From the Visions of Saint Teresa of Jesus to the Voices of Schizophrenia

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Abstract: The life of Saint Teresa of Jesus, the most famous mystic of sixteenth-century Spain, was characterized by recurrent visions and states of ecstasy. In this paper, we examine social components related to Teresa's personal crises and the historical conditions of her times, factors that must be taken into account to understand these unusual forms of experience and behavior. Many of these factors (e.g., increasing individualism and reflexivity) are precursors of the condition of modern times. Indeed, certain parallels can be observed between Saint Teresa and certain present-day psychopathological disorders. The analogy should not, however, be carried too far. Religion played a particularly crucial role in Teresa's cultural context; as a result, it would be misleading to view her mystical experiences as resulting from a mental disorder.

Keywords: Saint Teresa, mystic, hallucinations, modernism

> All the things of God gave me great pleasure,
> yet I was tied and bound to those of the world
> (Teresa of Avila, 1904 7, 17)

Saint Teresa was one of the main figures of Spanish mysticism. Born in 1515, she, along with Catherine of Sienna, was one of the first women to be designated a Doctor of the Church (in 1970). Saint Teresa stands out because of the many Discalced Carmelite convents she founded and also because of the singularity of her mystical experiences, which include episodes of ecstasy, rapture, and visions. The purpose of this study is to show the relevance of her personal characteristics and social circumstances for understanding the nature and causes of these experiences.

We shall consider various events from the life of Teresa: her personal "crises," her focus on prayer or "communication" with God, the nature of her monastic life, and the reactions others had to her. We shall also consider the sociohistorical context in which she lived, including the enormous religious fervor, the subordinate role of women, and the fear of the Inquisition that were common in sixteenth-century Spain. Also relevant are certain modern or proto-modern features: increasing individualism, social mobility, and incipient capitalism, all of which created new kinds of needs and problems. A detailed analysis of these issues will be helpful not only in understanding Teresa's life and experiences, but also in comprehending certain aspects of contemporary hallucinations that have to do with social and cultural aspects influencing not only the presence of this type of behavior, but also the repercussions of experiencing or living them (Cangas et al. 2003; Leudar and Thomas 2000; Rojcewicz and Rojcewicz 1997).

The purpose of the present paper is to take a focused look at a particular case to demonstrate

the continuity between what may seem to be certain psychotic or psychotic-like symptoms and the qualities of a particular life course and cultural milieu. The case at issue is of singular importance, for it is perhaps the paradigmatic instance of mysticism in sixteenth-century Europe. Our hope is to bring out the personal as well as cultural meanings of certain abnormal forms of experience and behavior, and also to suggest their embeddedness in and indebtedness to a particular social and institutional context—namely, the Catholic culture of sixteenth-century Spain. We conclude by offering some comments on the nature and consequences of the contrast between this religious culture and the biomedical, science-oriented culture of the present day.

Personal Crisis in the Life of Saint Teresa

The life of Saint Teresa can be divided into various stages, each associated with a personal crisis that is essential to understanding her mystical experiences. In her "youth," Teresa had a strong interest in reading, especially books about chivalry—a taste she shared with her mother. As Teresa wrote in her autobiography:

> She [Teresa is referring to her mother] was fond of books about chivalry; and this pastime had not the ill effects on her that it has had on me, because she never allowed them to interfere with her work. But we were always trying to make time to read them; and she permitted this, perhaps in order to stop herself from thinking of the great trials she suffered, and to keep her children occupied so that in other respects they should not go astray. This annoyed my father so much that we had to be careful lest he should see us reading these books. For myself, I began to make a habit of it, and this little fault which I saw in my mother began to cool my good desires and lead me to other kinds of wrongdoing. I thought there was nothing wrong in my wasting many hours, by day and by night, in this useless occupation, even though I had to hide it from my father. So excessively was I absorbed in it that I believe, unless I had a new book, I was never happy. (Teresa of Avila, 1904, 2,1)

As was the custom of her times, Teresa felt this literature promoted not virtue, but passion. In her "youth," Teresa was also an enthusiast of the new luxuries (cosmetics, fashion, etc.) that had begun to be available to people of her social status.

> I began to adorn myself and try to attract others through my appearance, taking great pains with my hands and hair, using perfumes and all the vanities I could get—and there were a good many of them, for I was very fastidious. (Teresa of Avila, 1904, 2,2)

Among her friends, there were also some cousins of whom her father disapproved; her first flirtation was probably with one of them[1] (Auclair 1982; Izquierdo 2006).

