

PERSPECTIVE

Thérèse of Lisieux From the Perspective of Attachment Theory and Separation Anxiety

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This article interprets the life of Thérèse of Lisieux within the general theoretical context of Bowlby's (1969, 1973, 1980) attachment theory and with special reference to the *Diagnostic and Statistical Manual of Mental Disorders* (text rev. [DSM-IV-TR], American Psychiatric Association, 2000) criteria for separation anxiety. Recent theoretical interpretations of the religious life within the context of attachment theory by Kirkpatrick (1999) and Granqvist (2003) are of special relevance. Thérèse's childhood psychological experiences and her later adult experiences in the religious life are presented and discussed. It is proposed that Thérèse was able to use her childhood attachment traumas and pathological experiences of separation anxiety as a positive source of motivation in her search for and response to God.

THE RELEVANCE OF ATTACHMENT THEORY TO RELIGIOUS LIFE

In recent decades Bowlby's (1969, 1973, 1980) attachment theory, supported by Ainsworth and colleagues (e.g., 1969; Blehar, Waters, & Wall 1978) empirical research, has been extended to conceptualize a person's relationship to God. Important contributions to the development of this recent model are especially strong in the work of Kirkpatrick (1992, 1998, 1999), in Cassidy and Shaver (1999), and in recent publications by Granqvist (2002, 2003).

The large literature on early attachment (primarily mother-child, but also involving nurses, fathers, siblings, and others) has documented the important consequences of early attachment experiences for personality development (see Ainsworth, 1985; Bartholomew & Horowitz, 1991; Bohlin, Hagedull, & Rydell, 2000; Carver, 1997; de Hass, Bakermans-Kraneneburg, & Van Ijzendoorn, 1994; Fraley & Davis, 1997; Hazan & Zeifman, 1999; Simpson & Rhodes, 1998; Van Ijzendoorn, 1995). In addition, it is now widely understood that the character of a person's early attachments is a significant factor in child and adult psychopathology, as well as in the formation of adult styles of interpersonal relating. Research has identified three major patterns or styles of attachment: *secure*, *insecure/avoidant* and *insecure/ambivalent*. (A fourth style—*disorganized/disoriented*—has been recently proposed, but it is apparently uncommon and has not yet been fully researched; it is set aside here.)

The secure pattern is found in about 65% of caregiver-child dyads. Here, the child uses the parent as a secure base from which to explore and as a safe haven, when stressed. The secure infant explores but often checks to make sure the mother is available. If separated, the child may cry or remain calm. On being reunited, the child re-establishes closeness and assurance, then returns to exploration. Secure attachment is described as an optimal balance between exploration and attachment. In large part this style develops from experience with a sensitive and supportive caregiver.

The insecure/avoidant attachment pattern accounts for about 25% of pairs; it is described as a “deactivated” or “cool” attachment system. The child usually shows independent exploration and often does not appear to respond strongly to separation. At reunion with the caregiver, avoidant types remain overtly calm or cool and often continue their involvement in the ongoing activity. Underneath, however, there is evidence of such psychological reactions as stress (e.g., elevated heart rate, cortisol). Insecure/avoidant types are presumed to develop from experiences of rejecting or absent caregivers, giving rise in the child to feelings of being unworthy of care and that attachment figures are typically unavailable when needed.

The third pattern, insecure/ambivalent, is found in about 10% to 15% of the studied pairs. These children do not have a cool, deactivated attachment system, but rather an intense, hyperactive kind of attachment. They do little or no exploring and frequently cling to the caregiver. Separation causes much distress; when reunited, this type is angry and either clings to or rejects the caregiver. This attachment pattern is assumed to develop from the child's experience of unreliable or irregular support, creating an anxious, insecure child who learns to cling or to demand support from the mother figure. Both of the latter two attachment patterns are anxious and insecure with different—rather opposite—behavioral expressions.

It is clear from the following biographical material that Thérèse is an example of this third attachment pattern: insecure/ambivalent. From childhood she showed an intense involvement in attachment issues. Her mother figures were unreliable—

that is, they abandoned her through death and departure. This created great distress for Thérèse, who often showed anxious and clinging types of behavior.

Given these patterns of attachment, the question of applying them to a person's attachment to God remains to be justified. Bowlby (see Hazan and Zeifman, 1999) provides five criteria before a close relationship can be interpreted within his attachment theory framework (not all close personal relationships qualify as attachments for Bowlby). The required criteria concern how the person feels and thinks in response to the proposed attachment figure. These five defining features of attachment taken from Bowlby are proposed by Kirkpatrick (1999) and Granqvist (2002) as characteristic of a religious person's relationship to God; hence, it follows that attachment theory is a useful psychological framework for understanding personal religious life. The relationship must meet four criteria: *proximity maintenance* (closeness), *safe haven*, *secure base*, and *separation distress*. A fifth criterion applies to the proposed attachment figure—namely, that this person be *stronger and wiser*. It is not hard to apply these five terms to the language of religious people who have a personal relationship with God (see Granqvist, 2002; Kirkpatrick, 1999). In the material on Thérèse of Lisieux treated in the following, it will become clear that these terms also relate to her religious experience and thus support the relevance of attachment theory for her religious life.

