

Illness Narrative, Depression, and Sainthood: An Analysis of the Writings of Mother Teresa

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Abstract In 2007, the letters of The Blessed Mother Teresa to her confessors were published for the public in a book entitled *Come Be My Light*. What surprised many readers was that Mother Teresa felt very distant from God and described feeling great “darkness” for many years. This paper draws parallels between the writings of Mother Teresa and those of writers’ illness narratives describing the psychiatric condition of Depression. The author provides this textual analysis to explore Mother Teresa’s experience within a psychiatric paradigm (Major Depressive Disorder), in comparison with and contrast to the spiritual paradigm of a “Dark Night of the Soul.”

Keywords Depression · Mother Teresa · Illness narrative · Literary analysis

Introduction

The illness narrative is a concept in modern medicine, which is “one of our most powerful forms for expressing suffering and experiences related to suffering (Hyden 1997).” With respect to illness, “personal narratives are means by which the links between body, self, and society are articulated (Bury 2001).” Hyden elaborates, “narratives have gained importance in the study of chronic illness as a means for understanding the attempts of patients to deal with their life situations ... (Hyden 1997).” Many individuals with the psychiatric condition of Depression have chronicled illness narratives and made them available to the public.

With regard to the medical diagnosis of depressive mood states, the *Diagnostic and Statistical Manual of Mental Disorders* (currently in its 5th edition) gives us two main forms—Major Depressive Disorder, an acute severe depression, as well as Persistent

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Depressive Disorder, which is a lower-grade, more long-lasting depression (American Psychiatric Association 2013). The DSM-5 paradigm has also provided us with “Religious or Spiritual problem,” which is listed among “other conditions that may be a focus of clinical attention,” but is not to be considered as a mental disorder (American Psychiatric Association 2013).

According to the DSM-5, a major depressive episode is defined by the presence of five (or more) of the following nine symptoms during the same 2-week period: depressed mood (most of the day, diminished interest or pleasure, significant weight loss or gain, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue or loss of energy, feelings of worthlessness or guilt, diminished ability to think or concentrate, and recurrent thoughts of death or suicidal ideation (American Psychiatric Association 2013).

“Religious or Spiritual Problem” defined in DSM-5 as follows:

This category can be used when the focus of clinical attention is a religious or spiritual problem. Examples include distressing experiences that involve loss or questioning of faith, problems associated with conversion to a new faith, or questioning of spiritual values that may not necessarily be related to an organized church or religious institution (APA 2013).

The latter concept is one of “spiritual crisis” or “crisis of faith.” In *The Anatomy of Melancholy*, seventeenth century Oxford scholar and vicar of St. Thomas’ Church, Robert Burton writes that “how we mistake, wander, and swerve from ...” “the object of this love, God Himself ...” “is the cause of all our miseries (Burton 1621).” The concept is captured in *The Catechism of the Catholic Church* (Vatican 1994) by the term “dryness” which is discussed in the context of barriers to effective prayer:

Another difficulty, especially for those who sincerely want to pray, is dryness. Dryness belongs to contemplative prayer when the heart is separated from God, with no taste for thoughts, memories, and feelings, even spiritual ones. This is the moment of sheer faith clinging faithfully to Jesus in his agony and in his tomb. “Unless a grain of wheat falls into the earth and dies, it remains alone; but if dies, it bears much fruit.” If dryness is due to the lack of roots, because the word has fallen on rocky soil, the battle requires conversion (Vatican 1994).

Attempting to view the Catholic concept of “dryness” in a psychiatric light, it would seem to have aspects of both a mood disorder and a religious or spiritual problem. While the rocky soil may indicate a crisis of faith, the description of “no taste for thoughts, memories, and feelings...” may correlate better to the DSM concept of a depressive mood disorder than to a religious or spiritual problem.

In *Come Be My Light*, the letters of Mother Teresa to her spiritual advisors have been compiled and published (Kolodiejchuk 2007). What was striking to many who reviewed the book was how Mother Teresa appears to have suffered a “Dark Night of the Soul” or a crisis of faith (VanBiema 2007; New York Times Editors 2007). This has been placed into context by her supporters as evidence of saintliness—“interior darkness was Mother Teresa’s privileged way of entering into the mystery of the Cross of Christ (Kolodiejchuk 2007)” and by her detractors as evidence of hidden atheism—“a confused old lady who ... had for all practical purposes ceased to believe (Hitchens 2007).” But what struck this author is how eerily similar her sentiments read to the Depression illness narratives in the memoirs of writers including Styron, Jamison, and Solomon.

