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Filial Relationship, Mercy and limitation in Thérèse of Lisieux: Towards a Thérèsan Theological Anthropology and its Implications

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CHAPTER TWO

PART ONE: PSYCHOLOGICAL FOUNDATIONS

The Phenomenon of a Return to What is Most Real

Having presented her time and milieu, it is now time to return to the question that guides this research project: What are the theological implications of Thérèse’s understanding of herself as limited and her relationship with God as filial? In her autobiography, written in the last eighteen months of her life, Thérèse centres on God’s mercy toward her limitation.¹ She feels herself again carried like a child, loving with the love that she is first given, with the greatest effort that her personality, culture, and age will allow. ‘Filial love’ becomes an integrating principle in her thought, in the form of a core metaphor, acting as both a hermeneutic lens and investigative tool.² Yet, how did Thérèse re-imagine a God whose favour (heaven) was merited only by the stringent measures of moral perfection and martyrdom, to be one whose justice was mercy?

Thérèse’s sense of merciful love is generally surmised as due to being an indulged youngest child. As “indulged,” she knew mercy; this resonated with Proverbs 9:4 and Isaiah 66: 12-13.³ We aim, however, to establish Thérèse’s sense of mercy more explicitly, asking: ‘How might the quality of love in infancy be merciful?’ and ‘Where Thérèse might have experienced this?’ This preliminary search will lead to Thérèse’s sense of mercy as theology.

¹ Thérèse of Lisieux, Story of a Soul. The Autobiography of St Thérèse of Lisieux, translated by John Clarke (Washington, DC: ICS Publications, 1996), 13. At the outset she writes “...I’m going to be doing only one thing: I shall begin to sing...” The Mercies of the Lord;” which she continues to the end of her life.

² See Ormond Rush, The Eyes of Faith: The Sense of the Faithful and the Church’s Reception of Revelation (Washington DC: The Catholic University of America Press, 2009), 5-7. The expression “core metaphor” is used by Ormond Rush to describe an integrating principle. The core metaphor of “reception,” for example, uses “reception” as both a hermeneutic lens, and an investigative principle to uncover “reception” as an integrating principle, and to further open up new ways of understanding “reception.”

³ Story of a Soul, 188. Proverbs 9: 4:“Whoever is a little one, let him come to me.” Isaiah 66: 12-13 “As one whom a mother caresses, so will I comfort you; you shall be carried at the breasts and upon the knees they will caress you.”
Toward the end of her life, Thérèse appears to return to an affective memory. Pondering her father’s goodness while his mental health fails, reading her mother’s letters about herself, and renewing her childhood bond with Celine (with Celine’s 1895 entry into Carmel and discovering the Proverbs and Isaiah texts), she revisits her childhood mercy experiences, and revalues them. Fitzgerald writes,

In the first chapter of her autobiography, Thérèse sees herself in the eyes of her own mother whose letters, written before Thérèse was four, attest to how the baby daughter has been mirrored to herself by a loving mother. By documenting what Thérèse knows experientially but perhaps not consciously, these letters bring to an awareness the affirmative experience of love lying dormant in her psyche, thereby enabling her to tell us that her “first memories…are stamped with smiles and the most tender caresses.”

What experience became “dormant,” which, when recalled, was felt as mercy (miséricorde) – understood as alleviation of misery via “forbearance towards one who is in one’s power: a forgiving disposition” – applicable to God?

a. Method

For the investigation we use: (i) as qualitative data, impressions about Thérèse from family correspondence, (ii) a paradigm of emotional development offered by L. Alan Sroufe, relating to infant and caregiver dyad interaction, (iii) and John McDargh’s study, where he outlines the faith development process, and explores the phenomenon of human imaging of God by way of the ‘heart’, which can have the appearance of regression.

To show what takes place in a return to this sense of mercy, we rely on McDargh’s work in the psychological dimensions of faith that underlie the formation of the self

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(relating to the capacity to love and accept love). He argues, using “object relations theory,” supported by H. Richard Niebuhr, Rizzuto and others, that what is felt as most real in relational terms is applied to God, and this presses upon us, or is returned to in a crisis situation. Psychoanalytic theory is not without criticism; McDargh’s work on the psychic processes which lead to theology, however, agrees with phenomenological accounts of spiritual and religious development, and human symbolizing within religious faith. Through McDargh, we will trace the development of religious faith.

For our data, to establish the characteristics of Thérèse’s early development, especially the presence of mercy (underpinning her later sense of it), we will use Zélie’s impressions of young Thérèse found in her correspondence. We hope to show what was most real for Thérèse emerged from her early relationships – supporting a process that McDargh outlines, the felt-substance of these relationships is foundational to one’s image of God. Evidence of this process in Thérèse will illustrate a phenomenology of returning to primal truths via conflict and suffering, and of ascribing to God what is felt as most true. To explore the formation of an affective memory of the experience of mercy, we turn to Sroufe’s theory of emotional development based on behavioural research. Incorporating Bowlby and Ainsworth’s findings, Sroufe argues that infant behaviour is organized towards attachment and that affect is central to that organization. Providing behavioural support for McDargh’s observations, his theory will be used to describe aspects of caregiver-infant interaction.


9 Psychoanalysis is vulnerable to being used to support claims by reinforcing some experiences above others. Karl Popper declared Freud’s ‘theory’ of the subconscious as unscientific in its inability to be ‘falsified’. See A. F. Chalmers, *What is this thing called Science?* (St Lucia: University of Queensland Press, 1999), 59, 64. Erich Fromm criticized Freud for analysing persons according to his personal criteria of significance, and cultural conditioning in “Freud’s Model of Man and its Social Determinants,” *The Crisis if Psychoanalysis* (London: Jonathan Cape, 1970).


a. Sroufe’s Theory

Sroufe reports that the sensitive caregiver develops an “affective bond” with the infant, toward developing “the regulation of emotion.”

In the first half of the year...The caregiver reads the infant’s signs of distress and other affective communications, imbues them with meaning, and responds to them – dyadic regulation being accomplished without intentionality on the part of the infant...in the second half of the year the infant specifically and achieve contact, and intentionally directs communications to the caregiver, takes purposive action to flexibly selects and alters behaviours ...until the goal of interaction... is achieved.

This affective bond enables the child’s self-regulation, providing a foundation for what is to come. To the degree that the caregiver sensitively responds to the child, to that degree the child acquires confidence in his or her own causality. Confidence in the caregiver becomes confidence in the self with the caregiver, and, ultimately, confidence in the self. The child will form expectations concerning their caregiver based on their interactive history and will elicit responses complementing these expectations. Early on, interactive history is comprised of coordinated exchanges orchestrated by the caregiver, then, later, of caregiver responsiveness to signals that call for availability, where infants learn when the caregiver is likely to be available and when emotional regulation may be maintained or retrieved. Such interactive history prepares us for


14 At the beginning the infant’s responses are supported by built-in regulatory capacities. Sroufe, *Emotional Development*, 172.


19 Sroufe, *Emotional Development*, 185. What could be taken as a closed system of behaviour, we interpret in terms of experiences of transcendence. Sroufe states that the goal of attachment should not be viewed as a cybernetic system (a system where an organism relates to its environment and is then
Thérèse’s idea that God will act for her on her behalf while she is with “empty hands,” and that this mercy is God’s justice.

Thus, in our re-construction of Thérèse’s sense of self and of God, we use McDargh to show how faith development is a dynamic constructed via childhood relations, and Sroufe to show the presence of mercy in infant-caregiver interaction. For this reconstruction, Zélie’s correspondence will be used. Story of a Soul will only be used for material not available from elsewhere (as Thérèse’s 1895 writing indicates returning to a sense of what is most real about God).

Chapter Three will continue to describe Therese’s ‘self-becoming’ until 1895 (when she begins her autobiography). Chapter Four will show Thérèse taking up concepts that do not figure in her final sense of God, as they are not ‘affectively credible’ (yet are instrumental in her returning to her intuition about what is real). Chapter Five will find Thérèse writing Man A, beginning her return to what is most felt as real about God, to become her “little way.” Together with Chapter Six, it will follow Thérèse’s imaging of God (the foundation for our theological comment in Chapters Seven and Eight), describing a parent-God who accommodates her limitations as she loves God without restraint. This filial metaphor, explicit in Mans B and C, we will view as emerging in Man A, based on de Meester’s study tracing its development,20 and on Fitzgerald observing the effect reading her mother’s letters has on Thérèse.