THÉRÈSE OF LISIEUX: HER PSYCHOLOGICAL HISTORY

In interpreting the symptoms of Thérèse of Lisieux and demonstrating how she met the criteria for separation anxiety disorder, the *Diagnostic and Statistical Manual of Mental Disorders* (text rev., [DSM-IV-TR]; American Psychiatric Association, 2000) diagnostic criteria (309.21) were used. The relationships of these criteria to attachment theory and other issues are addressed later. Of the eight symptoms under Criterion A, Thérèse presented four—symptoms 1, 4, 8, and 5; only three are required for the diagnosis. She also showed a disturbance duration of more than 4 weeks (Criterion B) and her first definitive disturbance at age 4½ when her mother died (Criterion C); thus, Thérèse qualifies for early onset (i.e., before age 6). She also showed Criterion D symptomatology (see the following), and none of her symptoms was associated with psychosis (Criterion E).

Before continuing, it is important to consider whether it is appropriate to apply a 20th-century psychological diagnosis and test to a 19th-century person. First, the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed. [DSM-IV]; American Psychiatric Association, 1995) dates from about 100 years after the death of Thérèse. The concept of attachment disorder was originally developed in the 1950s (Bowlby, 1953, 1958), so the difference in time is not unusually great. Second, the reason for emphasizing the *DSM-IV* (1995) is to identify objective behaviors rep-

resenting attachment disorder or separation anxiety. Such behaviors are mentioned by Thérèse in her autobiography and by others who knew her as well. Thus, this is not like fishing for Oedipal material in the dreams of a man or woman of 500 years ago. Third, Thérèse's biographers all emphasize the importance of her separations and her fear of separations. This is, then, a far less speculative interpretation of Thérèse than, for example, Erikson's (1962) well-known psychodynamic analysis of Martin Luther.

In identifying the separations of Thérèse from her mother and mother figures as causes of her psychological and even physiological distress (see the following), the introduction of a completely new interpretation of her life is not being attempted. Past writers have been aware of the importance of these separation traumas as central experiences for her (see Miller, 1998, for a discussion of these). In this article, however, we are applying a new, specific psychological interpretation of her mental problems using the framework of attachment theory and the *DSM-IV-TR* categorization of separation anxiety.

The *DSM-IV-TR* (p. 122), under separation anxiety, discusses "Associated Features and Mental Disorders." The manual notes:

"Children with Separation Anxiety Disorder tend to come from families that are close-knit. When separated from home or major attachment figures, they may recurrently exhibit social withdrawal, apathy, sadness or difficulty concentrating on work or play... children with this disorder are often described as demanding, intrusive and in need of constant attention. The child's excessive demands often become a source of parental frustration."

All this will be seen in the life of Thérèse.

Depression is not proposed as an example of comorbidity for Thérèse. She was normally quite cheerful when she was with the people she loved and to whom she was attached. Her depression resulted from the loss of her mother, from being at school far from her family, and from the loss of her substitute mothers (her sisters left for a convent). Her depression was caused by separation and was not an independent phenomenon.

Thérèse had a normal childhood—at least at home, where she enjoyed the swing, playing with her sisters and dolls, time spent with her father, and sketching (Descouvemont & Loose, 1996). Later, from about the age of 12 to 19 or 20, she continued her artwork and wrote poems, letters, hymns, and plays in which she herself acted. In short, she had an active imagination and, to a modest degree, she was artistically talented (see Descouvemont & Loose, 1996). The biographical material presented here is uncontroversial and comes from Thérèse Martin's autobiography *The Story of a Soul* (Mother Agnes of Jesus, 1951) and from *St. Thérèse of Lisieux, By Those Who Knew Her* (O'Mahony, 1975), a witness account con-

ducted in interview form during her canonization process, as well as other standard references.

Symptom 1: Recurrent Excessive Distress When Separation From Home or Major Attachment Figures Occurs or Is Anticipated

Thérèse of Lisieux, the youngest of nine children, was born to Louis and Zélie Martin on January 2, 1873. Of the nine children, two boys and two girls died. Three of these siblings died in infancy, and the fourth, Helena, lived to be 5 years old. Thérèse essentially grew up as the youngest of five sisters.

Twelve days after her birth, Thérèse first smiled at her mother (Clarke, 1974). Forty-five days later, however, Thérèse began the first of many separations: Her mother was unable to nurse adequately and Thérèse, in danger of starvation, was sent away to live with and be breast-fed by a certain Mademoiselle Taillé, known as “Little Rose” (Descouvemont & Loose, 1996, p. 22). Thérèse thrived. She smiled often and presumably felt secure. However, in the presence of other women—including her own mother when she came to visit—Thérèse would cling to Rose and hide her face. This behavior already suggests a possible attachment problem, perhaps related to her mother’s frequent coming and going. When Thérèse was 15 months old, she returned home. This second separation, then, from her wet nurse was probably of some severity. Although she was described during this time back home as “generally a happy child” (Descouvemont & Loose, 1996, p. 24), when she was not at her mother’s side, she would cry until someone would take her back to her mother. In a letter written to a relative, Zélie Martin remarked about Thérèse’s emotional state: “Her eyes quickly fill with tears; a mere nothing suffices; the momentary departure of someone she likes; a shadow passing over her mother’s face, regret for a recent peccadillo” (Piat, 1948, p. 207).