All this would lead Teresa's father to decide to send her to a convent where Augustinian nuns could direct her education and protect her from temptation or other moral dangers. In Avila, it was customary for girls of her status to attend the convent of *Santa María de Gracia* when they were almost 16 years old. There she was influenced by María de Briceño, who described her own experiences as a nun, and probably led Teresa to contemplate this possibility for the first time.

A second stage corresponds to her desire to become a nun. When Teresa returned home from the Augustinian convent, she was unhappy. No longer was she interested in the things that used to please her, nor did she echo her father's wish for her to become caretaker of the paternal home. But the idea of getting married, with its prospect of confinement and being subjected to a husband's will, probably held little appeal. Here is Teresa's description of her Carmelite companions" view of marriage. They spoke of the

> great mercy that God had granted them by choosing them for Himself, thus freeing them from being subjected to a man, which often brings their life to an end, and, let us pray to God, not also their soul. (Teresa of Avila 1976, 31, 46)

Because Teresa's decision to become a nun clashed with her father's will, she fled from home, this time to enter the Monastery of the Incarnation, where she had a friend. Eventually her father had to yield to his daughter's wishes.

During this period, Teresa was devoted to taking care of sick nuns, including one who suffered from symptoms described only as "disgusting" (Izquierdo 2006). She also longed to achieve the perfection she perceived in some of her companions (Auclair 1982). One year after entering the convent, she was invested as a nun. Some of the nuns had opposed her investiture because they saw

her crying and considered her to be too solitary. "When they saw me endeavouring to be alone and sometimes weeping for my sins, they thought that I was discontented and said so" (Teresa of Avila, 1904, 5, 1). Her health began to deteriorate noticeably, in part, it seems, because of the acts of penitence and mortification she afflicted on herself:

> My fainting fits began to increase in number and I suffered so much from heart trouble that everyone who saw me was alarmed. I also had many other ailments. I spent my first year, therefore, in a very poor state of health. (Teresa of Avila, 1904, 4, 5)

Because the doctors could not find a remedy, Teresa went with her father to the village of Becedas in search of treatment from a famous healer. It was now winter, and, having traveled from Avila, she had to wait until spring in Castellanos de la Cañada so that certain plants needed by the healer could blossom. There, in the midst of the rigors of winter, she devoted her time to reading.

Among other books, she read Francisco de Osuna's *The Third Spiritual Alphabet* (*El Tercer Abecedario*), a work that would greatly influence her initiation in the prayer of stillness:

> I did not know how to pray, or how to collect myself, and so I was delighted with the book and determined to follow that way of prayer with all my might. As by now the Lord had granted me the gift of tears, and I liked reading, I began to spend periods in solitude, to go frequently to confession, and to start upon the way of prayer with this book for my guide. (Teresa of Avila, 1904, 4, 7)

Through prayer, God began to seem *closer*. And, she wrote, her "imagination [was] bewildered, memory suspended, and her will absorbed." Prayer "seemed to bring the world beneath her feet" (Teresa of Avila, 1904, 36, 13).

The healer was unsuccessful, however. Teresa's symptoms persisted and the treatment seemed to have produced an acute digestive disorder. Consequently, she and her father decided to go back to Avila, where an acutely painful yet diffuse syndrome ("from head to foot"), along with poor appetite and extreme exhaustion, forced her to take to her bed. Saint Teresa took advantage of this period of confinement to read and pray. The doctors who attended her thought she was preparing to die. On the day of the Assumption (August 15th), Teresa asked to be confessed, but her father refused because he "thought it was because I was afraid to die." This refusal annoyed Teresa very much as she had a strong yearning for confession: "Oh, what an excess of human love! Though my father was such a good Catholic and so wise, for he was extremely wise and so was not acting through ignorance, he might have done me great harm" (Teresa of Avila, 1904, 5, 9). That night, she suddenly lost consciousness, her vital functions failed, and the doctors declared her to be dead ("That night I had a fit, which left me unconscious for nearly four days," [Teresa of Avila, 1904, 5, 9]). The "proof of the mirror," used to determine whether a person was still breathing, certified the diagnosis of death, and the sacrament of Extreme Unction was administered. The nuns from the Incarnation came and shrouded her; according to the custom of the times. Her father put wax on her eyes, and a grave was dug in the convent cemetery. But after four days, just when the nuns were going to take her to the convent for burial, Teresa apparently opened her eyes and spoke. "Why did you call me?" she asked, commenting that she had seen Heaven and Hell and that she had many tasks to carry out in this world. She also spoke in confused sentences and single words. She describes her physical state in horrific terms:

> My tongue was bitten to pieces; nothing had passed my lips; and because of this and of my great weakness, my throat was choking me so that I could not even swallow water. All my bones seemed to be out of joint and there was a terrible confusion in my head. As a result of the torments I had suffered during these days, I was all doubled up, like a ball, and no more able to move arm, foot, hand or head than if I had been dead, unless others moved them for me. I could move, I think, only one finger of my right hand. It was impossible to let anyone come to see me, for I was in such a state of distress that I could not endure it. They used to move me in a sheet, one taking one end and another, the other. (Teresa of Avila, 1904, 6, 1)

At Teresa's insistence, her father agreed to take her back to the convent of the Incarnation, where, in the infirmary, her fellow nuns treated her with great love and affection. In eight months, she recovered her normal weight. Little by little her mobility improved: She began to crawl on all

fours and, three years later, could walk and move normally. The nuns witnessed this entire process, turning it into an example for others:

> [I] talked a great deal about God, in such a way that all were edified and astonished at the patience which the Lord had given me; for if it had not come from His Majesty's hand it would have seemed impossible to be able to endure such great sufferings with such great joy. (Teresa of Avila, 1904, 6, 2)

Saint Teresa attributed these events to the influence of Saint Joseph, to whom she was greatly devoted. She liked to tell about the "miraculous" cure he had worked in her person.

Once recovered from her illness, Teresa reports, she showed great interest in relationships with other people, at the expense of being very distracted from spiritual exercises. At that time, people from all levels of society used to visit the convents; the alms offered by these visitors helped to alleviate the poverty of the monasteries. Despite her doubts about their appropriateness, Saint Teresa attended these visits assiduously. It was at this time that she began to see the first "signs" from God that indicated *the path she should follow*:

> I was once in the company of a certain person, right at the beginning of my acquaintance with her, when the Lord was pleased to make me realize that these friendships were not good for me, and to warn me and enlighten my great blindness. Christ revealed Himself to me, in an attitude of great sternness, and showed me what there was in this that displeased Him. I saw Him with the eyes of the soul more clearly than I could ever have seen Him with those of the body; and it made such an impression upon me that, although it is now more than twenty-six years ago, I seem to have Him present with me still. (Teresa of Avila, 1904, 7, 6)

On another occasion, when stopping before a particularly gruesome crucifix, she asked, "Lord, who did this to you?" and seemed to hear a voice that answered, "Your gossips in the visiting room, they did this to me, Teresa." Teresa began to cry. From that day on, she wrote, she would waste no more time with useless gossip and friendships that would not lead her to sainthood. Around this time Teresa also read the *Confessions* of Saint Augustine, which had recently been translated. The book made a great impression on her; she identified with many facets of Augustine's life, especially his conversion.

These events coincided with the death of her father and the influence of the priest Vicente Barrón, who advised her to return to prayer. "So I began to take them [prayers] up once more and never again abandoned them" (Teresa of Avila, 1904, 7, 17).

At a personal level, Teresa began to notice an ever more persistent "presence of God," who, she says, "wished to let His majesty be felt in this way" (Teresa of Avila, 1904, 27, 4).

> When picturing Christ in the way I have mentioned, and sometimes even when reading, I used to unexpectedly experience a consciousness of the presence of God, of such a kind that I could not possibly doubt that He was within me or that I was wholly engulfed in Him. This was in no sense a vision: I believe it is called mystical theology. The soul is suspended in such a way that it seems to be completely outside itself. The will loves; the memory, I think, is almost lost; while the understanding, I believe, though it is not lost, does not reason—I mean that it does not work, but is amazed at the extent of all it can understand; for God wills it to realize that it understands nothing of what His majesty represents to it. (Teresa of Avila, 1904, 10, 1)

The visions began in 1560. That summer, she had a vision that she later defined as "intellectual," "a vision [that] neither the eyes nor the imagination could see":

> I was at prayer on the Feast of the glorious Saint Peter when I saw Christ at my side—or, to put it better, I was conscious of Him, for I did not see anything with either the eyes of the body or those of the soul. I thought He was quite close to me and I saw that it was He who, as I thought, was speaking to me. Being completely ignorant that visions of this kind could occur, I was at first very much afraid, and did nothing but weep, though, as soon as He addressed a single word to me to reassure me, I became quiet again, as I had been before, and was quite happy and free from fear. All the time Jesus Christ seemed to be beside me, but, as this was not an imaginary vision, I could not discern in what form: what I felt very clearly was that all the time He was at my right hand, and a witness of everything that I was doing, and that, whenever I became slightly recollected or was not greatly distracted, I could not but be aware of His nearness to me. (Teresa of Avila, 1904, 27, 2)

Later, her visions took on a more "imaginary" cast. No longer were they like naked concepts that spoke directly to the spirit, but rather, visible forms perceived with her mind's eye:

> One day, when I was at prayer, the Lord was pleased to reveal to me nothing but His hands, the beauty of which was so great as to be indescribable. This made me very fearful, as does every new experience that I have when the Lord is beginning to grant me some supernatural favour. A few days later I also saw that Divine face, which seemed to leave me completely absorbed. (Teresa of Avila, 1904, 28, 1)

Likewise, later on, she wrote:

> One year, on the Feast of Saint Paul' [25], when I was at Mass, I saw a complete representation of this most sacred humanity, just as in a picture of His resurrected body, in very great beauty and majesty; this I described in detail to Your Reverence in writing, at your very insistent request. (Teresa of Avila, 1904, 28, 3)

Teresa's reports of these experiences were not well received by her confessors. Despite Teresa's best efforts "to make myself understood" (Teresa of Avila, 1904, 27, 3). Father Baltasar Álvarez doubted her reports. Many of the nuns from the Incarnation made fun of her or else pitied her (Auclair 1982). Other subsequent priests advised her not to take Communion so frequently, and to try to find some distraction so that she would not be alone. Some, in fact, feared that her visions might be caused by the devil. In Teresa's milieu, it was common to blame spells on the devil, although the possibility of truly prophetic visions was also accepted, so long as ecclesiastic authority was not challenged (Fernández Luzón and Moreno 2005).

Teresa's initial reaction to this kind of experiences was a certain amount of fear, in part, because of their "novelty" but, especially, because of worries about being considered a "visionary" (López Alonso 2004). "Internally," however, Teresa was convinced that this was not the work of the devil. "I could not believe," she stated, "That, if the devil were doing this to delude me and drag me down to Hell, he would make use of means which so completely defeated their own ends by taking away my vices and making me virtuous and strong" (Teresa of Avila, 1904, 28, 13).

She also noted, "I cannot believe that the devil would have looked for so many ways to capture my soul, only to lose it afterwards, I do not think he is so stupid" (*Accounts of Conscience* 1st, 34). Moreover, during the first years of her mystical life, despite the advice of her confessors: "I found that I was the better for it and developed greater fortitude" (Teresa of Avila, 1904, 23, 2), "I realized that I was completely different" (Teresa of Avila, 1904, 27, 1). After the Inquisition published the Index of forbidden books in 1559 (among which were included such authors as Juan de Avila, Brother Luis de Granada, and Francisco de Borja), Teresa could no longer resort to reading many of the text that she knew. This was when she heard the voice of God, telling her: "Be not distressed, for I will give thee a living book" (Teresa of Avila, 1904, 26, 5).

The presence of diverse visions would continue practically all her life,[2] although the content would become more *sublime* (López Alonso 2004). Along with visions, Teresa had frequent experiences of rapture and ecstasy. The first time she experienced rapture was on Pentecost of 1556, which was four years after the first vision and just after her forty-first birthday. She commented: "At other times, I become very impetuous . . . it feels like my life will come to an end and thus, I cry out and call on God, and this happens with great frenzy" (*Accounts of Conscience* 1st e).

During this period (the last 20 years of her life), Teresa worked incessantly and with great success in founding many Discalced Carmelite monasteries. She demonstrated great skill in soliciting the help, financial and otherwise, that was needed to raise these monasteries and maintain them.

Experiential and Social Analysis of the Visions

To understand Teresa's mystical experiences, we must consider the influence of the saint's personal and social context, in particular, her personal crises, desire for perfection, difficulty in making decisions, and dissatisfaction with her own life.

In the convent, Teresa was often the butt of jokes; the priests feared that her experiences were the work of the devil, and she herself feared being seen as a "visionary." Even the Inquisition—after a novice expelled from the Seville convent had denounced her—was examining her book, "The Book of my Life," for any relation to the heresy known as the *Illuminati* (*Los Alumbrados*, a

religious movement of the sixteenth century that was classified as heresy by the Inquisition mainly because it taught that neither the sacraments nor, by extension, the ecclesiastic authorities, were necessary for salvation) (Efrén de Madre de Dios 1982; Llamas 1982; Izquierdo 2006). Under these circumstances, it is hardly surprising that Teresa felt lonely and thought, "I had troubles enough to deprive me of my reason" (Teresa of Avila, 1904, 28, 18).

Many of Teresa's conflicts can be understood as related to aspects of the modern age that began to emerge during this period: in particular, the growth of individualism and a sense of personal isolation, and the associated encouragement of private self-reflection[3] (Sánchez Caro 2005).

