A Spirituality for Times of Illness
The Case of Thérèse of Lisieux

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This article uses the case of St. Thérèse of Lisieux to explore both the complexity and the rich potential of a holistic perspective on illness. Thérèse’s life offers a window into the spiritual dimension of illness even as the other dimensions are fully acknowledged.

Is being sick a physical event, a social event, a psychological event, or a spiritual event? The answer, of course, is that it is all of the above, woven together in complex ways according to the particular circumstances and character of the sick person. The tendency of today’s medical model to focus heavily on physical causes and remedies may obscure how profoundly both the source of pathology and its healing involve all levels of the person’s reality. The goal of this essay is to offer sick persons and their caregivers a spirituality that is fully realistic about physical, social and psychological factors while locating the core import of the event of sickness squarely in the spiritual dimension.

At first glance Thérèse may seem too unusual for the more “ordinary” sick person to identify with. She was raised in a highly pious and sheltered French family of the late nineteenth century, entered the Carmel of Lisieux at age fifteen, died there nine years later of tuberculosis, and was named an official saint of the Roman Catholic Church within less than thirty years of her death. A study of her experience of illness, however, is a quick way to discover how concretely

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she had to deal with the same physical and human realities as the rest of us. She was, indeed, unusual in the degree to which she stayed centered in the core spiritual dimension through it all. She did not do this, however, by being spared from a full dose of anxiety, loss, harassment, misunderstanding, distraction, temptation, and—in the end—horrendous physical suffering. The sick can truly find in her a sister who has, quite literally, lain in their bed of pain.

Although many other aspects of her life could be relevant to this study, this article focuses on three experiences of illness that were core life-events for Thérèse.

**Thérèse’s Childhood Illness**

On Easter 1883 (March 25), ten-year-old Thérèse fell ill with a strange trembling and state of exhaustion. Over the next seven weeks her symptoms became even more bizarre and troubling. She endured multiple involuntary contractions and movements of the body, hallucinations, intermittent terror and paranoia, and periods of incoherence. Sometimes she screamed and tossed herself wildly around the bed and even onto the floor; at other times her lassitude was so severe that she could not move or eat. After a brief respite during which she was able to attend her sister’s profession at the Carmelite Monastery, the symptoms again intensified. Then, on Pentecost Sunday (May 13), as two of her sisters wept and prayed beside her bed, Thérèse glimpsed a beatific smile on the face of a nearby statue of the Blessed Virgin and was suddenly cured. Except for two brief episodes of weakness, the symptoms never returned.

During the illness Thérèse’s physician, Dr. Notta, was unable to make a definite diagnosis. This was the era when the psychopathology of hysteria was much discussed in France, and he seriously considered that diagnosis even though he believed Thérèse was too young for such a syndrome. The extreme physical symptoms of trembling and contortions might suggest some form of chorea (popularly known as St. Vitus’ Dance), but Dr. Notta remained uncertain. In later years, Thérèse’s sisters usually spoke of the ailment as either a nervous reaction to stress, or the work of the devil. Thérèse herself echoed their intimations, and noted that for many years after the event she had worried that she had “become ill on purpose” (Thérèse of Lisieux, 1996, 62).

The concern about a nervous or hysterical reaction was not entirely unfounded. At this stage in her life Thérèse was, indeed, undergoing a period of major psychological stress. It was only about eighteen months earlier that she had begun to attend day school away from home, and although she did very well academically it was quickly evident that she did not fit in. She took no pleasure in children’s games and chatter, and she was harassed unmercifully by at least one fellow student who disliked her. Then in the summer of 1882, she had
learned that her sister Pauline (twelve years Thérèse’s senior) was planning to enter Carmel in October. It was Pauline whom four-year-old Thérèse had embraced as her “second Mama” when Mme. Martin died of breast cancer in 1877. Also, based on a previous playful conversation between herself and Pauline, Thérèse had believed that Pauline would wait for her so that they could go off and become hermits together. Thus Pauline’s departure was a double shock for Thérèse: she was losing both her “Mama” and her dearest dream.

Thus, it was easy for all to see that Thérèse was emotionally distraught and vulnerable during this period. Given the lack of a clear diagnosis for her strange malady, it is not surprising that both at the time and subsequently many have presumed that the problem was fundamentally psychosomatic. It seemed plausible to suggest either an hysterical reaction, in which repressed affects play themselves out in dramatic bodily feelings and movements, or simply the behavior of a needy child “playing sick” in order to draw forth the care for which she desperately longed.

