

A  
WOUNDED  
SPIRIT  
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ORIGINALLY I PLANNED to introduce my subject with some general remarks on the psychogenic dimensions of many illnesses. My son David said he thought it was a pompous approach. “Why don’t you start with a scripture?—like this one, for example. It captures just about all you want to say.” And he showed me Proverbs 18:14: “The spirit of a man will sustain his infirmities, but a wounded spirit, who can bear?”

I don’t know whether this says that the spiritual invalid is the one who has difficulty bearing his wounds, or the people who have to live with him. I suspect both. Anyway, the quotation I gave you is from the King James translation of the passage. Here’s the New English Bible version: “A man’s spirit may sustain him in sickness: but if the spirit is wounded, who can mend it?” One’s spirit abets one in illness—unless the illness is of the spirit itself, which is much harder to cure.

I spent the other night with a couple bearing a heavy load. The husband, Kenneth, complains of severely deteriorating mental functions, such as memory loss and incoherence, and physical injuries and enforced confinement due to epilepsy, of whose existence I have doubts. Except when his wife, Gail, is on vacation from her work and takes him on a trip, he remains at home. He has a brilliant mind. In a quest to improve his condition, he has gone to every doctor, clinic, university hospital, and quack he’s heard about who might offer him hope for cure. His pattern—you’ve all seen it—is first to invest himself elatedly in each new prospect as if it might be the answer and then to systematically resist, undermine, and discredit the source he had temporarily trusted. He has worked so doggedly at discrediting the competence of each succeeding practitioner that he has become facile in medical jargon and convinced that the entire medical establishment is misdirected. His own self-diagnoses have varied over the past two

decades and tend to be cumulative rather than sequential. Thus some of his earliest supposed troubles—genetic defects, nutritional deficiencies, and brain injuries during the birth process—accompany the epilepsy. He says the doctors, whose opinions he abjures, have told him that by medical criteria he ought to be dead, and if all the diagnoses he fluently rehearses were sound, his survival would indeed be miraculous.

In cataloging all these troubles, he claimed to be seeking from me a prescription for ending them. When he didn’t get one—he wouldn’t have accepted it if I had offered it to him—he attempted a second maneuver. Since by his own account his wife is constantly having to rush him to the emergency room for the resetting of a bone or the stitching up of flesh after a seizure (before I met him I expected his face to be in terrible condition, but it wasn’t), and his children would be better off not having to witness the scenes in which he has sustained these injuries, wouldn’t I and God both be compelled to agree that it would be best for all concerned if he were discretely to end his life?

At this point our conversation had gone on about an hour—an hour sustained by incisive reasoning on his part. His wife, a long-suffering woman, ventured to say her piece: “It’s not having to support the family or racing home from the shop at a moment’s notice that burdens me, Ken, or taking you so often to the hospital, or even facing the prospect of nursing you in an invalid condition for the rest of our lives. These things aren’t burdensome to me. What’s hard to live with is a person who’s angry all the time.” At that, Kenneth flew into a rage, condemning this mild and generous person who had given all her effort and even her peace in order to stand by him—condemning her for callously discounting the enormity of his sufferings by suggesting that his difficulties might not be worthy of all the

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bitterness and hostility he has managed to generate in his unhappy life.

In the language of the King James Bible, Kenneth has experienced himself as suffering from an infirmity. The truth is, his spirit is what's in need of mending. His spirit is not sustaining him in his various infirmities. If it were only his body that needed to be healed, his problems could be cured or at least managed, and he could be emotionally at peace. People who bear infirmities as massive as the ones Kenneth claims to bear do find ways to manage. But because of his debility of spirit, he is not managing his well at all. On the contrary, he is making the worst of it. He gets mileage out of it. It proves to him—and he naïvely thinks to others—that he cannot be held responsible for failing to take care of his wife and children and making his mark in the world of affairs, all of which he insists he would be doing were it not for his misfortunes.

As the proverb asks, Who can mend a spirit like this? It's a difficult question because such a spirit is resistant to efforts to help. He can't accept a cure without losing his lifelong excuse for his failures in the basic relationships of life. So, in Bible language, infirmity is one thing, woundedness of spirit is something quite different.

WOUNDS OF THE SPIRIT are self-inflicted. A lot of people, including many physicians, would agree. But what they mean by this might not be as radical as what I mean. The common understanding is that in a case like Kenneth's there are two distinct conditions: one physical and the other emotional. According to this view, these conditions can vary independently of each other. When they are related, it is causally, with the physical condition causing the mental one rather than the other way round. Few people *really* believe we can literally induce physical infirmities in ourselves, and obviously the spiritually "wounded" never believe this, for they experience these infirmities as befalling them—as products of forces beyond their control and often even beyond their understanding.