In her youth, Teresa was clearly influenced by the emerging values of her social class, as is apparent in her interest in luxury, fashion, and new pleasures for the wealthy, and also in her avid interest in reading novels about chivalry. But as we saw, this way of life did not satisfy her. Likewise, during her life in the convent, she saw her life as full of "imperfections." All this implied constant reflection on her behaviour, profound dissatisfaction with herself, and the wish for a loftier life.[4]

Teresa's extreme behavior, with many acts of penitence and mystical experiences, can be seen as a kind of "protest" against prevailing social conditions (Méndez 1927/2000). Ecstasy literally means "going outside of oneself." From one viewpoint, it could be seen as the seeking of a kind of refuge, a way of *separating herself* from the world to be *united* with God. By prayer, she strove to achieve "death of all worldly things and the fruition of God" (Teresa of Avila, 1904, 16, 1), a sense of being beyond her mortal self and the world ("I live without living in myself") with all its imperfections.

The mystical experience was thus experienced by Teresa as profoundly comforting, as a way of being "united with God," but also as a way of escaping worldly temptations and difficulties by focusing on perfectionistic goals. Here, a certain parallelism can be found between mysticism and contemporary alterations in behavior, such as anorexia or schizophrenia. Such disorders can also be interpreted as ways of "disagreeing" with the world and attaining a kind of separation—whether by focusing, in the case of anorexia, only on one's weight while ignoring all other aspects of life,[5] or, in schizophrenia, by resorting to a "fantastic" private world of hallucinations and delusions, and thereby distancing oneself from worldly circumstances.[6]

It is also important to emphasize the pragmatic component of this type of behavior. Mystical behavior does cause a series of consequences in the person who experiences them and in that person's relationships with others. In Teresa's case, mystical experiences occurred most commonly in moments of discouragement or doubt. Then the visions seemed to help her to "make decisions" (as in the case mentioned of the vision she had about certain visits in the refectory). Once she got over her initial fears, her visions made her feel good, aware of a nearness to God. In contemporary terms, one could say that her visions were both positively and negatively reinforced.

The same is true of hallucinations in the contemporary world. Even though this is not always obvious, hallucinations typically do serve certain practical functions for the persons who experience them (Layng and Andronis 1984; Leudar et al. 1997; Leudar and Thomas 2000; Miller, O'Connor, and DiPasquale 1993; Perona 2004; Rojcewicz and Rojcewicz 1997). In anorexia too, the patient's strict behavior concerning weight is usually motivated by "satisfaction" (due to the degree of "control" shown on this facet of life) and is, in turn, a way to relate to others (even though in the form of "differences of opinion" about food, being too thin, etc.; Toro and Vilardell 1987).

However, there is a substantial difference between Teresa's mystical experiences and the patients of our age, and that is the medical context (new since the nineteenth century) that prevails at present. Today, behavior that involves hearing voices or seeing visions is readily interpreted as "hallucinations" or "symptoms of disease." It thereby tends to generate considerable anxiety on the part of professionals, patients, and their family members and close friends, causing their way of living to be invalidated and even inherently self-"invalidating" (Cangas et al. 2003). By contrast, in Teresa's time, religious values and

"magical" explanations of many natural phenomena predominated. "Mystical practices" were thus adapted to societal values and practices, including Church rules and ecclesiastical authority (Berrios 1996; Sarbin and Juhasz 1967).

In every age, the consequences that promote this type of experience are different and a person's reaction to them is different. For example, Teresa's mystical experiences did not prevent her from organizing her incessant activity; indeed, her visions and states of ecstasy sometimes aided her in practical decision making, even enabling her to found and maintain a multitude of convents. Contemporary patients with both anorexia and schizophrenia can sometimes be active and inspired in initial phases of the disorder; usually, however, the symptomology soon results in disruptive anxiety and near-cessation of most practical activity (such as leaving school, missing employment opportunities, and partner relationship problems).

Furthermore, the fact that visions were so common in the sixteenth century (in contrast to today, when the auditory phenomenon of "voices" tends to predominate; see Kroll and Bachrach [1982]) may also have something to do with the way religious ideas were transmitted at that time, when artistic iconography was so crucial. Visual representations—pictorial or sculptural—were the standard means for disseminating Christian ideas, and had great influence over people's behavior (Fritz 1957/1989; Orozco 1988). In several places in her texts, Teresa mentions the effect that seeing such works had on her. For example:

> It happened that, entering the oratory one day, I saw an image which had been procured for a certain feast that was observed in the house and had been taken there to be kept for that purpose. It represented Christ sorely wounded; and so conducive was it to devotion that when I looked at it I was deeply moved to see Him thus, so well did it picture what He suffered for us. So great was my distress when I thought how ill I had repaid Him for those wounds that I felt as if my heart were breaking, and I threw myself down beside Him, shedding floods of tears and begging Him to give me strength once and for all so that I might not offend Him. (Teresa of Avila, 1904, 9, 1)

Or, again when her mother died (Teresa was twelve years old): "I went in my distress to an image of Our Lady and with many tears besought her to be a mother to me" (Teresa of Avila, 1904, 1, 7).