Below, we first outline the dynamic of faith development through McDargh. Then, through Sroufe, we identify mercy in the infant’s experience, to show the veracity and richness of Therese’s adaption of the filial metaphor from her felt-memory. For example, in Man B Thérèse has her relation with God corresponding to ‘smallness’/weakness. The more she recognizes her limitation (through suffering it), the more she surrenders herself to being ‘carried’. She no longer tries to prove anything.

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20 We accept de Meester’s observations regarding Thérèse’s “little way” as beginning around September 1894, before writing Man A, based on progressive use of child imagery. Conrad De Meester, The Power of Confidence: Genesis and Structure of the “Way of Spiritual Childhood” of St Therese of Lisieux (Staten Island, NY: Alba House, 1998), 145-182.
“Doing nothing,” however, involves the interior work of trusting in God’s mercy; \(^{21}\) her filial metaphor becomes productive in her evoking the various dimensions of felt-merciful love. This research, thus, is concerned with the early impressions which inform Thérèse’s imaging of God (and with exploring that image’s theological value).

1. The Dynamic of Faith Development

We begin with two observations from McDargh central to our project: (i) Intellectual ‘concepts about God’ are secondary to a person’s ‘image of God’ which is based on affective knowing. Inextricable from self-becoming, this image involves projections of early impressions formed by the self in relation to their significant care-giver. \(^{22}\) (ii) Many of these projections, however, do not result in a sustainable or positive image of God; it is theology’s enterprise to ascertain, which “projections are supportive of human freedom and dignity and do not ‘lie about life, death, and reality.’” \(^{23}\)

Thérèse’s environment surrounded her with concepts about God. How did she affirm her image of God against these? The answer is to be found in McDargh’s observation that “religious faith” (rooted in “primal faith”) is a “reasoning of the heart,” by way of “images that are living products of the imagination.” \(^{24}\) These images, “making up what is lacking” in an immediate reality we do not fully know, sustain our interaction with one another. Transcendence is apprehended at the level of felt-relation; \(^{25}\) what is held is

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\(^{21}\) Therese converts her felt experience to a metaphor at a cognitive level. See Iain Matthew, *The Impact of God: Soundings from St John of the Cross* (United Kingdom: Hodder and Stoughton, 1995). This apparent regression, marked by trusting that all, even love, will be supplied, involves a practice of spiritual imagining, as St John of the Cross did, against the inclination to ‘conquer’ God, so that confronted by our limitation we might recognize and receive God.

\(^{22}\) In the processes of self-becoming, the child projects a defence to any threat to his self, upon ‘God’ as the guardian of his continuance. The material of the projection (whether I am loved for being me) is drawn from “internalization” of interactions with primary others. Specifically, I know that I am loved through “the formation of the representations of loving...or rejecting other and of [myself] in relation to that other.” McDargh, *Psychoanalytic Object Relations Theory and the Study of Religion*, 105.


\(^{25}\) McDargh, *Psychoanalytic Object Relations Theory and the Study of Religion*, 104-105. This entails choosing between images that are “creative and life enhancing,” or “evil imagination[s] of the heart,” such as mistrust, fearfulness, and other distortions of the heart.
chosen from personal images rather than concepts. McDargh offers instances where a felt-God overrides ‘concepts of transcendence’. Two examples follow:

A young man, by no means uneducated or theologically uninformed, confides in a period of emotional turmoil that he longs to be held and rocked in the arms of God.

A... professional with a...demythologized notion of God appropriate to his that his liberal theology is surprised to discover in the midst of a threatened airline crash spontaneous prayer leaps... over the carefully developed formulations of his adult life to address the God of his childhood.26

Finding support in William James (“there persists a sense of reality, a feeling of objective presence... a perception of ‘something there’” which “provides the psychic foundation for... receptivity to beliefs about divinity presented at other levels of cognitive organization”),27 McDargh asserts that though appearing abstract and conceptual, faith in God is anchored in the centre of meaning and value, made potent by images from a particular history of personal relationships, most critically shaped in infancy.28 This “centre of meaning and value” may be understood in terms of “object relations theory,” as McDargh explains below.

a. Object Relations Theory and Transitional Objects

‘Object Relations Theory’ is “a broad ranging development within psychoanalytic theory” that accepts “those insights in Freud which give pride of place to personal relationship as the matrix within which the human psyche is formed, and as the model for subsequent operation” – internalizing interpersonal relations, and negotiating interpersonal relations through this internalizing.29 “Objects” refers to Freud’s observation that the infant’s relationship with its mother is formed through what the infant interacts with – aspects of her such as breasts and eyes. These represent the mother and the infant’s relationship with her. Donald Winnicott proposed something


27 James names this “the human ontological imagination.” McDargh, Psychoanalytic Object Relations Theory and the Study of Religion, 118.


further.\textsuperscript{30} The giving or withdrawing of the breast, supporting arms, eyes and voice, do not just represent the relationship with the mother,\textsuperscript{31} but are dynamic (through these mother and infant express their relationship) and portable (transferable to other relationships); Winnicott named them “transitional objects.”\textsuperscript{32} Their dynamism and portability leads to the object representation of God – a pervasive life-long object-representation.\textsuperscript{33}

Winnicott further named the array of sensory impressions, which encompasses the mother’s picking up, gathering together, holding, bathing and feeding, the “holding environment.”\textsuperscript{34} When the mother meets the child’s physical, cognitive and affective needs through these, feelings of trust and self-esteem are created in the child, a sense of being valued and valuing the care-giver. As the child feels valued and learns to trust, so it trusts and loves the world around it. Sroufe notes that the child feels and repeats the quality of this holding environment: the child recapitulates “not specific behavioural features experienced with the caregiver but the quality and patterning of the relationship, mediated by affect.”\textsuperscript{35} We will return to this.

\textit{b. Transitional Objects, Trust, and God}

The child begins inside another, symbiotically \textit{in utero}, rocked, cushioned, and ‘held’ by confinement. With no want for air or food – fluid occupies mouth and lungs – this

\textsuperscript{30}In Freud’s early work, these fragments of the person were the object of (the child’s) energies or ‘drives’. Otto Rank, Ronald Fairbairn, Melanie Klein, Donald Winnicott, and Harry Guntrip build on and diverge from Freud’s concern with drives, asserting ‘relation’ as the object of internalized aspects of the other.

\textsuperscript{31}To ‘mother’ we add, ‘significant caregiver’. The child’s early nurturer may include persons beyond its biological mother. (Rose Taillé nursed Thérèse.)


\textsuperscript{33}“...one of the most significant object representations with which an individual is in lifelong relationship is the object representation of God.” McDargh, \textit{Psychoanalytic Object Relations Theory and the Study of Religion}, 18.


\textsuperscript{35}The child seeks to recapture the familiar emotional features of an interchange through anticipating and effecting a situation which elicits a familiar interchange. They behave “in terms of their understanding and expectations regarding relationships with the aim of making experience meaningful.” Sroufe, \textit{Emotional Development}, 232. 224-227, Sroufe offers data for the “preschool” child, displaying patterns of relating that mimic the overall tone, sense and values of what it has experienced, rather than specifics.
represents the child’s original experience of abundance. This experience, after birth, is overlaid by the breast, arms, words, approving gaze, and the smile. The parental smile arouses self-awareness in the infant (and the chain of cognition) and stimulates smiles in return.  

Bestowing esteem on the child begets its power to esteem in return.

Consistent giving (first in terms of routine, then emotional stimulation via the transitional object such as the smiling face) encourages anticipatory response to what is previously given in the form of expectation on it being repeated in the future. “Basic trust” (primal faith), is critically encouraged or dissuaded in infancy, through significant relationships. A sense of being loved as a separate growing self (or not) occurs through “internalization.” Internal representations of events of acceptance or rejection provide the material for dealing with future threat or nourishment to the continuing self. An “inner working model” is created to assess what should be sought and avoided, to enhance the sense of self and avoid what threatens it. Through the nurturing of basic trust, communicated through transitional objects, a “background of safety” is established, sponsoring the growing child’s venturing out into the world.