But I am going to challenge this common view. As a first step, notice that emotions and attitudes are always expressed in a bodily way. They are, so to speak, incarnated. When we adopt an attitude or emotion we mobilize and deploy the body in some distinctive manner, perhaps by instigating an overt action but possibly by only setting certain neural transmissions going, without acting overtly. To perceive, to judge, to think, to meditate, to desire, to fear, etc.—all these are as much mobilizations and deployments of the body as shouting, striking out, or running away.

In this way, I suggest, adopting a mental or emotional stance toward the circumstances, such as despondency, stress, or rage, is the same event as mobilizing the body in a particular pattern of perturbation. It's like making a long-distance call from Boston to San Francisco: the caller

doesn't *deliberately* activate all the switchings and relays in the complex machinery that transmits his message across a continent. He probably doesn't even comprehend how they work. But by speaking into his telephone handset he mobilizes the transmission equipment: to speak thus and to mobilize the hardware are one and the same thing. That's *how* one speaks to San Francisco from Boston by telephone. In this same manner, one mobilizes one's body by acting, speaking, thinking, responding, etc., without taking thought to do so. The action or thought on one hand and the bodily process on the other are the same thing.

This uncommon view allows for the possibility that we do in fact produce physical infirmities in ourselves without ever realizing that we do or understanding how we do it. *When this happens the infirmity is the manner in which we take up a mental or emotional stance toward our situation.* I doubt that Kenneth first found himself in a state of physical impairment and *then* worked out a stratagem for using this condition to excuse himself from treating his family right; on the contrary, his "impairment" was the physical expression of his self-pitying emotion. (He had physical problems all during his youth, but his big "collapse" came after a crucial business opportunity he was anticipating fell through.) The physical problems were real, not just imagined, in just the way that the activation of the telephone equipment by the cross-country caller is real. (I don't want to suggest here that Kenneth's debilities were anatomically or functionally the same as they would have been if his problem had been wholly organic. On the contrary, I believe they were deviant and that a trained diagnostician would have readily recognized their psychogenic aspect. They were real organic perturbations that were not quite the same as the wholly organic perturbations they imitated.) I think we ought to be convinced of these matters by the fact that individuals relieved of chronic pain by administration of placebos aren't engaged in mere self-persuasion; their bodies actually produce the pain-suppressing endorphins they previously lacked. (It's worth noting here the comment of an insurance company owner. He said in all his years of experience he never saw a person get well during the course of personal injury litigation, but only after the suit was settled!)

If these suggestions are on the right track, there is perhaps much that many physicians nowadays call "disease" and "syndrome" and even "alternative life-style" whose etiology is not purely organic. This is my own belief. Unless diagnoses recognize these conditions for what they are, prescriptions are likely to be ineffective or harmful. In my experience many physicians resist such suggestions out of hand—sometimes hysterically. Of all people they ought to be convinced of the indispensability of responsible diagnoses, and therefore they should be open to critical suggestion.

TO INDICATE WHY I HAVE come to these views, I should make a brief autobiographical digression. About 19 years ago I began a study of certain closely allied behavioral phenomena: self-deception, persistently maladaptive behavior, compulsivity of various kinds, psychophysiological disorders, emotional disturbance, and so on. In existing theories of human behavior, these phenomenon are strictly speaking not possible. Those who work in the deeper regions of behavioral theory recognize this.

The simplest example I can give of this theoretical impossibility pertains to self-deception. It is generally agreed that on any theory that's been available up to now, it is impossible for a person to deceive himself. The French philosopher and existential psychologist Jean-Paul Sartre said that in these theories a person would have to know the truth very exactly in order to hide it from himself the more carefully. For if that person did know the truth exactly, then he wouldn't be deceived at all, let alone self-deceiving. Hence it cannot be by an act of directly and deliberately trying to tell himself a lie that he deceives himself. On the other hand, if he didn't know the truth exactly, then though he might be deceived, he couldn't be the one doing the deceiving; there wouldn't be any strategy in his sickness.

I was aware that any outlook upon human conduct capable of explaining this phenomenon would be drastically different from every theory we have now. It would revolutionize the behavioral, social, medical, and mental health sciences as we know them. What I and everyone else was teaching about human behavior was false, and realizing this made me deeply uncomfortable.

So I set out to form a new theory. After about five years of analysis I came to believe that there is only one kind of act by which it is possible to deceive oneself. The sort of act I have in mind is what we commonly know as sinning—an individual's going against his own personal sense of right and wrong, his sense of what he ought or ought not to do.