The question raised herein is as follows: Could the writings of Mother Teresa have been a psychiatric illness narrative? Could Mother Teresa have suffered from a biological,

neurotransmitter-based, medical-model Depression? A mental illness, her narrative for which was placed entirely in a spiritual context? This interpretation was roundly rejected by some Catholic apologists (Zagano and Gillespie 2011), but this paper shall delve more deeply into the hypothesis. Rather than combing the biographical evidence in order to state whether Mother Teresa may have met the criteria required for a retrospective diagnosis of Major Depressive Disorder or Dysthymic Disorder, the plan is to analyze her writings for the use of language with regard to her internal emotional state. A comparison of her writings to published depressive-illness narratives will be made, focusing on the common language of Depression, especially the use of specific words and concepts (“darkness,” “pain,” “emptiness,” and “loneliness,”), the difficulty of communicating the internal emotional state to another person, and the search for a meaning within the pain.

Biographical Background

Named Agnes Gonxha Bojaxhi, the woman who was to become Mother Teresa, was born on August 26, 1910, in Macedonia to parents of Albanian ethnicity. She joined The Institute of the Blessed Virgin Mary (The Loretto Sisters) in Ireland at age 18 years. In 1946, she “received the call” to found The Missionaries of Charity in India, which was finally established in 1950 (motherteresa.org 2011). A BBC documentary, *Something Beautiful for God*, highlighting Mother Teresa’s charity work was produced in 1969 and brought her international fame (Hitchens 1994). She was awarded the Nobel Peace Prize in 1979. She died in 1997 and was beatified by Pope John Paul II in 2003.

Textual Analysis

When attempting to put Depression into words, descriptions of “darkness” are ubiquitous. In *The Noonday Demon*, author Andrew Solomon describes the similarities with which depressed persons describe Depression: “When asked, people describe the abyss pretty consistently. In the first place, it’s dark. You are falling away from the sunlight toward a place where the shadows are black (Solomon 2001).” William Styron who entitled his Depression memoir *Darkness Visible* describes “depression’s dark wood (Styron 1990).” In his essay *A Melancholy of Mine Own*, author Shenk states “The image of darkness imposed itself upon me, as it has for so many, as a symbol of distress (Shenk 2001).” Shenk also cites S.W. Jackson who reports that in 2,500 years of medical writings, the two descriptions of Depression which most often recur are “being in a state of darkness and being weighed down.” Lastly, Kay Redfield Jamison writes of Depression, “Slowly the darkness began to weave its way into my mind, and before long I was hopelessly out of control (Jamison 1995).” She also describes herself at one point feeling “... enmeshed totally in the blackest caves of the mind.”

Mother Teresa uses the image of darkness to describe her internal emotional state as well. “I have more often as my companion ‘darkness’” she wrote in a letter in 1937. She also makes mention of being happy within the context of her suffering then. Later, after her ministry had been established, she wrote “Please pray specially for me that I may not spoil His work and that Our Lord may show Himself—for there is such terrible darkness within me, as if everything was dead. It has been like this more or less from the time I started ‘the work.’” In another letter, she wrote “Yet within me—nothing but darkness, conflict, loneliness so terrible.” When Father Picachy was transferred, she wrote to him “Keep my

soul with all its darkness & loneliness, its longing and the torturing pain close to the altar. Pray for me—much and often—for now it seems He has cut off one more human help, and left me alone—to walk alone in darkness.” The priests to whom she wrote often suggested that her darkness was evidence of “The Dark Night of the Soul” described by St. John of the Cross—a spiritual trial which eventually leaves one with deepened and renewed faith. Archbishop Périer wrote to her “With regard to the feeling of loneliness, of abandonment, of not being wanted, of darkness of the soul, it is a state well known by spiritual writers and directors of conscience. This is willed by God in order to attach us to Him alone...” Unfortunately, rather than the more time-limited (albeit metaphorical) and ultimately redemptive Night, Mother Teresa appears to have suffered Dark Decades of the Soul.

The use of the word “pain” to describe the emotional state of Depression is also used heavily by writers. Consider Styron: “What I had begun to discover is that, mysteriously and in ways that are totally remote from normal experience, the gray drizzle of horror induced by depression takes on the quality of physical pain.” Jamison describes “the terrible agitation and pain within my mind.” Solomon reports “Every second of being alive hurt me ... the very worst pain is the arid pain that stops up every space through which you once metered the world, or the world, you.”

Mother Teresa describes her experience using the term “pain” as well. Compare this statement in a letter to Father Picachy: “Why is there so much pain and darkness in my soul? Sometimes I find myself saying ‘I can’t bear it any longer.’” In another letter, she writes “If only you knew what goes on within my heart. Sometimes the pain is so great that I feel as if everything will break. The smile is a big cloak which covers a multitude of pains.” At another time, “... the pain is sometimes unbearable. You don’t know how miserable & nothing I am.”