When Thérèse was 4½ years old, her mother died of breast cancer. This third separation was a major traumatic experience. On the day of the funeral, Thérèse appointed her oldest sister, 16-year-old Pauline, as her mother. She said later (Mother Agnes of Jesus, 1951):

... all my gaiety went after Mother died. I had been so lively and open; now I became diffident and over-sensitive, crying if anyone looked at me. I wanted to be left alone and hated meeting strangers. It was only in the intimacy of my own family, where everyone was wonderfully kind, that I could be more myself. (p. 18)

The shock of her mother’s death turned the formerly rather outgoing child into an introverted, shy, and self-effacing little girl.

In November 1877, shortly after his wife’s death, Louis Martin moved his family from Alençon to Lisieux, to be close to relatives. Thérèse’s eldest sisters Pau-

line and Marie assumed the responsibility for her education and spiritual upbringing. Her sister Céline, 4 years older than Thérèse, became her favorite playmate and companion. Her father spent considerable time with her, walking or fishing in the surrounding countryside or simply conversing in the quiet garden of their home. Thérèse had a long term secure attachment with her father (e.g., Clarke, 1996). The entire family was focused on God through service to others and frequent prayer. All biographers agree the family was devout, closely knit, and remarkably kind to one another.

Recurrent excessive distress when separation from home or major attachment figures occurs or is anticipated (Symptom 1) describes Thérèse at age 4½ and identifies her early onset separation anxiety. However, it is important that her general diagnosis be made on symptoms occurring in a shorter time frame than from age 4½ to almost 14 when major symptoms appear to cease. This 9½-year period is too long to be considered a single diagnostic time span. Another example of Symptom 1 is needed to restrict her diagnosis to a shorter time frame, in this case the 3 years from age 9 to 12. This later example can be found when Thérèse experienced her fourth separation.

Her fourth separation occurred in 1882: Thérèse, age 9, learned that her sister Pauline, her functional mother for the past 5 years, was leaving home. One of Thérèse's great hopes had been that she and Pauline would someday travel together: "I remember that I said once that I should like to go with you to a far off desert, and you said that you felt the same, but would wait until I was big enough" (Mother Agnes of Jesus, 1951, p. 36).

Unfortunately, Thérèse only learned of Pauline's departure when she overheard Pauline announce to their sister Marie that she planned to enter a Carmelite monastery; all that Thérèse understood was that Pauline would not wait for her (Mother Agnes of Jesus, 1951):

I did not know what Carmel was, I only knew she was going to enter a convent and leave me; she was not going to wait for me. This separation nearly broke my heart. I understood too I was about to lose my second mother. How can I express what went on in my heart, in a moment I saw what life is really like, full of suffering and continual separations, and I burst into bitter tears. (p. 36)

She said, "If I had learned of my Pauline's departure very gently, I would not have suffered as much perhaps but having heard about it by surprise it was as if a sword buried into my heart" (des les Gavarres, 1999, pp. 32–33).

From a psychological point of view, Thérèse experienced (a) sudden, unexpected abandonment (she did not have enough time to process this traumatic event), (b) a sense of betrayal (Pauline had promised to wait for her), and (c) a struggle in school. The hope that Pauline would wait for her to grow up so they

could go away together had supported her capacity to continue at school, where she was so unhappy. The removal of this hope made school much more difficult.

Symptom 4: Persistent Reluctance or Refusal to Go to School or Elsewhere Because of Fear of Separation

In the fall of 1881, when Thérèse was 8½ years old, she began attending a day school at a Benedictine abbey, where she had her first contact with children outside the family circle. Up to this point, the only children she had played with were her own sisters and cousins. Thérèse was placed in a class with girls older than she, including those who already had reached puberty but had not reached Thérèse's mental maturity level. Some of the girls were jealous of Thérèse because she was pretty, a good student, and very bright. She got high marks for her schoolwork. However, Thérèse felt inferior to the others from a physical perspective; moreover, she would not join in the irreverent pranks of the other children. At the school, she was too serious, shy, and withdrawn. She became isolated at school, and the separation from her family increased her anxiety and suffering. She did not fit in; she longed for the comfort of her family. When she returned home at night, she did not share her unhappiness, out of concern for her family. She later described this time: "The five years I spent in school were the saddest of my life" (des les Gavarres, 1999, p. 32). She showed strong reluctance to go to school. If not for her sister Céline, she could not have remained there and would have become too sick to go (des les Gavarres, 1999).