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37 Fitzgerald, “The Mission of Thérèse of Lisieux,” 3. Fitzgerald writes in relation to a feminist developmental position from Nancy Chodorow that the unsevered maternal gaze serves to equip the girl-child to mother in her own right. We wonder whether this observation about the maternal gaze perhaps relates more to quality of relation (equipping to “mother”) than gender.

38 After 9 months of secure holding in the womb, there is a strong residual trust. Clinical studies point to an infant as beginning “robust and well-organized in the first few months of life,” and not even manifesting alienating behaviour in their repertoire, but after months of emotional rebuffal from an “avoidant” parent, expectations are brought into being. “It is not static characteristics of the child that are carried forward, but expectations concerning self, other, and relationships and patterns of emotional regulation, all deriving from patterns of regulation within the relationship system.” Sroufe, Emotional Development, 232-233.

39 The mutual exchange between infant and caregiver is critical in emotional development, and reciprocally, affect is important for all aspects of personality and social development. “Depriving the child of this interchange is a serious...[even] a dangerous handicap for its development in every sector of the personality.” Sroufe, Emotional Development, 40. Rose’s surrogacy was essential for Thérèse’s development.

40 McDargh, Psychoanalytic Object Relations Theory and the Study of Religion, 105. In Sroufe’s terms, sensitive caregiving involves stimulating positive affect, while insensitive caregiving or unavailability leaves the infant affectively disorganized.


From this background, images are reworked and re-elaborated throughout a life to accommodate what challenges the developing self.  

McDargh notes that Freud (while developing it in a negative sense) proposed that the infant’s early trust in the parent was to find its way into structuring subsequent religious faith. Accepting Freud’s primary thesis, McDargh investigates why trust is invested beyond early centres of meaning (the parent and what the parent gives) while “maintaining a continuity with those centres.” He examines two psychological motives for turning to a transcendent object representation as a locus of faith. Ernest Becker, in the first, views persons as driven to a beyond upon experiencing absolute limit by the threat of dissolution. “Expansion and communion” is yearned for “against the limitations of finitude.” Karl Rahner, in the second, views persons as open to greater participation in the real; transcendence proceeds from, and is inherent in, the fullness of living. Thérèse witnesses to both in her writing. The desires which propel her, unrealizable in terms of her own capacity, accentuate her limitation. But her childhood experience of sensitive attention (mercy toward her smallness) recalls beneficence and draws her toward deeper and wider engagement with the real.

c. Separation, Self-Becoming and God

In Becker’s view, central to self-becoming is the need to be uniquely other, as the self is threatened with death in sameness, yet at the same time there is the need for merger, for


44 Freud described this development as supporting a “wish fulfilment,” encouraging an “infantile pattern of dependency” through a structure of reward and punishment via the “superego” phenomena. Others, since, have observed that a benevolent superego can integrate and orientate, playing a positive role in adult adaptation. There may be “regression in the service of the ego” based on the intuition that “a return to the foundations of our self-formation in the psychic interaction with our earliest representational world can have positive implications for our adult functioning.” Quote from E Kris, “The Psychology of Caricature,” in Psychoanalytic Exploration in Art (New York: International universities Press, 1952), McDargh, Psychoanalytic object Relations Theory and the Study of Religion, 107.


47 McDargh, Psychoanalytic Object Relations Theory and the Study of Religion, 133.

communion, but not at the cost of loss of self for the sake of it. Confronted by loneliness, separation, and powerlessness, the child transfers qualities experienced through relationships, such as strength, dependability, watchfulness, indestructibility, in short, the conservation of life, to “a beyond” that validates the self. Projection is thus necessary for survival and self-fulfilment. Though Becker’s view expresses projection from the perspective of negative circumstances, it does illustrate, McDargh observes, that “the first locus of transference in the dynamic of faith is derived from the powerful protective figures of childhood” and the object representation of God is “inextricably involved in the process whereby human beings maintain themselves and develop as selves.”

McDargh prefers the process of human wants and desires which ‘construct God’ to be more than a mere survival mechanism against threat to the self (Becker), but as God-intended. He reflects that the young child’s most creative and powerful energies are invested in the “process of determining what is real, the dependable, the trustworthy.” The child creates a symbolic sphere, “the space of the transitional object,” where,

49 McDargh, Psychoanalytic Object Relations Theory and the Study of Religion, 110. This is positively embodied by the smile, where pleasure and esteem is expressed between persons who stand “apart.”


51 McDargh, Psychoanalytic Object Relations Theory and the Study of Religion, 111.

52 Letters of St. Thérèse of Lisieux: General Correspondence Volume II 1890-1897, translated by John Clarke OCD (Washington DC: ICS Publications, 1988), 1218-1219. Thérèse exemplifies this when she enlists her mother to rescue her from Hell, which is tantamount to Zélie rescuing Thérèse from both God’s judgment and her own imperfections. Thérèse later projects this form of rescue upon God.

53 McDargh, Psychoanalytic Object Relations Theory and the Study of Religion, 116-117. At 111-112, Becker concludes that persons surrender themselves through what is an intrinsically religious activity, “to the rest of nature, to become part of it by laying down one’s whole existence to some heroic personality... [giving] hope because it holds open the dimensions of the unknown and the unknowable, the fantastic mystery of creation that the human mind cannot even begin to approach...that make[s] a mockery of earthly logic... [amid] the impossible limitations and frustrations of earthly matters. Becker, The Denial of Death, 203-204.

54 McDargh, Psychoanalytic object Relations Theory and the Study of Religion, 112. McDargh notes from Franz Josef van Beeck, Christ Proclaimed: Christology as Rhetoric (New York: Paulist Press,1979), that “elevating the theme of againstness and limitation to central importance risks either defining God in terms of the diminishment of the human person, or setting God apart from the positive, real functioning of human wants and desires.”

Winnicott asserts, configuring a lasting and reliable sense of the enduring reality of the parent is

the...beginning of a lifetime of creative enquiry into the more-that-is-possible... there is a motivating hunger for the real that proceeds not from a sense of... limitation of life ... but precisely from the plenitude of being.\textsuperscript{56}

The infant’s search for stimulation\textsuperscript{57} is congruent with Rahner’s perspective: that what is most real opens persons to the “inexhaustible depths of other particular existences, [to] reality in total...” which conveys “the incomprehensible mystery in God.”\textsuperscript{58} The motivating hunger that draws the child forward, paradoxically, is rooted in its most real, original, experience,\textsuperscript{59} and this most real original experience, in turn, possesses a transcendent quality. Von Balthasar, reflecting on the “plenitude,” the “something more” conveyed by the smile writes that from the very early encounter with its mother’s smile the child derives a sense of being as unbounded and reaching to the ultimate, to the Divine.\textsuperscript{60} When the mother smiles at the child, unity is effected in spite of the mother and child’s separation. Martin Buber in \textit{I and Thou} proposes that the ‘between’ of two persons is the occasion of eternity.\textsuperscript{61}

McDargh notes that a positive description of the process of faith development may be based on an extension of Freud’s thought – that the nature and quality of the child’s first significant care-giving relations determine all later relations, which become “substitute figures for these first objects” of the child’s feelings (including and especially in the case of God).\textsuperscript{62} The substitute figures are derived from the “imagos” of the mother


\textsuperscript{57} Sroufe observes that very quickly, in the first few weeks of life “infant behaviour is increasingly a matter of seeking stimulation, rather than always seeking relief from discomfort, and a matter of synchrony with the caregiver environment, rather than a mere need for gratification.” Sroufe, \textit{Emotional Development}, 153.


\textsuperscript{60} Von Balthasar, \textit{Unless You Become Like This Child}, 17.


