how we ensure that as her faculties diminish, she is still a huge part of our lives, and still very much included in our lives.

[82] Hessamfar, *In the Fellowship of His Suffering*, 302.
[83] Hessamfar, 286.
[84] Martin, "Land of the Gerasenes", 9.