Symptom 8: Repeated Complaints of Physical Symptoms (Such As Headaches, Stomach-aches, Nausea, or Vomiting) When Separation From Major Attachment Figures Occurs or Is Anticipated

On October 2, 1882 Pauline entered Carmel, and Thérèse returned to day school. Thérèse recounted (Mother Agnes of Jesus, 1951):

The second of October came as a day of tears ... it was the day set for my return to the abbey and I had to go there in spite of my sadness ... deep down in my heart I thought, "I have lost Pauline." The weight of this suffering caused my mind to develop much too quickly, and it was not long before I was seriously ill. (pp. 38–39)

This fourth and major separation hit Thérèse so hard she became physically ill, so much so that her family thought she would die or lose her sanity. For more than a month, she experienced headaches, hallucinations, fear—even paranoia. The doctors had no explanation for her illness (des les Gavarres, 1999). There is the possibility of a physical basis for some of her illness, such as tubercular encephalitis

(Masson, 1997), which can cause serious psychological symptoms and can be misdiagnosed. For an important example, see the Breuer and Freud misdiagnosis of Anna O. discussed by Webster (1996).

The child reacted to emotional frustration with a neurotic attack (Gayral, 1959). Leone, one of Thérèse's older sisters, said: "The illness began with violent headaches, she began to have them almost immediately after Pauline entered Carmel" (O'Mahony, 1975, p. 172). Thérèse said the demon was angry with Pauline for entering Carmel (Mother Agnes of Jesus, 1951). It is more than likely that Thérèse herself was angry with Pauline. Rage and feelings of betrayal are common responses to abandonment.

Because of her hallucinations and paranoid responses, it is possible that Thérèse had a comorbid psychiatric condition with some kind of brief psychosis or possibly a delusional disorder. Her relevant symptoms however, lasted for only a little over a month; they do not reappear for the rest of her life. In view of her eventual death from tuberculosis and the presence in the 1880s of many then-unknown neurological pathologies, a biological origin seems the more probable explanation.

Symptom 5: Persistently and Excessively Fearful or Reluctant to Be Alone or Without Major Attachment Figures at Home or Without Significant Adults in Other Settings

During this time, Thérèse's family had to remain around her bed 24 hours a day in the event she woke up and could not see one of them (Clarke, 1972). From a psychological perspective, Thérèse was desperate and unconsciously used desperate means to secure Pauline's attention. Her unconscious motives could have been as follows: The sickness was a way of obtaining Pauline's attention without incurring her wrath; it was a way of punishing Pauline without feeling guilty; it could be a way of getting out of school; it was an attempt to draw Pauline back home; it was a way to be with other family members.

Whatever the cause, psychological, biological, or spiritual—or a mixture—Thérèse's suffering found no medical answer. What did happen—and this proved truly healing—was an experience of the Blessed Virgin Mary (as Our Lady of Victory). This resulted in dramatic, positive change. On Pentecost Sunday, 1883, according to Thérèse (Mother Agnes of Jesus, 1951):

... one Sunday during the novena of masses, Marie went into the garden, leaving me with Leonie, who was reading by the window. After a few moments I began calling in a low tone "Mama, mama ..." (not sure what mama I was calling?). Leonie accustomed to hearing me always calling out like this didn't pay any attention. This lasted a long time. And then I called much louder, Marie finally returned. I saw her enter but I cannot say that I recognized her but continued to call out in a louder voice, "Mama, mama ..." I was suffering very much from this forced and inexplicable struggle ...

[She] prayed with all her heart ... All of a sudden the Blessed Virgin appeared beautiful to me. She was so beautiful that I had never seen anything so attractive. Her face was suffused with an ineffable benevolence and tenderness and what penetrated to the very depths of my soul was the ravaging smile of the Blessed Virgin. At that instant all my pain disappeared ... (pp. 43–44)

Thérèse thus began the healing of her separation anxiety. A significant indication that she was healing was that for the first time she accepted her mother's death. Of course, it was deeply meaningful both psychologically and spiritually that the mediating experience was a loving mother. If Thérèse had remained consistently drawn to and focused on the Virgin Mary in her coming years, then psychologists might have been doubtful of the spiritual authenticity of her religious life. Her many separations from mothers could be seen as the psychological origin of an intense maternal preoccupation. However, her focus even then was on God and Jesus. Also, one such Marian–mother experience does not imply a negative psychological origin, especially in view of Thérèse's positive response to the experience. After all, spiritual experience is presumably always mediated through a person's own psychology.

Why this experience at this time? Perhaps now that there was no longer any hope that Pauline would come back, Thérèse had no reason to stay sick. She was cured of her physical symptoms at this time, but her emotional state of anxiety would resurface at a later date.

One sign of her emerging psychological growth came when Thérèse was 11 years old, making her First Communion. During this time, she had to stay over at school. Though Marie, her second oldest sister, had quickly stepped in to assume the mother role for Thérèse after Pauline entered Carmel, she was not there at school to comb and curl Thérèse's hair. Thérèse asked the headmistress to comb her hair and was mocked. She suddenly became aware of her dependence on others. It was a wake-up call for Thérèse, and from then on she began to assume more responsibility for her own life.

Criterion D: The Disturbance Causes Clinically Significant Distress or Impairment in Social, Academic (Occupational), or Other Important Areas of Functioning

Unfortunately, when Thérèse was 13, yet another separation trauma occurred: Her fourth mother, Marie, followed Pauline into the convent. Thérèse's emotional state became extremely hypersensitive and weak. She found life unbearable without her sister's company and support. She resolved to take no interest in anything on earth (Clarke, 1996). She would "weep at having wept" (Beavers, 1957, p. 61). Separation anxiety, with its response of despair and depression, emerged at this time. Thérèse also experienced significant impairment in social and academic functioning.