Recently a psychiatrist, Dr. Robert Masson, has proposed another scenario. After carefully examining all the statements about the illness made by Thérèse and others, he concludes that the symptoms and their resolution are not consistent with those of either hysteria or “playing sick,” but that they closely match those of an encephalitis resulting from childhood infection of the brain by the tuberculosis pathogen. It is an accepted fact that Thérèse died at age twenty-four of tuberculosis, but the date or circumstances of her original infection have been unknown. Masson notes that nowadays it is common knowledge that the most typical time of contracting tuberculosis is between the ages of six and fourteen, and especially at the first entrance to school. It is quite possible for such an infection to have an active phase and then go into remission for years, emerging again only in adulthood. Thus, the most plausible medical explanation of Thérèse’s childhood sickness is that upon entering school she contracted tuberculosis, which incubated for several months and then attacked the brain; after seven weeks the infection went into remission and she remained essentially symptom-free for about ten years.

The Illness of Thérèse’s Father

In the meantime, however, Thérèse’s life was invaded by an illness that, in some ways, was even more painful for her to bear. As early as May, 1887, her father Louis Martin was beginning to show initial signs of dementia and paralysis. It was at the end of that same month that fourteen-year-old Thérèse—his “little Queen”—asked his permission to enter Carmel immediately. Heartbroken but ever gracious, he acquiesced. Within three months after her departure for Carmel on April 9, 1888, Louis disappeared one day from the family home. After much
consternation on the part of the extended family, he was eventually located about thirty miles away in Le Havre. He did not seem to comprehend that he was behaving strangely. On October 31, he had another serious episode. Finally, on February 12, 1889, in the midst of a bizarre hallucination in which it was feared that he would harm one of his daughters, he was forcibly removed to the mental hospital in Caens. It was necessary for him to be interned there until May 1892, by which time he was so debilitated that he could be cared for like a small child. He was then brought home to stay with his daughters until his death on July 29, 1894.

Today, the most likely medical diagnosis that would be given for these symptoms is cerebral arteriosclerosis. At the time, the diagnosis that was given was mental illness. In the cultural milieu of the time, mental illness was regarded as supremely shameful. It cast a shadow over the whole family, since there commonly would be suggestions of inferior heredity or of causation by immoral behavior. Thérèse and her sisters had to endure a triple agony: first, watching their beloved father deteriorate; second, hearing his reputation dragged through the gutter; and third, knowing that, as the daughters of this wretched man, they too were being talked about with disdain.

The illness of her father forced Thérèse to meditate long and hard on the mystery of the suffering, decline, and degradation of the man she most admired on earth. She resolved it by comparing Louis Martin’s state to that of Christ in his passion, and affirming even more strongly the faith that this debasement of the just man was only a prelude to greater glory. All too soon, these meditations would be tested by her own physical and spiritual passion.

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**Thérèse’s Final Illness**

Even before Louis Martin’s death, there began to be hints that twenty-one-year-old Thérèse was losing her youthful robustness. The progress of Thérèse’s adult tubercular illness can be traced in five stages:

- **June 1894–March 1896, the stage of disturbing symptoms:** Thérèse and others noted occasional troubling symptoms and health concerns, such as chronic sore throats and chest congestion.
• April 5, 1896–March 2, 1897, the stage of sickness while remaining active: On Good Friday 1896, Thérèse coughed up blood and knew she was seriously ill. Throughout the following year she repeatedly suffered from a cough, pain in the chest, and a pale demeanor, and was treated with various remedies such as tonics, cauterizing compresses, massages, and a meat diet (Carmelites were normally required to abstain from all meat). She continued, however, to carry on with nearly all the duties and ascetical exercises of community life.

• March 3–July 5, 1897, the stage of grave illness: During Lent of 1897, Thérèse suffered a breakdown. She was coughing violently, had intense pain in her side, and was increasingly weak. Dr. Cornière prescribed cough syrup, vesicatories, and a diet of condensed milk which Thérèse hated (she was probably lactose-intolerant). In May she stopped attending the Divine Office; by mid-June she could no longer go even to the refectory. During June she spent most of her time in her cell, but could still walk around a little and sometimes sat out in the garden in a wheelchair. It was on June 9 that she explicitly stated that she knew she was going to die. She made her last visit to the parlor on June 30, and her last visit to the Blessed Sacrament on July 2.