(father, siblings and so on) and inherit, and elicit, sympathies and antipathies which they themselves did not contribute to. Later choices of relationships follow upon the subconscious memory traces of these first prototypes. McDargh believes that when Freud’s object relations theory is treated as a process involving images which are dynamic “within the total economy of a life,” an “essential connection between self and object representations and the formation of the self” is revealed.

McDargh notes Ana-Maria Rizzuto’s refinement of Freud, which follows. The child’s interaction with significant carers is codified, and later retrieved as “representations.” Codification includes the remembrance of past physical sensations, their actual physical enactment in the body, visual or audial senses of presence, and conceptual senses evoked by ideas or words. These experiences are influenced by distortions of the perception that were needed at the time. As the needs for those distortions fade or are ‘healed’, a reconstruction of the object representation may take place. Importantly, accompanying the formation of object representations are how we felt, as the process serves to form the self in relation to the primary caring others. The ongoing development and maintenance of the self involves a dialectic that allows a re-reading of ourselves and these relationships.

The object representation of God, Rizzuto continues, occurs subsequent to these (parent or caregiver) images. A child imaginatively constructs an image of God that involves


65 These are not to be thought of a static affective event in the past. McDargh, *Psychoanalytic Object Relations Theory and the Study of Religion*, 120.

66 Sroufe, *Emotional Development*, 182. In their physiological expression, emotions produce neurological imprints that are codified as memory. Shore speaks of the symbiotic entrainment between the mother and child, resulting in the shift from negative affect to positive affect, as influencing the formation of dynamic brain systems (sympathetic parasympathetic balance) – “externally activated sympathetic activity leads to increased arousal regenerated positive affects,” and increased mobility “which enable the reenergized toddler to go back out into the world.”


the characteristics of, and predicaments relating to, primary persons in their life such as parents and siblings, the “religious, social and intellectual background of the household...and the circumstances of the moment where the question of God emerges.”\textsuperscript{71} The experience of God involves an interplay between the early relations with primary caregivers (where the perception of the self is formed) and concepts of God both presented to, and creatively formed by the child.\textsuperscript{72} (We recall McDargh asserts that the object representation of God is a greater determinant of the character and development of a person’s faith in God than conceptual reasoning about God, regardless of its intellectual reasonableness.)\textsuperscript{73} There is within the child a complex interaction between the theological ideas offered by a community’s tradition, and the God and self-representations which the child brings along to confront those ideas. He quotes Rizzuto,

the child brings his own God, the one he has himself put together to this official encounter. Now the God of religion and the God of the child-hero face each other. Reshaping, rethinking, and endless rumination, fantasies and defensive manoeuvres will come to help the child in his difficult task. This second birth of God may decide the conscious religious future of the child.\textsuperscript{74}

A child’s early theology may come to be rejected through the child’s encounter with others who seem to possess the same god-representation but render it futile by their refusal to give it life. McDargh illustrates this in the child Sartre, who “learned that the Almighty had made me for his glory,” but, while “I needed a Creator, I was given a Big Boss...” Disbelief arose “not by the conflict of dogmas, but by my grandparent’s indifference.”\textsuperscript{75} Jung writes of his experience

I began to distrust the Lord Jesus. He lost the aspect of a big comforting, benevolent bird, and became associated with the gloomy black men in frock coats...who busied themselves with the black box.\textsuperscript{76}

\textsuperscript{71} McDargh, \textit{Psychoanalytic Object Relations Theory and the Study of Religion}, 122.

\textsuperscript{72} McDargh, \textit{Psychoanalytic Object Relations Theory and the Study of Religion}, 123

\textsuperscript{73} McDargh, \textit{Psychoanalytic Object Relations Theory and the Study of Religion}, 131-132.

\textsuperscript{74} McDargh, \textit{Psychoanalytic Object Relations Theory and the Study of Religion}, 129.

\textsuperscript{75} McDargh, \textit{Psychoanalytic Object Relations Theory and the Study of Religion}, 130.

\textsuperscript{76} McDargh, \textit{Psychoanalytic Object Relations Theory and the Study of Religion}, 126.
The ‘concrete’ experience of being loved and ‘brought to life’ provides the referents for making affective sense of the concept of God as compassionate and loving. Without these, the concept is meaningless.\textsuperscript{77} Those referents are to be found in early life, and McDargh notes that the place of significance for religious faith is in the pre-oedipal phase.\textsuperscript{78}

We return to the examples presented earlier representing the phenomenon of persons who put their early God-object aside, but upon some critical event, or predicament, retrieve it and once again engage with it.\textsuperscript{79} The event, re-evoking one’s object representation of God, brings the relation back to life; engagement may lead to ‘conversion’, or the re-organization of a cognitive attitude, thus, transformation.\textsuperscript{80} This brings us to the example of Thérèse. Did she, in the depletion of suffering, refuse religious ideas that threatened her self, that conflicted with early realities? Did she, in answer to “Who is finally there for me?” (Niebuhr), recall a God who favoured her in her smallness?\textsuperscript{81} To examine Thérèse’s early self-becoming, we sharpen our focus on the “setting” she entered.

2. Thérèse’s Case: The Martin Household

Chapter One presented the religious, social and intellectual background of Thérèse’s time. We saw Thérèse, participating in a family that shared a common ideal of sanctity, as a subject connected with her culture, affected by the mood of her time – romantic heroism, modernist physicalism, and modes of Catholic thinking which drew scorn from outside it, and experiences of alienation within it. Concepts such as election, moral perfection, and prescribed vocations imposed constraints, but practices of self-examination and communicating via symbolic imagery provided fertile material for

\textsuperscript{77} McDargh, Psychoanalytic Object Relations Theory and the Study of Religion, 132. Thus, the God of “Abraham, Isaac, and Jacob,” our ancestors’ God, can be relied on to deliver us, and not the God of the philosophers.

\textsuperscript{78} McDargh, Psychoanalytic Object Relations Theory and the Study of Religion, 144-145.

\textsuperscript{79} McDargh, Psychoanalytic Object Relations Theory and the Study of Religion, 129-130.

\textsuperscript{80} McDargh, Psychoanalytic Object Relations Theory and the Study of Religion, 131.

\textsuperscript{81} McDargh, Psychoanalytic Object Relations Theory and the Study of Religion, 105.
Thérèse’s spiritual imagining, especially her progressive imaging of God. A review of her domestic culture follows.

Thérèse’s father Louis Martin was born and raised in a Catholic nationalist and military environment and its associated legitimist cultus. Inclined to meditation, the loss of his brother and three sisters (one at nine years of age) perhaps contributing to his pensiveness, he sought entry into the monastic life with the Augustinian Canons of St Bernard. Refused because of a lack of a classical education, he eventually gave up on this and went to Paris to finish a watch-making apprenticeship. Upon completing his apprenticeship, Louis bought a business and became a successful watchmaker, using his trade to also express his Catholic virtue, such as honouring the Sabbath, which entailed doing no trade on a day that would have been profitable. Returning to his family home, for eight years he lived a solitary life, occupied with travel, the Catholic Club, prayer, reading, and fishing.

Louis met and married Zélié Guérin, who had also been raised in a Catholic and military environment – by an overbearing father and a moralizing mother who was critical of Zélié, the least favoured of three children. Zélié thought of her life in terms of vocation (a call from God to either serve God in the religious life or married life). Like Louis, Zélié had felt that her vocation was in the religious life (with the sisters of the Hôtel Dieu), but, too, was refused entry, whereupon she took up Alençon lace-making and established herself as a successful “middle-woman.”