Despite her impairment, Thérèse's psychological healing, initiated by her experience of the Virgin Mary, was still growing. On December 25, 1886, 2 weeks before her 14th birthday, her father commented crossly on Thérèse's childish behavior in receiving certain Christmas gifts. Without his knowing she was nearby, Thérèse heard him say: "Thérèse ought to have outgrown all this sort of thing, and I hope this will be the last time" (Mother Agnes of Jesus, 1951, p. 65).

Something suddenly changed internally. Thérèse's tears dried up and her heart filled with charity. She realized that her whole life was focused on her own needs and not on others. The revelation freed her. Thérèse referred to this moment as her "Christmas Conversion." It marked the start of the third, last, and spiritually most important period of her life. It was the beginning of her "Little Way" (for a description of Little Way spirituality, see Miller, 1998). "Charity took possession of my heart, making me forget myself, and I have been happy ever since" (Mother Agnes of Jesus, 1951, p. 66).

In her autobiography, Thérèse divides her life into three sections. Periods 1 and 2 are before, then after, the death of her mother. Period 3 begins with her Christmas Conversion. These three periods can be roughly described as psychologically normal, psychologically pathological, and primarily spiritual. From the age 14 on, her life became increasingly dominated by her growing spirituality; her psychological problems steadily decreased.

From a clinical perspective, it can be seen throughout her early life that Thérèse switched attachments from one mother figure to another, with the primary motive of fulfilling her own emotional needs. Simultaneously, she also began seeking the only secure base she knew was truly possible. She began to turn away from the world and from substitute mothers in it.

Her faith and her early psychological and religious foundation provided by her mother, and later by her father (especially), established the basis for a secure trust in God. As mentioned, her insecure attachments with mother figures set up Thérèse's psychological problems. Her recovery from these insecure and pathological attachments was precipitated by her experience of the Virgin Mary and then at her Christmas Conversion by the ability to turn from herself and her needs to focus on God and others.

Separation Anxiety—A Spiritual Response

Before she was 2 years old, Thérèse had learned to fold her hands in prayer, look at the tabernacle, and say the name of Jesus. The love and spiritual upbringing of her parents instilled in her hope, piety, and a longing for God from an early age.

After her Christmas Conversion and emotional healing, she experienced a very sudden maturity, clearly marking the beginning of the end of her great childhood anxiety over attachment and clearly revealing her spiritual and religious mission to her. Like her sisters before her, she would enter Carmel and offer her life for the

conversion of sinners. It is important to keep in mind that in her childhood Thérèse had struggled greatly to gain control of her extreme sensitivity and anxiety, but without much success. Thus, her Christmas Conversion, though sudden, came after years of struggle.

This was not strictly speaking a conversion: Thérèse was already a strong believer. Nevertheless, it was a kind of conversion in the sense of a dramatic religious change, which is probably why she used the term *conversion* to describe it. To this extent Thérèse fits the attachment theory understanding of sudden religious conversions. Starting with Kirkpatrick and Shaver (1990) there is evidence that insecurely attached individuals—for example: insecure/ambivalent and insecure/avoidant—are more likely to have sudden conversions (Granqvist, 2003; Granqvist & Kirkpatrick, 2004). Such sudden conversions are also commonly found in adolescence when attachments are often changing and attachment issues are psychologically prominent. However, Thérèse's religious development up to age 14 and after her Christmas Conversion showed systematic slow changes as well. Hence, to some extent she is a mixed case from an attachment theory perspective.

In April 1888, at age 15, she was granted permission to enter Carmel. Following her Christmas Conversion, her strength of will was remarkable (indeed, it had been strong even in her childhood). She was also able to reject seeking out and clinging to mother figures, though she was tempted to do so. While she was at Carmel with her two eldest sisters, Pauline and Marie, she resisted the temptation to be babied by them, her former mother figures. Resisting this temptation was very painful. Her strong natural inclination for mother figures could have returned her to the psychological world of her childhood needs. She did not share her trials with her sisters for the first 5 years in Carmel. Thérèse's willed separation from her sisters is one strong indication that her life had progressed from the psychological realm to the spiritual.

However, she received another shock in February 1889. Her father—the most stabilizing companion of her life—suffered an attack of dementia and disappeared, then was found and admitted to a hospital. She watched her father's mind progressively deteriorate until his death in September 1894.

In June 1895, during Mass, Thérèse, now 22 years old, surrendered herself totally to God. In doing so, she became a little child again, in the sense of complete trust and dependence on God—a clear example of an attachment response. She knew she was too weak and small to reach holiness, unworthy to climb the steep ladder to heaven. Note the attachment language in this quotation and its concern with nearness, safe haven, and a secure base (Mother Agnes of Jesus, 1951):

We live in the age of inventions now, and the wealthy no longer have to take the trouble to climb the stairs; they take an *elevator*. That is what I must find, an elevator to take me straight up to Jesus, because I am too little to climb the steep stairway of perfection. So I searched the Scriptures for some hint of my desired *elevator*, until I came

upon these words from the lips of Eternal Wisdom: “*Whosoever is a little one, let him come to Me*” (Prov.9:4). I continued my search, “*You shall be carried at the breasts and upon the knees; as one whom the mother caresseth, so will I comfort you*” (Is. 66:12–13). *Your arms, My Jesus, are the elevator which will take me up to Heaven.* (pp. 140–141)