Hallucinations, for instance, may initially be associated with highly stressful events or extreme feelings of social disconnection. And, once hallucinating has begun, hallucinations can be precipitated by slight uneasiness or mild feelings of being isolated or misunderstood (Cangas et al. 2006; Perona 2004). The same could be said of Saint Teresa. In the beginning, it is likely that the hardships of her life and her "longing" to be with God facilitated the emergence of these abnormal perceptual experiences, but, once installed, they probably occurred frequently without requiring a significant source of conflict. She mentions how, in the beginning, such experiences caused a strong emotional reaction (because of their *novelty*, and the repercussion they caused in others). Later, however, her visions would occur readily, even in the absence of significant or conflictual external events.

Some authors have argued that Teresa's mystical behavior could basically be accounted for by some illness, such as epilepsy or brucellosis. But even if this were the case, such a fact would not obviate the importance of the social components discussed. These physical factors would simply provide an additional precipitant for the visions or voices (visions or voices can, of course, be experienced without physical illness). The visions would, however, still occur within the framework of these personal and social characteristics.

The same could be said about certain biological correlates associated with this kind of behavior. Experience of mystical phenomena can certainly involve changes in many physiological states. In a recent study in which Carmelite nuns were asked to remember a past mystical experience with eyes closed, functional magnetic resonance imaging showed that several brain regions and systems were activated (including the right medial orbitofrontal cortex, right middle temporal cortex, right inferior and superior parietal lobules, right caudate, left medial prefrontal cortex, left anterior cingular cortex, left inferior parietal lobule, left insula, left caudate, and left brainstem [Beauregard and Paquette 2006]). This, however, does not explain why these experiences are produced, but only how they are reflected in physiology.

Nor would it be appropriate to reduce Saint Teresa's mystical behavior to the presence of some mental disorder (e.g., hysteria or melancholy).[7] There are several reasons for this. First, Teresa's behavior does not fit within the narrow boundaries of contemporary diagnostic criteria (a melancholic or depressive person could hardly have the "energy" shown by Teresa; nor is it likely that a patient with hysteria could successfully accomplish such enterprises). The historical context is also very different, leading to different consequences and ways of life.

In the life and society of Teresa de Ávila, one can definitely discern the advent of several crucial features of modern society, including individualism, increased social mobility, and an emphasis on privacy and personal reflection which, in fact, today are even more accentuated. So at the present we can speak of forms of hyper-reflection, hyper-individualism, or hyper-materialism that play an essential role in the development of some modern forms of psychopathology[8] (Sass 1992; Pérez-Álvarez 2003b).

Nevertheless, there are noticeable differences in modern psychopathological problems, which have to do basically with the current predominance of the medical context and amplification of the social characteristics mentioned. There is a certain parallelism between Teresa's mystic behavior and the behaviors representative of schizophrenia and anorexia; it should also be borne in mind, however, that changes in historical context also make these phenomena rather distinct.

The Decisive Importance of the Institutional Context

The life of Teresa constitutes what is perhaps the paradigmatic example of mystical experience as it occurred within the sixteenth-century religious context. One might be able to fit such mystical behavior into current diagnostic categories, perhaps of the schizophrenic type, depending on how certain "symptoms" are weighted and understood. Some elements of premorbid history might also support such a diagnosis. Such a diagnosis would, however, tend to oversimplify and decontextualize the phenomenon.

The "Teresa case," as it may now be called, is a mystical phenomenon and not a psychiatric one. But, what would happen if a hypothetical case like Teresa's lived today, in the same city of Ávila, or in any other in Spain? If that occurred today, it could hardly have the same religious channels it had in the past. It is very likely that such a person would be clinically diagnosed and follow a "psychiatric career." She would go to a mental health institution and might even be admitted into a hospital psychiatric unit, instead of a convent. The clinician who took care of her would probably conduct a psychiatric interview intended to elicit signs and symptoms necessary to *fit* her into a diagnostic category.[9] As a result, Teresa's famous experience of "living without living in myself" could no longer be appreciated, even celebrated, as a mystical experience, but rather would be seen as a morbid "alteration of consciousness"; her visions and voices would be considered to be "hallucinations." Given the presence of a premorbid history involving "social maladjustment" and "dysphoria," it is not impossible that a psychotic diagnosis, perhaps of the schizophrenic type, might be applied. It is likely, in addition, that the patient herself would end up being shaped, to a significant extent, by the diagnostic process itself, and might well accept the diagnosis received. It is important to remember that a process of diagnosis, typically based on a structured psychiatric interview, will restrict the range and richness of patient experiences and narratives that can be expressed (Stanghellini 2004a). Also, the diagnosis applied is likely to have some effect on the experience of the patients themselves and indeed may end up by shaping their problem, for example, as a mere illness.[10]