84 Richard D. E. Burton, Holy Tears, Holy Blood: women, Catholicism, and the culture of suffering in France, 1840-1970 (USA: Cornell University Press, 2004), Under republican rule, this day was made available for work. Working on Sunday represented le vice français about which the Marian apparition at La Salette (1846) expressed her pain.
85 Story of a Soul, 1.
86 Story of a Soul, 2. Zélie’s “father was present at Wagram” and concluded his career in the gendarmes. See also Bernard Bro, Saint Thérèse of Lisieux: Her Family, Her God, Her Message (San Francisco: Ignatius Press, 1996), 34.
87 Story of a Soul, 2.
began their marriage with a celibate ideal; after ten months, however, a confessor advised them to consummate their union.88 The ideal of a life offered to God remained, but now it took in the prevailing Catholic teaching on marriage. Through spousal affection and co-operation in having and raising Christian children, it was to resemble a domestic mission in forming religious and saints. Zélie describes their new orientation in accepting the vocation of marriage: “When we had our children our ideas changed somewhat. Thenceforward we lived only for them; they made all our happinesses…nothing any longer cost us anything; the world was no longer a burden to us…my children were my great compensation, so that I wished to have many in order to bring them up for heaven.”89

Nine children were born in thirteen years. Joy was accompanied by struggle against sickness, and grief upon death, which claimed two infant sons and two daughters. Three infants died from enteritis due to Zélie’s inability to successfully breast-feed.90 In 1870 there were two losses; six months after four year old Hélène died, their baby starved to death.91 Zélie’s own health was also a concern. When cancer was finally diagnosed, it was declared “incurable.”92 Louis and Zélie persevered, naming God as their true value and reality. Their days were governed by the liturgy, going beyond the practice of the time by attending daily Mass and receiving communion frequently, celebrating feasts and keeping fasts.93

While conducting her business, Zélie was also present to her children when Louis was away (on pilgrimage, Christian meetings, fishing and visiting his retreat). Zélie and Louis cared for their children in an attitude of unrestrained giving, providing for them

88 Story of a Soul, 2.
92 Story of a Soul, 3.
93 They attended mass early in the morning. Story of a Soul, 4.
generously. Louis related to his daughters in a spirit of playfulness, giving them names such as “pearl” and “diamond,” and on occasions took them to his place of retreat, the Pavilion.

Görres notes that the Martins held to an older French style of education where education, begun in the heart of the family, was unapologetically direct and firm. It was gentle ruthlessness – strictness in following a clear objective, within an environment of loving care. Academic achievement was rewarded. Virtue was praised. Beyond work and childcare, Louis and Zélie’s day to day activities were directed to profiting the faith of the Catholic Church through the practical care of the poor and sick, almsgiving, and pilgrimages, and devotion to the Sacred Heart of Jesus, Mary, and the saints, in donations and self-sacrifice. They parented with the heavenly community in mind, one where the resurrected faithful enjoyed an everlasting rest in God’s restoring presence. We turn our attention to Thérèse.

3. Thérèse: Early-life Data

The following data contributes to Therese’s early self-formation. Some weeks before Thérèse’s birth, Zélie expresses her love of having children, exclaiming that she was

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94 This included a swing to play on, pet roosters, hot chocolate in bed, May altars with Hawthorne reaching to the ceiling, a puppy called Tom, making apple cider, songs on Louis’ knee, and family Christmas feasts. After Zélie’s death, Louis continued family ceremonies, and showering gifts: pet canaries, a day-old lamb, and supplying Carmel with the fish he caught. Saint Thérèse of Lisieux: General Correspondence Volume I, 1877-1890, translated by John Clarke OCD (Washington DC: ICS Publications, 1982), 113; Letters of St. Thérèse of Lisieux: Volume II, 1304, 1228.

95 Louis would later name Thérèse his “reine” (queen) to his position “roi (king) de France et Navarre.” Burton, Holy Tears, Holy Blood, 23.

96 Görres, The Hidden Face, 63-64. Görres’ observation compares well with the 2002 film, “Être at Avoir” by Nicolas Philibert.

97 Burton, Holy Tears, Holy Blood, 24. In spite of regret over her “guilt ridden and guilt inducing education,” Zélie repeated some of her mother’s ways in her own focus on sin.

98 Burton, Holy Tears, Holy Blood, 23.

99 After Zélie’s death, the Martin girls were made the legal guardians of Zélie’s brother Isidore, a pharmacist and “leading lay figure in the Catholic community at Lisieux,” while Louis continued to travel. Isidore contributed to the local Catholic Newspaper Le Normand of which “he was also the principal financier.” Burton, Holy Tears, Holy Blood, 22.
born to have them. She expects this new baby to be a boy, perhaps to become a priest. The new child is a girl. Zélie will later comment that she “has the face of the predestined.”

a. Data for Thérèse’s Early Self-formation

At two weeks, Zélie describes Thérèse as unusually responsive

She is beautiful, she is already smiling. I noticed this on Tuesday for the first time. I imagined I was mistaken, but yesterday doubt was no longer possible; she looked at me attentively, then she gave me a delightful smile. When I was carrying her, I noticed... when I sang, she sang with me.

Thérèse, at less than two weeks of age, refuses Zélie’s breast in favour of bottle feeding. For two months Zélie worries over her health, writing about the possibility of another death. Apart from feeding problems Thérèse progresses,

as soon as she has a short moment of respite [from crying], she laughs heartily,

but she has arrived in the wake of her sisters Melanie and Helene’s deaths, and looks into a face (Zélie’s) haunted by death. In the sixth month of her pregnancy, Zélie had written to Mme. Guérin

How will I rear it? I have nightmares about this every night. However, I must hope that I shall come out better than I believe and shall not have the grief of losing it.

100 Story of a Soul, 3.

101 “I was surprised, for I was expecting to have a boy... because I felt the child to be much stronger than my other children.” Letters of St. Thérèse of Lisieux: Volume II, 1199.

102 Letters of St. Thérèse of Lisieux: Volume II, 1207.

103 Letters of St. Thérèse of Lisieux: Volume II, 1200.

104 Letters of St. Thérèse of Lisieux: Volume II, 1200. Which is inadequate as it is toast and water, or breaded “half-milk.”

105 Letters of St. Thérèse of Lisieux: Volume II, 1198-1205.

106 Letters of St. Thérèse of Lisieux: Volume II, 1202

107 Letters of St. Thérèse of Lisieux: Volume II, 1198.
In her ninth month Zélie wrote of the difficulty of finding a suitable wet nurse but expressed hope – a desire – that she herself might feed her baby. Two weeks after the straightforward delivery of a healthy baby, she wrote

She promises to be strong. However, I do not dare count on this, I always fear enteritis.

The following day she writes

I notice [in Thérèse] the same alarming symptoms as my other children who died. Will I have to lose this one?

She worries about how to name Thérèse so that she will not die (showing a certain strength by defying her sister’s strategy to have Thérèse called ‘Françoise’ to save her life), and the following week she writes “My...daughter is sick, she has enteritis, and I fear losing her.” A week later she writes that she sees “all the gravest signs that preceded the death” of her other daughters, and that she is “very sad, convinced that the poor darling was unable to receive help from her in her weakened condition;” this fear of being helpless with regard to feeding was “a continual agony.”

The ‘face of fear’, though, is also the face of determination, that fetches a wet nurse (from Semallé about nine kilometres away) Rose Taillé, who consents to nurse her.
Thérèse returns to Semallé with Rose, the married mother of a one year old child (she successfully fed) amongst three other children. At this point Zélie is grateful but resigned to the outcome without much optimism, stating,

I have grave fears...my first little boy was like this... I have done all in my power

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110 Letters of St. Thérèse of Lisieux: Volume II, 1200.
111 Zélie expresses her abhorrence of death in the context of her sister’s threat that life could not be counted on unless she named her child “Françoise,” after Frances de Sales. Letters of St. Thérèse of Lisieux: Volume II, 1201-1202, 1202.
113 Christine Frost, A Guide to the Normandy of Thérèse: From the Cradle to the Grave (London: The Thérèssian Trust and St Thérèse Missionary League, 1994), 88. Rose has Thérèse from March 15 or 16, 1873 to April 2, 1874. Story of a Soul, 279.
114 Frost, A Guide to the Normandy of Thérèse, 88. Rose is married to Moses Taillé.
to save Thérèse’s life; now if God wills to dispose matters otherwise, I shall bear up with the trial.\textsuperscript{115}

The outcome, however, is that Rose’s milk revives Thérèse and a bond is formed with Rose.\textsuperscript{116} For a year Thérèse thrives in Rose’s care, in a country cottage, amongst fields of daisies and cornflowers, animals, children and working women. One vignette is of a plump tanned baby Thérèse atop a wheelbarrow loaded with hay,\textsuperscript{117} another is of Thérèse tied to Redskin the cow, to leave Rose’s arms free for milking.\textsuperscript{118} When Thérèse cries on a visit home at five and a half months, Zélie has her maid Louise return her to Rose at the market (selling butter),

As soon as she saw her wet-nurse, she looked at her, laughing, then did not breathe a word; she remained like that until...noon.\textsuperscript{119}

Rose is happy to have Thérèse, and Zélie is pleased with Rose’s care

I am well satisfied with this woman, you hardly meet another like her for taking care of children.\textsuperscript{120}

With Rose, Thérèse becomes “well and strong,” Zélie is pleased to see that Thérèse (at six months)

screamed with laughter with [Celine] ... wants to play already, stiff as a little post... will be walking soon...appears to be intelligent..\textsuperscript{121}

and is eating solids (porridge) with vigour. Rose reports she rarely cries and “one cannot see a more darling child.”\textsuperscript{122} At ten months she is “very strong and big and holds

\textsuperscript{115} Letters of St. Thérèse of Lisieux: Volume II, 1205.