• July 6–September 28, 1897, the stage of overwhelming suffering: From July 6 until August 5 Thérèse was coughing up blood daily and sometimes several times a day. During the first days of this period, she had a raging fever and was so weak that she could not be moved; they were finally able to bring her to the infirmary on the evening of July 8. The doctor acknowledged that one lung was essentially gone and the other already severely damaged. The suffering increased until, on July 30, she appeared to be suffocating and was given the Last Sacraments. This intense crisis of pain and suffocation (the result of the complete disintegration of the right lung) continued until August 6, when it abated somewhat for a few days. Her worst sufferings still lay ahead, however. Between August 22 and 27, as the tuberculosis attacked her intestines, Thérèse cried out in pain day and night. This was followed by another relative remission of two weeks. Finally, around September 17, the tuberculosis attacked the left lung in full force, and Thérèse—by now completely emaciated and on edge with nervous exhaustion—entered into the final period of gradual suffocation.

• September 29–30, 1897, the death agony: On the morning of September 29, the community was called in to recite the prayers for the dying. The prioress sent for a priest to hear the dying sister’s last confession. For the first time, Thérèse was given a spoonful of morphine syrup. Laboring for every breath, Thérèse remained in her final agony until about 7:20 p.m. on the following day, September 30. Her last words were: “My God . . . I . . . love you!” She then fixed her gaze just above a statue of the Blessed Virgin and, with a look of astonished joy, died.
Thérèse’s Illness as a Period of Supreme Creativity

It is harrowing to trace, even in this abbreviated version, the physical chronology of Thérèse’s final illness. Yet it is noteworthy that the vast majority of Thérèse’s most creative insights and expressions came to birth during this very same period. It was not despite her illness, but in its very heart, that Thérèse forged the spirituality that was to be her gift to the world. Here is the corresponding trajectory of her developing spiritual insight during this time:

• 1894–March 1896, the stage of disturbing symptoms: The year 1894 marked not only the first hint of tubercular symptoms, but also Thérèse’s first real blossoming as a writer. Her first play, “The Mission of Joan of Arc,” was performed on January 21; she would write and produce seven more within the next three years. Although one poem had been written in 1893, in February 1894 she began to bring them forth on a regular basis. Even more significantly, it was in early 1894 that Thérèse discovered the scriptural texts that catalyzed her emerging articulation of a “little way.” Then early in 1895, Mother Agnes asked Thérèse to write the story of her life. She produced “Manuscript A,” now the first eight chapters of Story of a Soul. Finally, on June 9, 1895 (Trinity Sunday), Thérèse was inspired to write her “Offering to Merciful Love.” She and Sister Genevieve received permission to make this offering two days later. Three days after that, Thérèse “was seized with such a violent love for God that I can’t explain it except by saying it was as if I had been totally plunged into fire.” (Thérèse, 1977: 77)

• April 5, 1896–March 2, 1897, the stage of sickness while remaining active: On Good Friday, when Thérèse coughed up blood, she was experiencing “a clear and living faith.” Within only a few days, however, as the Church celebrated Easter, Thérèse had interiorly entered a dark tunnel from which she would never emerge. She spoke of facing “a wall which reaches right up to the heavens and hides the starry firmament” (Thérèse, 1996: 214). At the very time that her physical condition began to deteriorate, her faith was challenged to its core. Nevertheless, when she took her retreat the following September, she wrote “Manuscript B,” the letter to her sister Marie that would become chapter 9 of Story of a Soul—and one of her most quoted texts. It was there that she wrote: “Yes, I have found my place in the Church and it is you, O my God, who have given me this place. In the heart of the Church, my Mother, I shall be love” (Thérèse, 194).

• March 3–July 5, 1897: the stage of grave illness: Thérèse’s last poems were written in May. In early June, Mother Marie de Gonzague asked Thérèse to complete her life story; when she was able, she worked on “Manuscript C” (chapters 10–11 of Story of a Soul) from June 10 until the crises of early July. As illness encroached more and more upon her, Thérèse made a supreme effort to complete
this work and also to write some of her most profound letters. Her letters to her spiritual brothers, Père Rouilland and Abbé Bellière, are filled with her reflections on her mission of spending her heaven “doing good on earth.” Meanwhile, Mother Agnes received permission to record Thérèse’s spoken comments; this would become the Last Conversations.

• July 6–September 30, 1897: the stages of overwhelming suffering and the death agony. By this time Thérèse was able to write very little. Her last letter to Abbé Bellière on August 10 included the lines: “My pilgrimage seems to be unable to end. Far from complaining about it, I rejoice that God permits me to suffer still for His love; ah! How sweet it is to abandon oneself into His arms without fear or desire” (Thérèse, 1988, 1173). From then on, most of what we know of Thérèse’s reflections comes from the words recorded by others.

A Holistic Perspective on the Human Person

The remainder of this article will reflect on these experiences of illness, in view of contributing to a positive spirituality for sick people and their caregivers. First, I will state explicitly the anthropological model that frames my approach.

