

Thérèse of Lisieux and mental health

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People who seek treatment for mental illness don't often consult a 19th-century nun, but perhaps they should. [St. Thérèse of Lisieux](#) offers an entirely different—and liberating—way to think about mental health.

Not everyone venerates the obscure Carmelite who died at age 24, leaving a manuscript describing her “little way” of spirituality. Critics have derided her prose as childish, flowery and sentimental. Scholars have seen in her life the signs of neurosis and severe separation anxiety. The literature doesn't mention bipolar disorder, but that's what the intensity of her emotions—both ecstasy and gloom—reminds me of.

From the beginning, Thérèse was exceptionally sensitive, as her mother's letters testify. She exhibited a fear of strangers and did not make friends easily at school. For a period of her youth, she suffered from [scrupulosity](#), a pathological preoccupation with sin in her daily behavior. This echoes obsessive-compulsive disorder.

Beneath these traits runs the leitmotif of her emotional life: separation. The devastating losses of several loved ones left her in dire emotional straits. After her sister Pauline (whom Thérèse considered her “second mother”) entered the convent, Thérèse became violently ill. Several causes have been proposed, but it seems reasonable to believe that the pain of loss played a part in overwhelming such a sensitive soul.

What can we learn from Thérèse's troubles? Our conventional wisdom on mental health might draw this conclusion: In spite of all her issues, she lived a way of spirituality that drew her toward union with God and the supreme importance of love above all.

But what if it was *because* of all her issues?

The broad arc of Thérèse's life keeps bringing me back to this possibility. Could her separation anxiety, far from hindering her spiritual development, actually have drawn her into the complete abandonment to God at the heart of her "little way"? Could her hypersensitivity have predisposed her to a mystical union, with an intensity and commitment that have set an example for others? Could her scruples, which can be seen as an unhealthy negation of self, have presaged her *healthy* self-denial in service to others, a virtue she often displayed in nearly invisible ways?

In short, could our weaknesses be the flip side of our strengths—the very traits that empower us to fulfill our potential as God's image bearers?

The idea of associating mental illness with personality strengths is not new. For instance, many thinkers have made a similar link between mental illness and creativity. In 2002, Stanford researchers Connie Strong and Terence Ketter found that healthy artists and people with bipolar disorder share many personality traits—more, in fact, than the artists share with the general population.

This idea casts doubt on the goals that many people have for treatment: to get better, to "get over it," to "be normal" or "achieve closure." In the conventional model it is perfectly appropriate to ask, "What's wrong with me, and how do I overcome it?" The life of Thérèse leads us to ask, "Is 'what's wrong with me' really wrong? Could it be a source of strength instead? How can I use it to be my best self and make my unique contribution to the world?"

Among other things, seeing one's condition as a source of strength can eliminate the stigma of shame that continues to haunt people with mental illness. This alone could empower them to live more fully and more joyfully. While there's nothing wrong with seeking treatment to get better or at least manage symptoms, in many cases complete cure never happens. Sometimes we cannot overcome the dark but instead must live with it.

Given these realities, insisting on triumph or closure in every case is futile. Thérèse's little way shows us another way: to gaze steadily at our weaknesses and seek to discover where God lives in them.