\textsuperscript{116} Thérèse “is very strong at present. I saw her on Thursday last; her wet nurse brought her, but she did not want to stay with us and let out piercing cries when she no longer saw her wet-nurse.” The only way to subdue her cries was to take her to “little Rose” at the market. Letters of St. Thérèse of Lisieux: Volume II, 1204, 1206.

\textsuperscript{117} Letters of St. Thérèse of Lisieux: Volume II, 1208.

\textsuperscript{118} Frost, A Guide to the Normandy of Thérèse, 88. This vignette is illustrated in a window of the parish church in Semallé.

\textsuperscript{119} Letters of St. Thérèse of Lisieux: Volume II, 1206-1207.

\textsuperscript{120} Letters of St. Thérèse of Lisieux: Volume II, 1207.

\textsuperscript{121} Letters of St. Thérèse of Lisieux: Volume II, 1206, 1207.

\textsuperscript{122} Letters of St. Thérèse of Lisieux: Volume II, 1208.
herself up straight against the chairs.” As Thérèse grows into Rose’s country-life, she shows a preference for women whose dress and manner are like Rose’s. Nevertheless, when Thérèse chooses to be held by working women rather than those dressed à la mode, Zélie expresses amusement where she might have shown disdain or resentment. Rose and Zélie agree on the delight that Thérèse brings, and while Zélie is eager to have Thérèse back home, due to a promise, she remains in Rose’s care for a further four months, returning “definitively” at fifteen months. Thérèse advances physically, affectively and cognitively, and her carers are united in their love for her.

Upon Thérèse’s return, Zélie’s satisfaction with Thérèse continues. “The dear thing does not want to leave me, she is continuously with me.” Thérèse remains outgoing in her affection, “The little baby has just passed her hand over my face and kissed me,” however there are indications that she misses her previous life. Thérèse loves “going into the garden” but does not enjoy it without her mother’s company, such as Rose would have given. “If I am not there, she does not want to remain and cries until someone brings her back to me...” Zélie’s work requires her to be inside; she writes that Thérèse’s affection causes her happiness “but sometimes it is troublesome.” Nevertheless, she chooses to occupy herself with her “little Thérèse” rather than “external events.”

123 At eleven months “We have only to place her standing near a chair and she supports herself well there, and never falls. She takes little precautions for this...” Letters of St. Thérèse of Lisieux: Volume II, 1208, 1209.

124 Letters of St. Thérèse of Lisieux: Volume II, 1208-1209.

125 Letters of St. Thérèse of Lisieux: Volume II, 1208, 1210, 1298.

126 Letters of St. Thérèse of Lisieux: Volume II, 1211.

127 Letters of St. Thérèse of Lisieux: Volume II, 1211.

128 Letters of St. Thérèse of Lisieux: Volume II, 1210-1211. A swing is erected and Thérèse is exuberant in her use of it; “…when it [the swing] does not go fast enough, she cries...,”a reminder perhaps of the excitement of being pushed at speed in the wheelbarrow at Semallé.

129 Letters of St. Thérèse of Lisieux: Volume II, 1211, 1210. Zélie works on her lacework orders till 10pm at night, then again at 5am. “However, the more trouble I have [with her] the better I am.”

130 Letters of St. Thérèse of Lisieux: Volume II, 1211.
b. **Significance of Early Self-formation**

Zélie, from birth, affirms Thérèse’s extraordinary responsiveness. Her sensitivity to Thérèse nourishes Thérèse’s physical growth, and fuels her own determination for Thérèse to live. Thérèse’s early self-formation, however, involves ambiguity. With the death of three other infants, Zélie’s confidence in giving life has been eroded. Zélie’s eyes express adoration and fear: at times there are adoring eyes, tender holding, a voice that sings; at other times, ‘tentative’ breasts and a concerned (contorted) face. This culminates in the withdrawal of nourishing milk and happy face – if she could verbalize her experience, Thérèse might say: “the face which adores me also makes me sick” and “I draw an anxious face.” At the appearance of Rose’s calm face and restoring breast, her mother’s tense face eventually cheers and approves. It then disappears to reappear intermittently, happy and approving.\(^{131}\) Though rendered superfluous, Zélie approves of the flow of milk and smiles from Rose, from the background. Zélie does not oppose Thérèse’s insistence to maintain her bond with Rose (which amounts to “I deserve what-Rose-gives in abundance”). In her occasional presence, Zélie’s approving face supports Thérèse’s self-formation through Rose. (Her early sense of self may be verbalized as: “I am who is given milk from a warm breast, smiles, scents, outdoor atmosphere and sunshine” and “familiar faces appear and pay great interest in me.”)\(^{132}\) Thérèse can feel from this, “I am highly valued as my desire is indulged.” After Rose weans Thérèse, Thérèse is returned to Zélie. While Thérèse’s contact with Zélie is continuous, contact with Rose fades.

c. **Conclusion**

In terms of object relations theory (based on breast, bottle, face, voice and arms), in drawing a tender gaze, and sensitive holding, but also an anxiously offered breast and bottle, from a face contorted by worry, Thérèse would have internalized an ambiguous sense of self. Thérèse’s sense of ‘I am desirable and given to’ established by Zélie, is

\(^{131}\) *Letters of St. Thérèse of Lisieux: Volume II*, In the in-between time Thérèse was fading (perhaps fainting) from lack of nourishment, and unable to sleep from diarrhoea, so there may have been lapses in consciousness.

\(^{132}\) *Letters of St. Thérèse of Lisieux: Volume II*, 1206. Zélie visits regularly, reporting on Thérèse’s development, writing this down for Mme Guerin and Pauline. Marie is at this point home sick with Polio.
sustained by Rose in a more abundant way, via her productive breast and confident face. Zélie maintains Rose’s giving, but Thérèse prefers consolation from Rose her felt-provider. Rose brings Thérèse to Zélie, and Zélie travels to Semallé to play with Thérèse. Thérèse then loses her benevolent milk-face, but she rejoins play and eating to the familiar face of Zélie.\footnote{This is evident in Thérèse taking porridge from Zélíe’s table. \textit{Letters of St. Thérèse of Lisieux: Volume II}, 1207.} This combined care Winnicott might view as fulfilling the idea of “good enough” mothering, where the specifics of “holding,” while varying, is, in its progression, “good enough.”\footnote{“Holding” used by Winnicott, represents an overall environment. Donald W. Winnicott, \textit{The Maturational Processes and the Facilitating Environment: Studies in the Theory of Emotional Development}. London, New York: Karnac, 1965, 1990), 44-55.} We will now turn to comment on the quality of early parental care as merciful, using Sroufe’s model of emotional development.