One more historically closer case that serves to illustrate this possibility is that of "Madeleine," which is described by Pierre Janet in his classic, *De l'angoisse a l'extase: Etudes sur les croyances et les sentiments* (Janet 1926/1991). Madeleine might be seen as an interesting transitional case, one who illustrates something midway between the religious context of Teresa and the more deeply secular or scientific culture of many contemporary patients.

Madeleine had a religious family education and sickly childhood, and she saw visions and

heard voices that are remarkably similar to those reported by Teresa (whom, by the way, she had read). Madeleine was not, however, admitted to a convent but to a psychiatric hospital, specifically, the famous Paris hospital, La Salpêtrière. It was, by then, a scientific and positivist age. The clinical, psychiatric culture had begun, and the "receiving institution" was the hospital.

In any case, in this new cultural and institutional framework, it is important to also note certain differences from contemporary psychiatry. The "Madeleine Case," even within the psychiatric ideas and institutions that were beginning to emerge in the nineteenth century (Barrett 1996), was studied, starting in 1896, by Pierre Janet, a clinician interested in *understanding* religious delusion based on the formation of beliefs and the organization of feelings. Today, a case like that of Madeleine would probably be studied by a clinician more interested in *fitting* the symptoms into a diagnosis than in "understanding them." Certainly, it is hard to find Janet-type clinicians in hospitals today, given the dominance of biological psychiatry and operational diagnosis. Even more, the patients themselves have often internalized a psychiatric culture that leads them to understand and live their "mental illness" as if it were "an illness like any other" (Read et al. 2006). A modern Teresa or Madeleine who could browse the Internet for information about her problem would find mostly psychiatric "information," largely espousing biogenetic rather than psychosocial causal explanations, and emphasizing medication rather than psychosocial treatments (Read 2008).

In this respect, it interesting to consider the specific nature of Madeleine's symptoms and her orientation to her own condition; for, as noted, in certain respects she might be seen as a kind of transitional case *between* the religiously oriented Teresa and the typical contemporary patient.

Thus, for example, Madeleine's ecstasy had both a mystical side, reminiscent of that of Teresa, and also an aspect that seems distinctly psychotic according to modern clinical standards. The mystical facet, as in Teresa, consisted of her experience of fusion with God as master and beloved object. As Madeleine herself writes, "I am united with God and He is united with me, we enjoy this union and my soul is lost in such joy" (Janet 1926/1991, 67). Although not himself a believer, Janet recognized the authenticity of these states of mystic trance.

Madeleine's particular form of ecstasy did, however, have some peculiar qualities: sometimes she would stand motionless for hours, in the position of the crucifixion, or would walk on tiptoe as a sign of being loved by God, as she used to say. The psychotic aspect—which in modern clinical psychology or psychiatry would be called delusional (Drinka 1984; Stanghellini 2004b)—also emerges in her dual experience of being, at times, a body without spirit and, at other times, a spirit without body. Sometimes, says Madeleine, "My spirit is not in the movements I make, my body only acts like a machine" (Janet 1926/1991, 64); and sometimes, she continues, my state is "a suspension of the sense of living, as if I did not have a body, as if I had no limbs, and only the Spirit lives intensely" (Janet 1926/1991, 66).

Madeleine's withdrawal from others had what seems a more ethical–religious rather than schizoid quality. She left home at the age of 18, thereby giving up the comfortable life that her position could have provided her in preference for taking up a life of poverty in helping the poor. She changed her real name (Pauline Lair) to Madeleine Lebouc, after María Magdalena, and devoted herself to helping poor women in the Paris slums for years, until she entered La Salpêtrière in 1896 (at the age of 42). While in La Salpêtrière, she was attended by Janet, with whom she was able to speak very honestly about what he termed her "religious delusion." Although she went to live with her sister in 1904, she corresponded with Janet until her death in 1918—and lived, wrote Janet, "rather reasonably and happy instead of falling into the great delusions she was headed for" (1926/1991, p. 33). This suggests that her attitude, although socially withdrawn, as primarily "ethical–religious" rather than autistic in nature.