Soon after her total surrender to God, Thérèse faced her final separation. On Easter Sunday, 1896, she experienced an intense spiritual separation from God. It was a great trial of faith. This final separation would last 18 months until the end of her life, with only a few respites. It was during this separation she came to understand the temptation of suicide, the reality of the devil, and the growing evils of her times. Near the end, Thérèse asked Pauline (Gaucher, 1997):

Pray for me so that I may not hear the demon who wants to convince me of so many lies. The arguments of the worst materialists are forcing themselves on my mind: science is progressing all the time and will end by giving us natural explanations for everything; we shall have mastered everything and solved all the problems we have today, for many discoveries still lie ahead, and so on. (p. 32)

The effects of tuberculosis (weakness, fever, psychological depression, and a total lack of appetite) influenced her morale and convinced her that she would not know heaven. Finally, having experienced separations all her life, Thérèse resolved that even in death she would not separate herself from the poor souls on earth. She would help them know the love of God and ensure they are never eternally separated from Him. Thus, near the end of her life, Thérèse unselfishly predicted (des les Gavarres, 1999):

I feel that my mission is about to begin, my mission of making God loved as I love Him, of giving my little way to souls. If God answers my desires, my heaven will be spent on earth until the end of the world. Yes, I want to spend my heaven in doing good on earth. I can't make heaven a feast of rejoicing: I can't rest as long as there are souls to be saved. (p. 328)

She had only a brief remission from her sense of separation from God. Her novices asked her how she had dealt with the feeling of being abandoned by God (Mother Agnes of Jesus, 1951):

If I did not suffer simply from moment to moment, I would find it impossible to be patient, but I look only at the present, forget the past and am careful never to anticipate the future. When we surrender to discouragement or despair, it is usually because we are thinking too much of the past or the future. Nevertheless, do pray for me: when I call out for help from Heaven, it is then, often enough, that I feel most

abandoned ... it is then that I turn to God, and the Saints ... It has, I confess, taken me a long time to reach such self-surrender ... (p. 211)

After months of suffering, Thérèse died of tuberculosis at the age of 24 in September 1897. Although she was completely unknown at the time of her death, the previous three popes have referred to her as one of the greatest saints of modern times (des les Gavarres, 1999). In October 1997, the Church conferred on her the title Doctor of the Catholic Church (John Paul II, 1997). She is one of three women so honored.

DISCUSSION

Before we discuss Thérèse's separation and attachment issues, some other possible psychological interpretations of her life should be briefly addressed. Readers unfamiliar with the life of Thérèse might initially wonder if she wasn't motivated by unresolved narcissistic needs or even by grandiose fantasies of importance. The evidence to the contrary, however, is substantial. When Thérèse died, her funeral was sparsely attended, and her life had been lived in such unassuming simplicity that few of her sisters in religion thought her extraordinary in any sense. One of the nuns who had lived with her for 7 years testified: "There was nothing to say about her. She was very kind and very retiring. There was nothing conspicuous about her. I would never have suspected her sanctity" (Miller, 1998, p. vii).

Furthermore, her writing was done largely out of obedience to the insistence of her sisters who were also nuns in the Lisieux Carmel. It is true that near the end of her life she understood the possible spiritual significance of her writings and her older sister. Mother Agnes later managed the publication of Thérèse's writings following her death.

Psychologists knowledgeable about the Carmelite spiritual tradition, based on the writings of St. Teresa of Avila and St. John of the Cross, might wonder if Thérèse wasn't simply following in their footsteps as a kind of dutiful daughter. After all, Thérèse was thoroughly familiar with the Carmelite spiritual tradition; one could ask if she was simply imitating or trying to live up to that tradition, with the goal of becoming a great saint. Again, there is substantial evidence to the contrary. First, the language of Thérèse is very simple and straightforward, unlike the systematic theology of John of the Cross or the much more ornate and unusual language of Teresa of Avila. In any case, Thérèse's widespread popularity demonstrates her understanding of the spiritual life and was a unique, and indeed creative, addition to Catholic spirituality; hence her being named Doctor of the Church.

Another major psychological interpretation of Thérèse needs to be considered. Within attachment theory all relationships to God are seen as an expression of the underlying attachment history of the person. That is, God is a substitute attachment

figure and thus a kind of projection of an underlying psychological need. This kind of interpretation can be essentially a reductionist interpretation of religious belief as determined by a person's attachment psychology. There is a serious problem with this—namely, attachment theory not only provides an interpretation of belief in God, but also interprets disbelief in God as an expression of early attachment experience. In particular, people with anxious/avoidant attachment histories are predicted to be atheists, agnostics, or skeptics. That is, such individuals avoid or reject God because of attachment anxiety and hostility. Research that supports this interpretation was reported by Kirkpatrick and Shaver (1992) and Kirkpatrick (1999). In addition, Vitz (1999) summarized substantial evidence from the lives of prominent atheists that they had very bad attachment relationships, primarily with fathers. In short, as a reductionist psychological interpretation, attachment theory can be used to explain both belief and unbelief. Thus, although people may be biased toward either belief or unbelief on the basis of their attachment history, other important and largely unknown factors are clearly involved.