4. Care in Infancy as Merciful

\textit{a. Sroufe’s Theory of Affective Development}

To find whether what Thérèse received might be felt as mercy, we turn to Sroufe’s theory of emotional development,\footnote{Sroufe approaches human development as analogous to embryonic development; each emergent stage is the precursor to a next more differentiated stage. More complex behaviour emerges from what was previously present; the new creations feature emergent properties which constitute the precursor for what follows. The prior behaviour makes possible the new but does not specify it. Sroufe, \textit{Emotional Development}, 38-39.} which acknowledges that cognitive, affective, and physical capacities do not develop in isolation but, through interactive organization, develop as one unified process.\footnote{The difference between the six month old and the ten month old illustrates not their individual and physical cognitive and affective capacities, but the organization of these capacities allows the 10 month old to grasp the resemblance of a game. Sroufe, \textit{Emotional Development}, 38, 41-42.} Sroufe’s behavioural approach, based on clinical research, is based on goal-oriented motivation rather than Freudian drives.\footnote{Infants do not run out of “drive,” but keep seeking until attachment is achieved. Bowlby sees the balancing between attachment and exploration as part of human survival. Sroufe, \textit{Emotional Development}, 176- 177.} It incorporates John Bowlby’s “attachment” behaviourist construct,\footnote{Bowlby’s construct can be found in James Bowlby, \textit{Attachment and Loss Vol 1}, 2nd Ed (New York: Basic, 1969/1982) and \textit{Attachment and Loss Vol 2} (New York: Basic, 1973).} the infant/caregiver dyad’s aim to form an attachment (a secure base from which to explore/encounter the

\textit{Letters of St. Thérèse of Lisieux: Volume II}, 1207.
world). Characterized by behaviour directed toward a relationship, rather than by specific behaviours, “attachment” is established when “active and corrected behaviour with respect to the goal of emotional regulation [is] directed preferentially to a particular other.” Attachment is necessary for a positive sense of self, self-regulating and maintaining positive affect.

By “emotions” Sroufe means expressions of “cognitive/affective engagement” (“tension” or “arousal”) relating to the meaningfulness of an event, corresponding to the capacity developed to generate it, which changes with age. Sroufe views emotion as predominantly social in nature and inseparable from its social context. He views the mutual exchange between infant and caregiver as critical in emotional development, and reciprocally, affect as important for all aspects of personality and social development. Importantly, he views the development of emotion and cognition as “nondissoluble,” being two different aspects of the same process of the person-

139 Sroufe, Emotional Development, 175. Unique in Bowlby’s observation is that “the adult does not need to teach or reinforce such behaviours, but merely be available and interactive for them to occur.”

140 Sroufe, Emotional Development, 173-175. No behaviour is exclusively an attachment behaviour, but attachment behaviour is oriented toward the end of attachment. Some indicators of attachment in the child are separation distress, a secure base from which to go out, positive affect, such as at 10-13 months, the sharing of pleasurable discoveries with the caregiver in the form of joint visual attention, and alertness to the caregiver’s whereabouts (to access their safe haven when under threat).

141 Goals such as attachment, and autonomy, in their variety, contribute to the emergence of the self. The tension between “drives” and “behaviour,” to some degree, is resolved by using the terms “goal” and “motivation.” Sroufe, Emotional Development, 159.

142 Sroufe prefers “tension” to “arousal” as it involves active expression on the part of both caregiver and infant. By “development” Sroufe means the common core processes underlying the emergence of emotions and the capacity for emotion regulation. In an organizational approach, no premium age is placed on age of acquisition, but effectiveness of adaptation is sought for in each child as unique. Goals such as striving for autonomy or attachment, extending beyond infancy, are viewed as a sequence “each rising to ascendency, and each having logical ties to former and subsequent issues.” The regulation of tension (affective engagement) within caregiver-infant interaction is an organizing principle for the first six months for individual adaption, but also the precursor for later construction of attachment to the caregiver. Sroufe, Emotional Development, 140-141, 158.

143 Sroufe, Emotional Development, 39.

144 “Affection and rage typically have social objects. Shame requires an audience. Infants smile more frequently and broadly when they are with others than when they are alone. Guilt is based on the internalization of social values. From an evolutionary perspective, social communication is the primary function of all emotions.” Sroufe, Emotional Development, 40.
Of interest here is Sroufe’s exploration of the regulation of “tension” an activity which we view as intrinsically merciful, and inferentially evident between Thérèse’s caregivers and Thérèse. Regulation of tension means to engage the other such that emotion is evoked, and the occasion of it is meaningful. The caregiver trains the infant in tension management. In the course of playful interaction the infant learns, over time, to maintain behavioural organization in the face of increasingly high levels of tension. As caregiver and infant play, tension is escalated and de-escalated to the edge of over stimulation and back again, commonly ending in the bursts of positive affect that are so rewarding for caregivers. Episode by episode... the infant’s own capacity to modulate (and tolerate) tension is developed, and a reservoir or shared positive affect is created... in time the caregiver is not only a beacon for security but a repository of positive feelings as well...the infant can be more direct and active in seeking what he or she needs by behaving effectively even in the face of high tension.

Sroufe argues that the regulation of tension (affective engagement) within caregiver-infant interaction is an organizing principle for the first six months for individual adaption, and the precursor for later construction of attachment to the caregiver. Attachment, the result of this interaction, is influenced by “the regularity with which arousal has historically led or not led to infant behavioural disorganization in the context of the caregiver.” Caregiver disinterest, insensitivity and inappropriate actions, lead to disorganization. The management of tension, Sroufe asserts, is “a single integrating thread that ultimately becomes woven into the fabric of emotional functioning.” What begins as built in physiological arousal becomes, via caregiver

145 Sroufe, Emotional Development, 40.
146 Sroufe, Emotional Development, 144-145. “To the degree that the caregiver is reliable, dependable, and consistent, he or she is knowable and therefore a source of security in the midst of novel experiences...to the degree that the caregiver is alert, “attuned,” responsive and effective, the infant can engage the novel surround with assurance and confidence – becoming a base for exploration and mastery.”
147 Sroufe, Emotional Development, 158.
148 Sroufe, Emotional Development, 158.
orchestration, true dyadic interaction, and finally, self-regulation. Paradoxically, “the infant who is effectively dependent – who operates successfully from within the caregiver-infant relationship – later shows more effective functioning outside of this relationship, and is more capable of independent functioning.” From the above data, we can infer that both Zélie and Rose regulated “tension” in baby Thérèse. Thérèse’s insistence on being reunited with Rose (her “secure base”), and her clinging to Zélie when returning to Alençon, attests to effective dependence in Thérèse, pointing to Rose/Zélie responding to and guiding Thérèse’s bids for emotional engagement.

b. The Process of Affective Development

To evaluate Thérèse’s care more closely, we present the passage of affective development in Sroufe’s terms. In the first days of life the infant almost entirely responds to internal (interoceptive) stimulation such as pain and hunger. Very quickly, however, in the first weeks of life, “infant behaviour is increasingly a matter of seeking stimulation, rather than always seeking relief from discomfort...” Attachment is relatively flexible in the beginning. Though the process for recognition has begun, as there is not so much person recognition but familiarity with caregiver patterns of behaviour, a change of caregiver for the infant (such as Thérèse going to live with Rose) is primarily an adaption to a different routine. The infant, disposed to responding to contingent care (care comprised of responses that match, consider, and ‘reply to’ the infant’s individual behaviour), adapts to synchronized caregiving (a familiar close ‘conversation’), readily taking up “interactional idiosyncrasies,” culminating in “differentially looking at the caregiver’s face.” At her time of going into Rose’s care, at two and a half months, Thérèse was giving Zélie “clear smiles”

149 Sroufe, Emotional Development, 159.
150 Sroufe, Emotional Development, 151, 152.
152 Sroufe, Emotional Development, 153.
153 Sroufe, Emotional Development, 159.
154 Sroufe, Emotional Development, 160. Familiarity with caregiver patterns of behaviour is the precursor for person recognition.
155 Sroufe, Emotional Development, 160. Babies who roomed in with their mothers were compared with babies kept in a nursery.
(smiles involving cognition) between bouts of distress, suggesting, if not an effort on Zélie’s part to produce smiles in Thérèse, Zélie watching for Thérèse’s smiles.\textsuperscript{156}