I view the human person as composed of at least three distinguishable, but never separable, dimensions, which I term the core self, the dramatic self, and the embodied self. The core self is the self-in-God; it is what medieval writers sometimes called the “spark of the soul,” the ineffable yet utterly foundational urgency of our beings toward infinite love. The dramatic self is the psyche, living out its personal heroic drama forged in a complex alloy of culture, family, individual history, biochemical heritage, and both conscious and unconscious creativity. The embodied self is the public person, physically acting in, and acted upon by, the world and human society. While every human experience and event involves the person in all three dimensions, quite distinct dynamics may be operative in each dimension. In what follows I employ this basic framework to reflect on Thérèse’s experiences of illness, exploring the potential of each of the three dimensions in itself as well as of some of the complex interactions among them.

Illness and the Embodied Self

If one views the person strictly at the level of the embodied self, one’s goal in understanding illness will be an empirically-based explanation that can undergird a physical intervention (i.e., drugs, nutrition, surgery, rest, etc.). Contemporary medical science has been astonishingly successful in doing this. On the
other hand, physicians often have to admit that they do not know for sure what
is going on at the physical level; we have all heard about surgeries that turned
out to be mistakes, or about people undergoing tests for months or even years
without receiving a definitive diagnosis. Theologian Wolfhart Pannenberg re-
flects on this in view of the dialogue between science and religion (Pannenberg).
He notes that any scientific explanation can only account for some parts of a
phenomenon; it can never encompass absolutely everything about the empirical
phenomenon. His conclusion is that this leaves room for the free action of God.
Put in the terms of the more limited concerns of this article, Pannenberg's per-
spective potentially frees the medical model from its limitation of viewing illness
only as a physical event.
Thérèse experienced illness in the era immedi-
ately before the full flowering of modern medical
science. As we examine her case with the help of
today's more sophisticated diagnostic skills, we
can be saddened by the way lack of medical
knowledge contributed to her physical and
psychological suffering. Her childhood malady
mystified the family doctor and thus was given
a humiliating psychological and/or spiritual
diagnosis by those around her. Similarly, her
father's deterioration was not fully understood
by physicians and so was subjected to the cul-
tural assumption that it was mental illness, per-
haps even due to moral turpitude. In regard to
her adult illness, it is not clear whether the medi-
cal personnel who examined her in its early and
middle stages knew that she had tuberculosis
but were circumspect about saying so because
this too was culturally regarded as shameful, or
whether the tuberculosis really was not recog-
nized until it was far advanced. In either case,
the treatments she received were of minimal
medical value.
Thérèse's experience in all three incidents
could have been quite different if the illnesses
had occurred in the context of today's medical
expertise. This case illustrates how a lack of good medical diagnosis and treat-
ment may not only increase the suffering of the body, but also may contribute to
the psychological agony of the dramatic self and the spiritual crisis of the core
self. On the other hand, we also learn from Thérèse's case that it would be fool-
hardy to reduce the human phenomenon of sickness simply to its physical

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dimensions. The illnesses in Thérèse's life are powerfully interwoven with the unique gift that she was destined to offer to the world.

**Illness and the Dramatic Self**

For the dramatic self, the challenge of illness is to fit it into a story of meaning. For one person illness may be imagined as a despicable and terrifying enemy to be fought with all one's might; for another it may be seen as a tragic failure; for another it is named as a trial sent by God to strengthen the soul. These stories are partly written onto the individual's psyche by culture, family, and interpersonal relationships, for, as we have seen, the influence of prevailing interpretations and characterizations of illness is powerful. Yet a story that "works" is necessarily also a deeply creative act of the individual.

In her book *The Body in Pain*, Elaine Scarry explores the dialectical relationship between pain and imagining. She terms pain as a "site of invention" (Scarry, 22), most obviously because of the intrinsic urge to find a way to alleviate the pain. She proposes that, in fact, all human creativity and construction have a deep relationship to the fact of pain. This perspective is very significant for a spirituality of sickness. The sick person is in a variety of forms of pain, not all of which can be assuaged by physical interventions. Caregivers, too, bear their own deep forms of pain. To be able to find meaning in what is happening is a crucial form of relief. Yet meaning in such situations cannot be prefabricated; it has to be personally generated by the individual, fueled by the raw energy of their struggle with affliction. Thus, there is a deep potential for creativity in sickness.

