

St David's United  
July 18/2021  
Blessed are the Unclean  
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There is in Psychology the idea of the “designated patient.” The designated patient is the person in a family who officially has “the problem”. This is often the child who is acting out angrily, the alcoholic or drug-addicted partner, or the person in a family who is always depressed or anxious. It may be the person who is overweight. Or the person for whom life hasn't “come together.”

The term “designated” is interesting here. To designate a person means to choose them to play a role. To play a role on behalf of everyone else. Like a designated driver—the person chosen not to drink at the Christmas party so that they can drive everyone else home. When you are designated you are doing something for everybody else. To be the designated driver makes sense. You are chosen--maybe because you don't drink anyway—to be the driver for everyone else. But how do you get to be the designated patient? Can you be chosen to be the patient?

In 1964 psychologist Virginia Axline published a book by the title “Dibs in Search of Self.” Axline describes her work with boy named Dibs. It's an important book. You will see it on many people's lists of “Most Important Books I have Ever Read”. It marks the beginning of the practice of play therapy and it presents Dibs as the archetypal “designated patient.”

Axline observes Dibs at a private school in New York. He is the 5-year-old son of a wealthy and notably successful family. Dibs is an angry child, acting out at home and school. He is practically non-verbal. Axline asks Dibs's parents if she can work with him. The parents consider Dibs a lost cause but agree for the sake of other children who might benefit from Axline's working with him. Most of the book describe her sessions with Dibs as she develops her theories regarding play therapy—letting the child lead, carefully observing his play and the meaning she intuits from the pictures he draws, his activities in a sandbox, his minimal conversation. She works nonjudgementally as he slowly makes progress, communicating more, learning to trust and express himself.

There are two brutal chapters in the book describing her meeting with the parents who are clearly humiliated at having a maladjusted child. They resent him, are cold, aloof and punitive with him. It appears that he has spent much of his young life locked in his room. The mother reports that he is asking for something that she can't give. She has never understood him; she had no real experience with kids prior to having Dibs, and Dibs was a disappointment to her from his birth. Dibs's mother and father hadn't planned on having a child, and when Dibs was born, his mother had to give up her successful career as a surgeon—a career that she and Dibs's father were very proud of.

When Dibs was born, she found him big, ugly, and unresponsive. He would stiffen and cry when she picked him up. She felt she failed miserably by having him. She explains that she and Dibs's father were ashamed to have a mentally disabled child and gradually cut their friends out of their lives so others wouldn't find out about Dibs. They took him to a neurologist, but the doctor couldn't find anything wrong with him. They then took Dibs to a psychiatrist, who interviewed both parents as well. Dibs's mother felt that the psychiatrist's questions were very invasive, and the psychiatrist concluded that Dibs was not mentally disabled but that Dibs was the most emotionally deprived child he had ever seen. He said that Dibs's mother and father were the ones who needed help. They grew very upset at this evaluation, and they never spoke about the experience to anyone else.

And there is more like that.

Axline continues to work with Dibs, and with Dibs's parents. They make great progress. Dibs discovers himself, starts to enjoy school. His parents establish a positive relationship with him.

Some years later, Axline receives a letter from another psychologist about a young man who had had successful play therapy. She encloses an article from the boy's school newspaper in which the author champions another student who has been bullied and misunderstood. He rails against the arbitrary nature of standardized exams, which he believes have undermined the well-being of this other student. The article was written by a 15 year-old with the rather unusual name "Dibs".

Dibs was the designated patient, but it was the family that was ill. "Dibs in Search of Self" may not just mark the beginning of the practice of play therapy. It may also mark the beginning of pop psychology blaming the parents for everything. If you've been parenting anytime in the last 40 years you've heard, and you have felt, and you have probably taken to heart a great deal of judgement on your parenting. I have. So did my mom.

I remember her with her head in her hands, this was probably 30 years ago, apologizing to me for wrecking my life. She had been reading some pop psychology about how everything is the mom's fault and come away with the idea that all of my problems, and I had lots of problems, arose from her supposedly dreadful parenting. I assured her that on the contrary, I had had a great childhood, that I knew whatever her faults, I was sure that she had done her best and that if I were a parent I would hope to do half as well as she had. My parents were and still are, my heroes. That prediction probably came true. I did become parent and I think I did about half as well as my mom.

So I'm not saying that everything that happens in our families, or in our communities is the whole family's or the whole community's fault. People make choices. I am saying however, that who exactly has the problem is a complicated question. I am also saying that those amongst us who are the designated patient, the person with the problem are to some extent, simply playing a role that is given to them by the whole family or the

whole community. The role that some of us are designated for is to carry the shame, the burden of uncleanness for the rest of us.