Why is sin a self-deception? To answer this I need to explain first what a moral imperative is. When a person feels that some course of action is morally right or wrong for him to follow, he commits himself to follow it when he has the opportunity and the power to do so. That's what it means to feel, morally, that one ought to do something. There are other, nonmoral "oughts." For example, if I think I should clean out the car so I won't be embarrassed, my feeling that I ought to do it is not a moral one, for whether I am really committed to act accordingly depends on whether I want to avoid embarrassment. But where a moral "ought" is concerned, there is no room for any "if's"; my commitment to act accordingly doesn't depend upon anything other than my sense that it's the right thing to do. To feel I ought or ought not to act a certain way is the same thing as committing myself to be doing so—no matter what—when I have the opportunity

and power.

Now from the time of Plato, it's been unclear how sin could be possible—how, that is, one could be morally committed to some course of action or other and yet to go against that commitment. Most who have dealt with this problem have agreed that it *is* possible to do it; indeed they generally have agreed that it happens all the time. What no one has figured out is *how* it is possible. How is it possible for one to commit to oneself to follow a moral imperative and, at the same time, refuse to follow it?

I discovered in my work that there is only one way to do this. It is by a person's making it clear that he is acting as conscientiously as he can, or as he can reasonably be expected to. He doesn't do what he feels he should, and the *way* he doesn't do it is to make it seem that his moral shortfall is not his fault, but someone else's instead. Here is an everyday sort of example, shared with me by my friend Jim Faulconer.

Smitty, the fellow living just next door, was moving. He was carrying furniture and loading it in a rented truck. I waved to him as I worked in my rose garden, and finally—when he staggered a bit under an upholstered chair—called out to ask if he needed help.

"I think I can make it."

Relieved and grateful, I watched from the corner of my eye as I concentrated on spraying my rose bushes. I focused sharply so as not to miss an aphid. After a bit I worked the soil, careful to reduce the clods to a fine, even grain and not to disturb the roots. A sense came over me of the importance of getting the job done right so it wouldn't have to be done again. I'm not the kind of person who has a lot of time to waste.

I wish I had time to spare, I thought. Smitty was probably just being polite when he declined my help. But this was my chance to get my garden in shape. I did help him with the washer when I saw it was too much for him to manage. "I feel awful I can't do more," I said. "I've got a ton of stuff that just has to get done."

That night I was with friends who'd heard about Smitty's move. "It's too bad he tried to move himself," I said. "He may have saved himself a little money, but it wasn't worth it. I'd have helped him move if he'd notified me in time so I could have worked it into my schedule. The fact is I never did get the roses completely taken care of." Looking back now, I see that my offer to help Smitty wasn't genuine. I was relieved when it wasn't accepted. I concentrated all the more on what I had to do as if to make it seem so urgent I couldn't possibly have done anything else. I have since wondered what would have happened if my friends had asked me to go waterskiing that day. I even felt irritated that

Smitty had laid his problems in my lap by parading under his load of furniture right in front of my eyes. I explained to everyone who'd listen how Smitty's problem of having to move all by himself was his fault, because he wasn't smart enough either to get a mover or to ask me in advance. What I did doesn't strike me as the behavior of a man who's at peace with himself about what he's doing.

The fact that the author of this account made such an effort to appear innocent by blaming his neighbor and exaggerating the importance of what it would have cost him to help, is evidence that he was indeed committed to follow the very course of action he was refusing to follow. If he hadn't been committed to follow it, he would have no reason to make a show of innocence. He would have just gone on with his gardening without needing to cover his tracks. La Rochefoucauld, the French writer of maxims, wrote: "Hypocrisy is vice's tribute to virtue." The sinner pays tribute to the course of righteousness by his self-conscious, studied, and often struggling efforts to present himself as justified in not following that course. Paul wrote that when we sin, we "consent unto the law that it is good."

This then is the answer to the hoary problem of how immorality is possible: We commit ourselves to the rightness of the course of action we are failing to follow by the very way we go about failing to follow it, namely, by making a hypocritical display of our moral conscientiousness. This display is a recognition of the rightness of the course we are refusing. Thus these two—(1) an active commitment to the right and (2) a refusal to be true to it—can be achieved by means of a single act. That's the solution to the problem of how sin is possible.