The case of Thérèse demonstrates this creative potential in its most intense form. As a little girl, her acute illness culminated and resolved itself in the very moment in which she saw a vision of the radiantly loving face of the Blessed Virgin. It is easy to locate this event within the psychological drama of Thérèse's life, since at this point in her life she had already lost three "Mothers" and was in an acute period of crisis over the last of these losses (i.e., the departure of her sister Pauline for Carmel). Extreme physiological distress, acute psychological need, and divine grace all contributed powerfully to this resolving event, which was burned into her memory as a lifelong spiritual lodestone.
In the other episodes of illness reviewed here, the conscious dimension of Thérèse's search for meaning is more to the fore. As her father declined, she meditated over and over again on the suffering servant texts from Isaiah, the Gospel passion stories, and the image of the abused Holy Face. With their help, she creatively mined the insight that the good person's suffering is, indeed, for the sake of divine glory. Then, coinciding with the period of her final illness, came the full blossoming of her gifts as a writer and artist. While dealing daily with physical, psychological, and spiritual affliction, she told “the story of her soul”—a personal tale of faith and practical wisdom that has brought joy and hope to millions throughout the world.

Obviously, relatively few sick people can write as Thérèse did—and even fewer will have their stories published and widely distributed. Yet, if we look for it, we will find the same process going on in the “ordinary” person. About a year before he died, my father financed a private publication of poems he had written earlier in life. They would never have been accepted for publication by a regular publishing house, yet in the small sphere of his family, friends, and colleagues there was much joy in his sharing of a life's wisdom. In their last weeks, neither of my parents was able to speak coherently, yet with each of them there came a day when they sat up, flailed about, and struggled with the entire energy of their beings to say something to us. We will never know for certain the words they wanted to speak, but I would still name their efforts as a creative act that was deeply meaningful to those around them. These are only two, very personal examples; I suspect every family that has lived through grave illness or shared a loved one’s dying process can tell similar stories of how unique experiences of shared meaning emerge in the midst of great suffering.

**Illness and the Core Self**

Every human life is, in a true sense, a mystery. A mystery is not something that cannot be known, but rather something that belongs so intimately to God that one only knows it in the context of one's relationship with God. Our own sickness, or that of a loved one, is one of the events that may force us to grapple with that mystery with a desperation we never dreamed could overtake us so completely.

Overwhelming pain, Elaine Scarry writes, can annihilate the ability to speak, to be in a meaningful relationship, even to remember one's most basic commitments and values. Pain can be the “site of invention” when it is still at least somewhat manageable, but when it overflows those bounds, it can become the site of the destruction of one's very humanness. Torturers play upon this, seeking the undoing of the victim’s self even more than the ruin of the body. Scarry focused primarily on the effects of physical pain, but the phenomenon she names applies
also to other sufferings such as the multifaceted loss, social marginalization, feelings of dread, etc. that commonly accompany illness. At times, people can feel as if they are being tortured, pushed beyond their limits of endurance as everything good is stripped away. The ultimate crisis engendered by illness is the question of the core self: “When there is literally nothing else left, who am I in relation to my God?”

Thérèse did, in fact, face this crisis as fully as any human being ever has. The last eighteen months of her life were largely bereft of any comforting sense of God’s consoling presence. Meanwhile, monastery culture and spirituality discouraged any use of painkillers by nuns, and both Thérèse and her prioress held to this norm until the very last days of her life. Between July 6 and her death on September 30, she was frequently in truly overwhelming physical pain. During this time we only hear her voice filtered through the words recorded by her sisters and compiled in Last Conversations. Some of these words are almost reduced to cries of pain. Yet to the end, she continued to tell her story as one of meaningful suffering. A few days before she died someone said to her, “Ah! It’s frightful what you’re suffering.” She replied: “No, it isn’t frightful. A little victim of love cannot find frightful what her Spouse sends her through love” (Thérèse, 1977: 200).

Those who find the terms of this spirituality rather offensive might ponder the difference between such a statement being made as a pontification from “on high,” versus its being made as an expression of personally discovered meaning forged in the crucible of extreme suffering. As Cristina Mazzoni said about Gemma Galgani (1878–1903), Thérèse learned how to convert her pain into a kind of joy by “turning her supposed powerlessness into an embraced empowerment bestowed upon her by her relation to the divine” (Mazzoni, 177). Without holding up as a model the refusal of Thérèse and those around her to moderate her physical agony, we can still acknowledge that a unique gift of spiritual wisdom has emerged from that site of radical pain. Thérèse found a personal voice to affirm her core self in loving relation to her God, despite the loss of all things.

Conclusion

A viable spirituality for the sick and their caretakers must give each dimension its due: realistic medical care, attention to meaning-making in the con-
text of culture and community, the ultimate solitude of facing one's God. The case of Thérèse of Lisieux illustrates how, viewed through this multifaceted lens, the time of illness need not only be a time of loss, but also potentially can be a time for the discovery of great giftedness.

References