Words and concepts also common among both the illness narratives of those with Depression and Mother Teresa are feelings of being “empty” and “lonely.” Consider Mother Teresa’s response to the question “Do I value the salvation of my soul?” She replied, “I don’t believe I have a soul. There is nothing in me.” In a letter to Archbishop Périer, “... there is such a deep loneliness in my heart that I cannot express it.” In another letter, “... and yet there is that separation—that terrible emptiness, that feeling of absence of God.” At one point during 1958, Mother Teresa had a short duration of remission from these feelings, but upon their return wrote “Our Lord thought it better for me to be in the tunnel—so He is gone again—leaving me alone.”

Compare these statements to those of writers describing episodes of Depression. Elizabeth Wurtzel in *Prozac Nation*: “As long as I was alive, I’d be staring into swimming pools at daybreak, empty and aching (Wurtzel 1994).” Sylvia Plath in *The Bell Jar* writes “... I should have been excited...but I couldn’t get myself to react. I felt very still and empty ... (Plath 1963).” Nancy Mairs in her essay *On Living Behind Bars* writes “I am so empty, so hungering (Mairs 2001).” David Karp states “I felt completely alone (Karp 2001)” in his memoir *An Unwelcome Career*.

The second point of comparison I wish to make between the illness narratives of writers with Depression and the letters of Mother Teresa is the expression that communicating the internal emotional state is difficult. In an interview (Solomon 2011) about his experiences, Andrew Solomon states “It’s often easier to be open and clear about the fact that I was depressed, than it is when the Depression enters the present tense. I find when I *am* depressed, it’s very hard to talk about it. It’s only when I’m a little better that I can say ‘oh yes, I was depressed then.’” The difficulty is also mentioned by Shenk: “Instead, I often found myself silent. When I spoke it was with stumbles and stammers. Words—*unhappy, anxious, lonely*—seemed plainly inadequate, as did modifiers: *all the time, without relief*.

Ordinary phrases such as *I feel bad* or *I am unhappy* seemed pallid... Though this language hinted at how bad I felt, it could not express what it felt like to be me.”

Mother Teresa expresses similar sentiments in a number of letters. She states at one point “... There is such a deep loneliness in my heart that I cannot express it. For months I have not been able to speak to Fr. Van Exem, and I find it harder and harder to speak.” At another time, she had the opportunity to speak to Fr. Picachy, but felt unable to do so. She later wrote to him “I was looking forward to your visit—& then nothing. Our Lord has taken even the power of speech.” Later, in a letter to Fr. Neuner, she warns him against traveling to visit her in case the same were to happen again: “Please don’t take the trouble to come to Bombay, as it is not worth your journey—if you come and I have nothing to say—nowadays He has taken this also.” Fr. Neuner did indeed decline to come, and she was thankful for this, stating in a subsequent letter: “I am sorry I told you not to come—but really it is not worth it as my soul is just like an ice block—I have nothing to say.”

The last point of comparison is the search for *meaning* within the darkness and pain. This feature is common in illness narratives and is often the underlying reason for their construction (Kokanovic et al. 2013). Mother Teresa’s letters to her superiors each contain a plaintive cry for help in finding the meaning, the reason, behind her desperate emotional state. And while all those who advised her seemed to be of the same opinion—that the darkness was, although paradoxical, in fact evidence of her closeness to God—this explanation does not seem to have satisfied her question, nor alleviated her pain.

Writers who have written about the experience of Depression often echo this same sentiment and, furthermore, tend to come to the conclusion that the search for meaning within Depression is often a failure. Consider Elizabeth Wurtzel’s statement from her memoir *Prozac Nation*:

I think that some insight is supposed to be hitting me right now. Something about the meaning of life, about dancing in the face of adversity, about struggling and persevering and succeeding. Yes, I think, any minute now...the insight will come. Clarity. The truth will set me free and all that. Of course, it never happens (Wurtzel 1994).

In another Depression memoir, *A Delicious Placebo*, author Virginia Heffernan describes the feelings that accompanied her eventual recovery from Depression (on medication), focusing especially on the time she had spent looking for its meaning:

I took the antidepressant the next day and almost immediately I began shelving the voluminous theories that had occupied my mind for six months. That was humbling. It seemed I had been working in isolation on dead-end research (Heffernan, 2001).