One variety of this hypocrisy is to make it appear that one is doing all the right things. Jim could have refused in his heart to give his neighbor a willing hand, and he could have done this by resentfully carrying chairs, bedsprings, chests of drawers, etc. If this had been his tactic he would have been conscious of making a sacrifice Smitty didn't deserve while congratulating himself on his own nobility of soul. We call this style of sinning self-righteousness. According to the scriptures it is equivalent to refusing to do anything at all (Moroni 7); it's counted evil before the Lord. It's one of many ways in which a person doing wrong may struggle to appear to be justified. The Savior's castigations of self-righteousness make it unmistakably clear that he considered it a kind of unrighteousness rather than a kind of righteousness.

Intriguingly, the solution to the problem of how immorality is possible is also the solution to the problem of how self-deception is possible. A person can't engage in the kind of hypocrisy I have been describing and simultaneously understand what he is doing. When Jim blamed his neighbor for not planning ahead, he could not have

simultaneously comprehended that he was doing it in order to excuse himself in violating his conscience. Instead, he actually believed it was his neighbor's behavior that was causing the problem. He actually believed he was being victimized by Smitty. If for even a moment he had admitted to himself that Smitty hadn't done him any wrong, he would by that admission have given up his excuse for not helping Smitty. It is quite impossible to live the sinner's lie that I've been describing and at the same time see oneself and others truthfully. Sin is self-deception.

AS WE KNOW from our earlier discussion, sin, like other mental and emotional acts, is a mobilization of the body. So now we see that it is a mobilization of the body which the sinner, self-deceivedly, doesn't believe he is responsible for; he experiences himself as doing something different from what he is doing, and often in practice this means he experiences himself as undergoing a physical suffering or debility that's not in his power to control. This provides him all manner of excuses for not treating others as his own conscience requires.

We can now carry the discussion one step further. Consider the kinds of body-mobilizations that take place in connection with emotions, desires, impulses, and fears such as Kenneth's. In a broad, nontechnical sense, these might be called "obsessive" and "compulsive." To the unsophisticated onlooker, it appears for all the world that Jim's self-justifying emotions are completely different in kind from Kenneth's. Jim experienced his feelings as being provoked by the circumstances. He felt put-upon, irritated, aggravated, and subjected to unreasonable demands. He could actually point to what he believed to be the external source of these feelings (like the doctor who told me he is generally happy except when he and his partner discuss their finances). Kenneth's feelings on the other hand were clearly underdetermined by his circumstances. Compared with ordinary anger, discouragement, or fear, his feelings are insufficiently explained by what is going on; nothing was happening to him that could account for what he was feeling. Consequently, for emotions such as his we typically conjecture an internal rather than an external origin. And an internal origin lying beyond his control would, we usually assume, have to be an organic one. This, generally speaking, is how we arrive at the conclusion that emotional problems such as his supposed "characterological disorder" are really "diseases" or "syndromes."

Medical people are not alone in reasoning thus. Commonly we say of people like Kenneth: "There is a lot of hostility in him." And the way he experiences himself corroborates this kind of talk. He and people like him often feel not so much provoked by some particular event as enveloped in a mood, e.g., dependency or depression or a chronic, driving need for distraction or attention or

food. They sometimes actually feel compulsive, being aware of overreacting but feeling unable to help themselves. No one would call Jim irrational or compulsive—we readily understand that a neighbor like Smitty can be irritating—but just about everyone would use these words to describe Kenneth.

But this distinction between normal, “rational” aversions and impulses and compulsive, “irrational” ones won’t work. The “rational” ones are no better explained by the circumstances than the “irrational” ones. *It’s only when the circumstances are regarded self-deceivingly that they seem sufficient to explain Jim’s response.* The truth is that many people in his situation would not have taken offense at what Smitty did, because they would not have had an interest in justifying themselves. So ordinary anger is really just as irrational as Kenneth’s rage.

This brings us to a central question: Since these two kinds of emotion (one commonly blamed on circumstance and the other commonly ascribed to bodily dysfunction) are not different in the way usually supposed, how are they similar? What do they have in common? The answer is: *They are not what the individual experiences them to be, but something else entirely. They are refusals to do what is right; they are refusals to do as love dictates.*

But even this is not a complete account of what is going on. Some additional details from Kenneth’s early life are needed for the explanation of his “symptoms.”