Furthermore, one's relationship to God, like all relationships throughout life, will always exist in a psychological attachment context. After all, attachment is foundational to human psychology because attachment is both a necessary and mostly positive thing. A relevant question, of course, is whether the attachment or the rejection of attachment is distorted by a mental disorder.

We now continue our primary topic: a psychological and spiritual understanding of Thérèse's response to abandonment and separation anxiety. Underlying an attachment disorder, the ego is deeply wounded (see Sroufe, Carlson, Levy, & Egeland, 2003; Violato & Genuis, 2000). The disorder manifests itself in a narcissistic manner and can render the person incapable of truly loving others. A vicious cycle may easily develop so that the person drifts from one attachment figure to another to meet his or her needs. Early separations can permanently cripple a person with either a deeply clinging personality or one of suspicious, anxious withdrawal. Frequent depressions are also common in such cases. Severe attachment disorders often do not heal even when ideal nurturing conditions are provided later (see Levy, 2000).

By the age of 10 to 12, Thérèse was seriously disturbed and apparently trapped in her psychological needs. Thérèse's openness and response to God, however, turned her separations—with their many psychological manifestations—into spiritual gain. With each new separation, her first tendency was to turn to another human attachment. In time, however, her spiritual formation and love of God led her to the only possible stable attachment: an attachment to God (in this, her positive use of religion is an example of religion as a form of coping; see Pargament, 1997).

Thérèse often spoke of herself as a child in relationship to Jesus and God, and the attachment themes of safe haven, secure base, and maintaining proximity through prayer and communion are common in her writings. That she understood God as wiser and stronger is, of course, obvious. Also, Thérèse often expressed

separation distress. Kirkpatrick (1999, p. 808) proposed that separation distress rarely if ever occurs because God is omnipresent and “true separation from God is usually seen by believers to come only in the hereafter, at which time one spends eternity either with God or separated from God.” Although this is certainly a true theological understanding for most believers, psychologically separation is a common experience, as Granqvist (2002) noted. In the case of Thérèse, this abandonment was expressed in the summer of 1897 when she told her prioress (Clarke, 1996):

When I want to rest my heart fatigued by the darkness that surrounds it by the memory of the luminous country after which I aspire, my torment redoubles; it seems to me that the darkness, borrowing the voice of sinners, says mockingly to me: “You are dreaming about the light, about a fatherland embalmed in the sweetest perfumes; you are dreaming about the eternal possession of the Creator of all these marvels; you believe that one day you will walk out of this fog that surrounds you! Advance, advance; rejoice in death which will give you not what you hope for but a night still more profound, the night of nothingness.” (p. 213)

A possible pathological interpretation of her last attachment could be that she switched to God as a psychological consolation that could not let her down. If so, how then can one explain the abandonment she experienced by God, along with great spiritual suffering with little consolation in the last 18 months of her life? If Thérèse were creating or projecting a psychological answer to her needs, presumably she would have spoken only of reliable support and love. Such a wish fulfillment would, in fact, be close to a psychotic illusion, a psychologically satisfying fantasy.

A more reasonable attachment model comes from the fact that Thérèse kept her faith in God in spite of her suffering and experience of darkness. This manner of understanding God is consistent with the following interpretation. Certainly Thérèse responded to God, and the Virgin Mary, as substitute attachment figures; however, her primary internal model or schema for attachment was insecure (also ambivalent). This prior attachment experience or internal model would set up an expectation of abandonment in any new relationship. That is, her experiences of attachment to God are interpretable as similar to or consistent with her prior psychological experiences with attachment figures.

It is possible that Thérèse’s paradoxical position of feeling abandoned by, but still faithful to, God might be compared to the psychological and emotional attitude of children who have been abused toward the adults who have abused them. It is important to note that Thérèse never experienced or complained of any abuse from her father or from any of her mother figures. She was abandoned by her mother (who died) and by her two older sisters who left for Carmel (and she then joined them). It seems reasonable that the term abuse should be restricted to

actual physical or psychological mistreatment, and not generalized to unintentional abandonments.

It is critical to understand Thérèse's consciously chosen response to this last abandonment. She chose selflessness with no consideration of her own wants and needs—she focused solely on pleasing God because of who He is and not what she could gain from her attachment. Because she focused her attention exclusively on God, not on herself, she escaped from the intense psychological separation needs that in many respects had controlled her.

Further critiques of the preceding psychological interpretation of Thérèse are now addressed. For example, what evidence and arguments indicate that she matured from dealing with psychological problems to developing a genuine and healthy spiritual life? The six following points support the view of Thérèse's positive, nonpathological spiritual life in her last 10 years.

First, consider her clear statement regarding her Christmas Conversion—her heart was filled with charity and she forgot herself—and ever since she had been happy (by *happy* it is assumed that she meant a central or core experience of peace or joy, because in other ways she continued to suffer). With respect to these Christmas Conversion comments, her words might be dismissed as hyperbole. There is evidence, however, that she was in important respects transformed in the way she described; for example, she became much less self-preoccupied and demanding of attention within the family. A sign of psychological health and also of holiness is the ability of a person to care for others.