Madeleine's status as a kind of transitional case—somehow *between* the religiously oriented Teresa and typical contemporary patient—may depend to a large extent on the kind of care she received from Janet while at La Salpêtriere. There, her religious delusion was neither channeled as a

religious vocation nor treated as a mere delusion. As Janet acknowledged, Madeleine was a saintly ecstatic who had fallen into the hands of a rationalistic scientist who could study her (Drinka 1984, 348). In this sense, Janet himself could be seen as a kind of transitional case, namely, a representative of the great tradition, increasingly rare, of "mind healers who believed they could talk the madman out of his madness" (Drinka 1984, 355).

Acknowledgments

This work was financed with a research project from the Spanish Ministry of Science and Technology (ref.SEJ2006-02342/PSIC) awarded to the first author.

Notes

1. The entitle that Teresa gives to the chapter about this stage of her life—"How important it is to associate with people of virtue in childhood"—clearly acknowledges the influence of friends during youth.

2. Among the most famous of Teresa's visions is that of the transverberation, in which she herself is represented as wounded in the heart, and which is venerated in the reliquary of Alba de Tormes

> I would see beside me, on my left hand, an angel in bodily form—a type of vision which I am not in the habit of seeing, except very rarely. Though I often see representations of angels, my visions of them are of the type which I first mentioned. It pleased the Lord that I should see this angel in the following way. He was not tall, but short, and very beautiful, his face so aflame that he appeared to be one of the highest types of angel who seem to be all afire. They must be those who are called cherubim: they do not tell me their names but I am well aware that there is a great difference between certain angels and others, and between these and others still, of a kind that I could not possibly explain. In his hands I saw a long golden spear and at the end of the iron tip I seemed to see a point of fire. With this he seemed to pierce my heart several times so that it penetrated to my entrails. When he drew it out, I thought he was drawing them out with it and he left me completely afire with a great love for God. The pain was so sharp that it made me utter several moans; and so excessive was the sweetness caused me by this intense pain that one can never wish to lose it, nor will one's soul be content with anything less than God. (Teresa of Avila, 1904, 29, 13-14)

3. Such historians and sociologists as Philippe Aries and Norbert Elias have described the development of a new sense of "personal space" that can be observed in social customs from the Middle Ages onward, such as the use of cutlery (previously people has used their hands to eat from a common platter) and architectural changes (rooms were smaller, fewer people slept in the bedroom, new personal rooms, such as the study, appeared; Ariés and Duby 2001; Elias 1977/1989).

This development can also be observed in art. For example, painters begin to sign their work; the expressiveness of gestures is emphasized; many different kinds of people are portrayed (not only aristocrats and clergy), and so forth. In literature as well, new genres appeared, such as autobiography, in which writers can narrate their own lives (in addition to that of other people; Hauser 1998). (Teresa's own book, *The Book of my Life*, is a major example of this development.

The invention of the printing press is also important: it promoted an increase in the sheer number of readers and also allowed reading to be done *in private*—without the need to resort to oral reading, as had been customary until then; this encouraged private reflection and the cultivation of personal space (Ife 1985/1992).

4. Some authors also view Teresa's longing for "perfection" as due largely to her coming from a family of converted Jews—a fact that Teresa never mentions in her works and that has only been recently discovered. In 1485, Teresa's paternal grandfather was condemned as a heretic and apostate by the Inquisition, but he resorted to an edict of mercy by which he had to perform an act of penitence (Campos 2005; Senra 2005). It has been argued that this encouraged Teresa's need to strive for a kind of religious perfectionism, in contrast with the descendents of *old Christians*, who would not be "under suspicion."

5. Several different studies have shown the historic relationship between anorexia and holiness (e.g., Bell 1985; Toro 1996).

6. Today, patients with hallucinations or delusions with religious or spiritual content are relatively common (Corin 2007; Stanghellini and Ballerini 2007).

7. Since the nineteenth century, Teresa's behavior has been commonly understood as a form of hysteria or neurosis, largely due to the influence of French psychiatry (López Alonso 2004).

8. In this sense, it might also be mentioned that current cross-cultural studies show that it is precisely in Western societies (where these social characteristics are predominant) where, compared with developing countries, schizophrenia has the highest incidence and worst prognosis. It could, therefore, be argued that it is precisely the development of social values and characteristics of the modern Western world that shapes the origin of schizophrenic disorders (Pérez-Álvarez 2003a).

9. The psychiatric interview is like a puzzle in which the patient has all the pieces (symptoms) and the interviewer the whole picture of the design (diagnostic categories) (Stanghellini 2004a).

10. In this sense, we would argue that the phenomena treated by psychiatry and clinical psychology, including insanity, are best understood as interactive classes, liable to being shaped while they are being studied, rather than as natural classes, which are indifferent to the knowledge that one has of them (according to the distinction made by Hacking (1999, ch. 4); see also Pérez-Álvarez and Sass (2008).

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