At the end of the 6<sup>th</sup> chapter of Mark we find one of the many stories about Jesus the Healer. In this one, the one we read today, they put out in a boat on the sea of Galilee, landing near Genesareth. They are trying to get a break from the crowds but its no use. Jesus' fame as a healer is such that the crowds get there before them.

When they disembark, no doubt wading ashore, there are multitudes of the sick laid out on their beds, no doubt on what we would call stretchers. The sick—that is to say, the designated patients—have been brought by their friends and families who are also there, amongst the crowd, no doubt stepping back, getting out of the way, calling out, pointing to their Dibs, begging for them to be healed. And Jesus heals them all, sometimes just by people touching the fringes of his garment.

What illnesses do these designated patients have? Mark doesn't tell us. But there is usually a short list of illnesses that appear in Jesus' healing stories. Blindness, leprosy, unclean spirits which are probably mental illnesses. The interesting thing is that in the ancient world, these things aren't morally neutral. Illness is the result of sin and so, illness is evidence of some dreadful sin having been committed. And with sin comes shame. The designated patients in this story carry not just the burden of illness, of blindness, of leprosy, of having been taken over body and soul by an unclean spirit, but the burden of the shame of being ill.

Jesus teaches against this. He rejects the idea that illness is the result of sin. In the gospel of John the disciples ask Jesus about this very thing. "Rabbi," they ask, "who sinned, this man or his parents, that he was born blind." Jesus of course replies that no one has sinned. And in rejecting the belief that illness is the result of sin, he also rejects the notion that the ill should be ashamed of their illness. If there is no sin, there is no shame.

We might look at the thinking of these folks just after the iron age and feel sorry for them superior to them. But judging the ill to be unclean is something that religious leaders do on a regular basis: Think of Pat Robertson proclaiming that being gay causes AIDS. And it's not just religious crackpots. Think of the way we housed and abused mental patients in Canada throughout much of the 20<sup>th</sup> century.

And it's not just the recent past that we blame and shame the victim of illness. Think of how you regard a person suffering from cancer or from a progressive illness. Consider not just what you think, consider your emotional reaction. If you do I think that you will find that there is a bit of fear, a bit of avoidance, a bit of relief, something in us thinks, "Phew it's not me!" And there is a bit of pride, pride in your own good health, a bit of superiority at our undiminished capacity. In other words, there is a hint in our subtle inner reactions that there is something shameful about being ill.

And consider our reaction to someone in our family being ill. There is shame. Families suffer needlessly from shame when there is weakness or incapacity on the part of a family member. I was on a zoom call this past winter with a group of students one of whose family's—the entire family—came down with covid. I was dumb enough to ask who got it first, a natural enough question, but I was rightly reprimanded for asking. The student explained that health officials had cautioned the family not to reveal who got it first. Because, of course, of the shame involved.

So in spite of 2000 years of progress, in spite of this teaching of Jesus being out there in the world, we still associate illness with shame. And that's why in a family system we will designate the person who is ill, the person who is struggling, the person who doesn't live right, the person who is handicapped or limited in some way to be the official patient for the rest of us.

It's a kind of game we play in human systems to let one person carry the shame for the rest of us. The game allows the rest of us to be the strong ones, the pure ones, the successful ones. The ones who don't have to look at themselves. It's a game we play to avoid our own issues. The designated patients amongst us are ironically, the heroes. They carry the burden of shame for us. The weakest amongst us may paradoxically be the strongest. Those who are the most ill may paradoxically be the life-givers. Those we seek to serve are paradoxically serving us. The poorest amongst us may paradoxically and inwardly be the wealthiest. The dirtiest amongst us may paradoxically be the most pure.

Every family has its Dibs. Every community has its Dibs. Every church community has its Dibs. Like the friends and family members gathered with their sick loved ones on the shore of the lake of Galilee we seek healing for others when we are sick ourselves. We are sick with the dreadful dynamics of shame and the games we play with it. We all need healing and what we need to be healed of it seems to me is shame.

Who is Dibs in your family? It's not hard to tell. It's the person who carries the shame. The person who is unsuccessful, the addict, the one who is unable. If you are Dibs, just consider that you may be stronger than you think. More important than you think. More vital than you think. Without you other people might have to carry their own shame.

If you aren't Dibs, if you are the one who is always helping Dibs, just consider what Dibs is doing for you. The burden Dibs is carrying for you. What would you do without Dibs? Who is Dibs in Canadian society? Who carries the shame?

Is it the immigrants?

The brown people?

Is it indigenous people?

Is it the folks living under the bridge on University Drive?

Can we recognize for a moment the shame game that we are playing and what we are getting from it? Who is Dibs at St David's? Well, you get the idea. Amen