Second, Thérèse's conscious choice to avoid seeking love and attachment to her sisters who were also in Carmel moved her to a healthy psychological plane. She simply rejected the call of her deep psychological needs. She understood that at a spiritual level she must be purged of these old psychological desires. She wrote (Clarke, 1996):

I remember when I was still a postulant that I had such violent temptations to satisfy myself and to find a few crumbs of pleasure that I was obliged to walk rapidly by your door and to cling firmly to the banister of the staircase in order not to turn back. There came into my mind a crowd of permissions to seek ... (p. 237)

From a general psychodynamic perspective, if Thérèse had returned to close attachment links with either of her two sisters, this would be interpreted as regressive in a harmful way. However, even within a general attachment logic, a similar case can be made. Granted, like all of us, Thérèse had important attachment needs; but, by age 15 onward, these needs should have been increasingly met outside of the early childhood context. For her to have returned to strong attachment to her sisters would have been a return to childhood. Her new move toward attachment to God is therefore seen as a move toward a more mature and stable attachment life.

Third, if Thérèse's response had been a psychologically neurotic one instead of a spiritual and healthy response, then her relationship to those around her would have been quite different. For example, her needs would have obstructed her ability to provide spiritual advice, and, if anything, the sisters would have avoided her because such demanding people are incapable of generosity of any serious kind. However, Thérèse was the novice mistress at Carmel for some years, in which capacity she guided young women in their vocations, ministering to their needs and addressing their anxieties.

Fourth, she was able to leave her beloved father and enter the convent in Carmel. Later, when he became ill, slowly declined, and died, she was beyond her overly dependent attachment needs and so was able to deal effectively with her loss and grief. She displayed none of the pathological symptoms at her father's death that she had with her earlier attachment losses.

A fifth piece of evidence of Thérèse's spiritual and nonpsychological response was mentioned previously; namely, if God were an idealized psychological attachment substitute, why did Thérèse so often, especially near the end, experience God's abandonment? If she is projecting a fantasy God, a kind of love that would never abandon her—a love, for example, commonly found in romance novels—then her God seems inadequate from such a psychological point of view. As she was dying in considerable physical pain, and in spite of God's abandonment, she displayed hopeful courage, demonstrating positive psychological growth in contrast to her earlier tendencies to despair and anxiety.

A sixth point is that her life transitioned to a spiritual level over her last years. This is found in Thérèse's autobiography (*Mother Agnes of Jesus*, 1951). These are not her direct claims; this comes from other evidence. At the start of her life story, she speaks frequently and clearly of her separation anxieties and related suffering. However, following her Christmas Conversion, the psychological theme of separation largely drops from her writing. In the final months, even her separation from God, as noted, is met with equanimity.

Peace slowly overtook her soul, and deep or basic anxiety nearly vanished. The interpretation of the spiritual journey as involving a systematic decrease in anxiety along with a steady increase in peace was a major point of Groeschel (1983) in his work on the interaction of the psychological and spiritual in the life of a Christian. Groeschel also described both the dark night of the soul and the dark night of the spirit in ways that allow a positive understanding of Thérèse's intense sufferings in the last few years of her life. Nevertheless, if Thérèse had never experienced her separations, her search for God would have been quite different and probably of much less significance. For Thérèse, the painful stimulus of her lost childhood loves was probably necessary but not sufficient for her to produce the Little Way.

Thérèse's mental life has been treated in a somewhat overly dichotomous fashion in this article—that is, psychologically neurotic versus spiritually healthy. Such a dichotomy is useful as a conceptualization, but her psychological and spiri-

tual lives were intertwined. For much of her life, Thérèse was probably in a kind of middle position, in the sense that a neurotic need found expression and healthy resolution in her spiritual life.

Finally, Thérèse's response to her separation anxieties and attachment problems can be understood as follows: Such abandonment and attachment failures often create resentment, anxiety, depression, hostility, and other destructive mental responses. Psychotherapy with such individuals can be helpful because they can achieve some psychological distance and intellectual perspective on the source of suffering. Additionally, freed of former destructive patterns, they can learn more effective ways to deal with interpersonal relations. Sympathy and support from the therapist are also helpful. Nevertheless, it is not possible for therapy to provide the actual love that was lost. Thus, in an important sense, the person will remain with a kind of "hole in the heart." Certainly, a few months of therapy in a person's adult life will not compensate for the love they did not receive over many years when they were young. Some people will permanently interpret their loss of early love as the reason they are victims. They often continue to be filled with irresolvable bitterness, anxiety, and so on, even after therapy. Thérèse, however, chose to transform her suffering and negative experiences into something positive. She accomplished this by seeking the love of God and practicing love toward others. One of Thérèse's important revelations is that her early lost loves were actually gifts rather than meaningless sources of pain because they strongly motivated her to seek God and, in the process, love others. Thérèse demonstrated how a basic psychological problem, namely, loss of love leading to attachment disorders, in the ultimate sense for her did not have a psychological answer. The only answer for Thérèse was a spiritual one.

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