His mother was a judgmental, opinionated, impatient, and volatile woman who has habitually alternated between sharp criticism of her husband and son and morose silences. His father dealt with this woman by means of an artificial and desperate optimism, indefatigably cheering people up all the time, compensating for her sharpness by indulging Kenneth, blinding himself to his indulgences and to Kenneth’s many tantrums, and shouldering every burden without complaint. Had this style of his not been so relentless and strategic, he could have been called “spacey.” As a child, Kenneth responded to his father in much the way his mother did, throwing tantrums to get his way and extorting the same kind of indulgence that his mother got. And he responded to his mother by following the example of his father, looking past her faults, ingratiating himself with her, and indulging her. It was in this general pattern that he learned his basic repertoire of emotional responses from his early primary caretakers. Ever after, in many different situations, he would be ingratiating in a theatrically “sweet” and false manner and then would unexpectedly explode in a tantrum. By these means he handily controlled the family. His coddling father regarded him as “sickly,” so that from an early period he learned that by producing various physical problems he could extort his father’s indulgence. When he went to college and began to gain more medical sophistication, his illnesses began symptomatically and anatomically to follow the explanations

he was learning about, and generally became more sinister. It was then, for example, that his seizures began, in the form of rigid “spaced-out” (so-called “fugue”) states of which he could remember nothing. These demands upon his father also served as a means of looking away from his mother’s abuses. It is significant that he developed a theory, which he pushed upon anyone who would listen, that his father was the source of his problems.

Kenneth carried this style of self-victimization and accusation into his adult life. It was his personality. Where his problems were concerned, the alternating “graciousness” and hostility became a fluctuation between wild optimism for some prospective new cure and then livid rage at the practitioner he had trusted.

All this was a way of continuing to blame his parents. For he could not have self-forgetfully succeeded in school or in life without thereby admitting that his parents had not treated him so badly after all. He could not get well because by doing so he would have had to abandon the double-edged strategy by which he had openly blamed his father with his tantrums and disingenuously blamed his mother by indulging her, while making himself out to be the tragic victim of them both.

Think of Kenneth’s personality in this way: It was the constant manifestation of the destructive relationship he was carrying on with his parents. He would alienate the people he would meet. His relationships with them can be thought of as *satellites* of his relationship with his parents. His aversions to and manipulations of his contemporaries were actually his way of carrying forward, into each fresh situation, the accusing, self-excusing attitude toward his parents that began in his earliest years.

So dominating was his involvement in this central relationship, that other people were not real to him. He had almost no empathy. He used others for his own purposes, courting or vilifying them, dividing them into those who were for him and those who were against him. That is why he often seemed cruel, but the truth is that he was carrying on an unseen struggle with the ghosts of his parents, who had both passed away only a year or so before I met him. I never obtained comparable biographical information about Jim. But you can be sure there is available a similar “satellite relationship” explanation of his disposition to see a fellow like Smitty as trying to “lay a guilt trip” on him. For Jim, too, as for the rest of us, the person he mistreated was not quite real.

I am suggesting that Kenneth’s personality was his way of mobilizing his body, indulging in distress or pain, feeling helpless, etc. There are all sorts of organic processes that are put into play by such responses; some of these we call debilities, some compulsions or addictions, and so on. No doubt the more he employed his self-justifying tactics, the more disposed he was to employ them, for if he ever stopped he would have been admitting his previous life was all a sham.

I have been speaking of a kind of bondage. It involves relations of enmity with others, and most especially with one's original family. The physical manifestations of this bondage are often what Proverbs calls "infirmities" and are among the conditions you physicians endeavor to treat every day. The ultimate source of this bondage is sin. "Whosoever committed sin is the servant of sin," the Lord said. (John 8:34.) So I am suggesting that the servitude of sin can be a physical as well as a psychological thing. Call it a creeping form of both spiritual and physical death, if you like. "The wages of sin is death," wrote Paul to the Roman branch members. He might have added that it is a particular kind of death—an incremental suicide.

Some say it is uncharitable to trace the source of many of our infirmities to sin. Holding people responsible, they claim, is refusing to sympathize with their situation. But I say, on the contrary, that people have power to change only those conditions for which they *are* responsible. So though we may not want to face our responsibility for the

infirmities we are responsible for, it is actually most hopeful, as well as most loving, to suggest that in many cases we may well be able to accept responsibility and end these infirmities. In these cases, repentance—authentic, heart-yielding repentance—is the prescription. Repentance is abandonment of self-justification and therefore of the project of infirmity exaggeration or infirmity production that self-justification consists in. And when such a project is abandoned, the body is free to do what, as every physician knows, it does well. It is free to heal itself.

Infirmity may expand and hallow the soul, or it may provide excuse for sin—for unwillingness to love. When a person's spirit sustains him in infirmity (and at those times it is a purely organic condition), the infirmity is not exaggerated. He is as joyful as he would be without it, or more so. But when the spirit is wounded, who can bear the resulting personality distortions? And who for that matter can mend it—or the infirmity it produces or exacerbates?