Discussion

In the case of Mother Teresa, we will never know if her “darkness” was a medical Depression and might have responded to medication or psychotherapy. We do know that her misery did not respond to pastoral counseling, writing about her feelings, prayer, or staying busy with work. In an effort to put the suffering of Mother Teresa into spiritual (and possibly Sainthood’s) context, a biological consideration may have been overlooked—Mother Teresa’s Dark Night was a mental illness, and her confessions were an illness narrative. If this was indeed the case, Mother Teresa may have suffered needlessly

when psychiatric treatment could have restored her mood. To quote Solomon's *Noonday Demon* again:

Love, though it is no prophylactic against depression, is what cushions the mind and protects it from itself. Medications and psychotherapy can renew that protection, making it easier to love and be loved, and that is why they work. In good spirits, some love themselves and some love others and some love work and some love God: any of these passions can furnish that vital sense of purpose that is the opposite of depression...In depression, the meaninglessness of every enterprise and every emotion, the meaninglessness of life itself, becomes self-evident. The only feeling left in this loveless state is insignificance (Solomon 2001).

One further possible hypothesis to explore in the case of Mother Teresa is “compassion fatigue” or “secondary trauma.” The concept here is that being exposed to the suffering of others can cause suffering in caregivers, leading to feelings of depression, loss of compassion, and burnout (Boscarino et al. 2010). Mother Teresa spent decades mired in abject poverty, filth, illness, dying, and death. It is possible that Mother Teresa found herself suffering a Depression catalyzed by the depressing circumstances she witnessed on a daily basis.

In psychiatry residency training, emphasis has recently and rightly been placed on the development of cultural competency (Accreditation Council for Graduate Medical Education 2011). Different people of different backgrounds, cultures, and languages will have differing illness narratives—various ways of describing their circumstances and mood states. Psychiatrists have to be conscious of these cultural differences so that they can practice competently whether the patient describes their depressive symptoms in frank terms (“I’m so depressed ...”) or with more colloquial slang (“My nerves are shot ...”) or with primarily somatic complaints (“I’m always tired and have a headache.”). Considering this, it would seem that if a devout Catholic nun developed Depression, it would likely be in religious terms that she would experience and communicate this mood state. Whereas to an atheist, Depression might feel like a heavy weight or desire for oblivion, to an individual who has devoted their life to the service of God, Major Depression or Dysthymic Disorder could easily manifest as a sensation of separation from that entity.

The possibility that Mother Teresa had Depression and that her writings to her confessors were, in fact, an illness narrative raises one major question—do spiritual advisors need mental health education, specifically, to differentiate Major Depressive Disorder from a Religious or Spiritual Problem? Should the possibility of a medical depressive disorder have occurred to Mother Teresa’s confessors? Should they have suggested that she seek psychiatric medical care? In the 1950s–1970s when her darkness manifested, public understanding of mental illness was quite limited, so it is understandably doubtful it would have occurred to them. With the publication of the DSM-III in 1980, the field of psychiatry underwent a paradigm shift (First 2010), but public opinions of mental illness remained biased—the mentally ill were seen as a “out-group,” a category of stigmatized persons from which one should desire to distance oneself (Martin et al. 2000). As Mother Teresa was internationally famous and lauded by that time, again, the concept of a mental illness such as Depression was likely not remotely considered by her superiors; there is certainly no mention of such an idea in their published letters to her.

This may have been the tragedy of Mother Teresa’s life. There are many paradigms through which the human condition may be viewed—the Catholic Church’s theology and the medical-model DSM are but two. And while no paradigm is necessarily objectively preferable to another, a risk is assumed if one is selected to the exclusion of all others. It

appears that Mother Teresa herself and those to whom she turned for help with her pain were so rigidly adherent to one worldview that it never occurred to them to apply another perspective. Obviously, it is unknown if Mother Teresa would have been willing to engage in treatment from a practitioner taking a psychiatric perspective (and viewing her symptoms as a mental illness), but it does not appear from her published letters that the idea of applying a different paradigm was ever considered.

Hopefully, education efforts will improve for clergy and ministers, as studies have shown (at least in the United States) that a larger percentage of people seeking care for mental illness will contact clergy than will contact psychiatrists (Wang et al. 2003), and the understanding of the etiology of Depression still varies widely among members of the clergy (Payne 2009). *The Catechism of the Catholic Church* is quite clear on the matter in principle, stating in the section on the sacramental of exorcism, the following:

Exorcism is directed at the expulsion of demons or to the liberation from demonic possession through the spiritual authority which Jesus entrusted to his Church. Illness, especially psychological illness, is a very different matter; treating this is the concern of medical science. Therefore, before an exorcism is performed, it is important to ascertain that one is dealing with the presence of the Evil One, and not an illness (Vatican 1994).

Currently, it is the seventh century Irish Saint Dymphna who has the distinction of being the patron saint for those suffering from mental illness (Catholic Encyclopedia 2011). Should a future Pope declare the now-Beatified Mother Teresa to be a Saint, perhaps a patronage for those suffering Depression would be appropriate—as she herself suggested, “If I ever become a saint, I surely will be one of ‘darkness.’”

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