At about three months, the infant begins an emotional life by processing the content of events.\textsuperscript{157} Because the infant so readily engages, the infant is now vulnerable to chaotic and unresponsive care.\textsuperscript{158} Between 3-6 months affective regulation involves avoiding overstimulation, providing relief, and interactive repair (rapprochement after being left), but, critically, it includes high levels of tension associated with smiling and laughter in “face to face” mirroring.\textsuperscript{159} “A cyclic escalation of positive affect...that begins with mutual smiling and ultimately builds to mutual joy and mutual hilarity” confirms that extreme heights of arousal need not be distressing or disorganizing are as “much part of the regulation of tension as the termination of distress.”\textsuperscript{160} We encounter Thérèse’s ability and readiness to be led to a high level of positive affect when at six months she visits Zélie, and her older sisters. Thérèse is happy to remain at their house, and eats porridge. Further,

She did nothing but laugh, and little Celine was the one who pleased her. She screamed with laughter.\textsuperscript{161}

Cognitive growth comes through mastering encounter with novelty; the caregiver’s role is to help the infant remain organized and affectively positive.\textsuperscript{162} Disorganization impairs cognitive and social development, while organized focus in the face of tension serves social and cognitive development.\textsuperscript{163}

\begin{flushright} 156 See Sroufe, \textit{Emotional Development}, 80-83.  
157 From six to eight months, the infant is not just merely capable of emotions, but now “is an emotional being.” At 10 months the infant is more like an adult than a three month old. Sroufe, \textit{Emotional Development}, 153.  
159 Sroufe, \textit{Emotional Development}, 162.  
160 Sroufe, \textit{Emotional Development}, 162. This is named the period of positive affect.  
161 \textit{Letters of St. Thérèse of Lisieux: Volume II}, 1207.  
163 Sroufe, \textit{Emotional Development}, 163.\end{flushright}
In summary, smooth harmonious routines are necessary for 0-3 months, management of tension is necessary for 3-6 months, and the responsive availability of the caregiver is necessary at 6-12 months. Our data shows Zélie regulating tension through her responses to Thérèse’s smiling and crying in the first few months of her life. Zélie looks for and encourages (engages) Thérèse’s smile, and tries to calm her when she cries. At five and a half months, in the event of Thérèse’s reunion with Rose in the market place, we have evidence of efficient tension regulation and signs of attachment. First, Thérèse cries to bring about caregiver-proximity; then, upon being delivered to Rose, “recovery from an overly aroused, disorganized state is smooth, steady, and carried to completion.” At six and a half months we find Rose has placed Thérèse upon a wheelbarrow to be close to her in the field where she works and she “hardly ever cries” (with Rose close by). At eleven months Thérèse makes intentional bids for affective connection with people she recognizes as familiar. Zélie writes

She really wanted to see [working women], even more willing than to see me, and she kissed them several times.

c. The Activity of Regulation – a Form of Mercy?

In the first six months, “an infant does not have the capacity for self-soothing and self-regulation and [is] frequently on and past the edge of overwhelming arousal” and the caregiver orchestrates affective regulation. The responsive caregiver “reads the

164 In the first six months, emotions are being ‘taught’; in the second six months, “the same time that infants become capable of meaning based emotions, and the nature of the emotion becomes based on subjective evaluation, infants take an active role in emotional regulation...apparent both in their expanding capacities for arousal management and intentional bids for caregiver assistance.” Sroufe, Emotional Development, 161, 152.

165 Letters of St. Thérèse of Lisieux: Volume II, 1200.

166 Sroufe, Emotional Development, 176, 183. This description of attachment, observed in 12 month old children in Ainsworth’s laboratory experiment, well illustrates the established synchrony between Rose and Thérèse.


169 At first, smiles are produced by gentle modulated stimulation, then by nodding head and voice, and then by stationary visual stimuli (by 10 weeks) which is an active transaction between infant and event. The content of the event is crucial; the arousal is produced by a cognitive or recognition process. Distress occurs at the cessation of pleasurable stimuli (such as rocking or sucking) and overstimulation – any
infant’s signs of distress and other affective communications, imbues them with meaning, and responds to them – dyadic regulation is accomplished without intentionality on the part of the infant.”\textsuperscript{170} The infant’s gaze is captured, held, and directed (aroused to tension). Through this guided arousal the caregiver establishes an interactive bond where she is the initiator and guide, but by her regulation in this, she is modelling for the infant the skills required to initiate and guide, so that in the second half of the first year, the child participates by also initiating.\textsuperscript{171} Essentially, as the child cannot control its own attention (affect) without help, it is stimulated and guided to smile, to laugh, to be soothed.

What the caregiver does is an example of a social dance involving “matching or attunement.”\textsuperscript{172} The infant is captured with gentle tones, and changing facial expressions (as stillness will not garner attention), and through modulating tones and expression builds excitement.\textsuperscript{173} As soon as the infant gives cues that show distress, by turning away or showing distress, the caregiver will de-escalate (reduce stimulation) and allow the infant to re-organize before continuing. Sensitive caregivers do not take this as rejection but understand that continuing will result in distress and future avoidance of stimulation.\textsuperscript{174} “After the stimulation has ended the caregiver stays in contact with the infant, with the episodes and the total encounter becoming greater in length and more rich and varied;” the result is a sense of being “fitted into a dialogue.”\textsuperscript{175} The roots of mutuality are set out; the infant gains a sense of give and take, of social participation, and efficacy. The caregiver is both source of stimulation,

\textsuperscript{170} Sroufe, \textit{Emotional Development}, 45, 137.

\textsuperscript{171} Sroufe, \textit{Emotional Development}, 172.

\textsuperscript{172} Sroufe, \textit{Emotional Development}, 163-4 “This involves behaving in ways that amplify, support, or modulate the infant’s response.” When the child “coos” or smiles, the caregiver may “shimmy” their upper body, promoting a “repetition of the smile,” unaware of their “matching.”

\textsuperscript{173} Sroufe, \textit{Emotional Development}, 164.

\textsuperscript{174} Sroufe, \textit{Emotional Development}, 164.

\textsuperscript{175} Sroufe, \textit{Emotional Development}, 164.
and responds to stimulation. Moderating the intensity, novelty and complexity allows the child to cope with an increasingly rich and varied experience without breaking contact and without becoming disorganized. The mother provides a “holding” framework for her own cues. That is, she holds the infant with her hands, with her eyes, with her voice and smile, and with changes from one modality from another as [the child] habituates to one or another. All these holding experiences are opportunities for the infant to learn how to contain himself, how to control motor responses and how to attend for longer... periods. They amount to a kind of learning about organization of behaviour in order to attend.

Zélie, it can be inferred, regulating positive affect in Thérèse by soothing, by engaging a smile at two weeks, then laughter at nine weeks. Thérèse smiles after her saving breastfeed, at two and a half months (whereupon her “gaiety” returns). Zélie expresses sadness over losing “care” for Thérèse. Her sadness is likely to be due to the loss of regulating interaction and its rewards.

In creating contingency (the caregiver modifying their behaviour in relation to the child’s) the child learns that she or he can affect the environment, and that this is more than just a matter of mere contingency, but of “synchrony.” It is considered synchrony because it involves more than

...waiting for an appropriate response from the infant and being prompt with a reward. The caregiver also creates a climate and arranges the interaction such that the response can occur. ...giving the impression of true reciprocity...The caregiver guides the interaction and crafts the mutuality that the infant may then experience.

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176 Sroufe, Emotional Development, 164.
177 Sroufe, Emotional Development, 165.
178 Sroufe, Emotional Development, 165
180 Letters of St. Thérèse of Lisieux: Volume II, 1204.
181 Sroufe, Emotional Development, 165.
182 Sroufe, Emotional Development, 165.
Though there appears to be genuine reciprocity, as a mother genuinely fits in with the infant’s responses and call for the next behaviour, the mother leads by implementing those requests. Ainsworth states that

The sensitive caregiver responds socially to his attempts to initiate social interaction, playfully to his attempts to initiate play. She picks him up when he seems to wish it and puts him down when he wants to explore. When he is distressed, she knows what kinds and what degree he requires to comfort him ... the mother who responds inappropriately tries to socialize with the baby when he is hungry, play with him when he is tired, or feed him when he is trying to initiate social interaction. 183

The infant is at the mother/caregiver’s mercy to take charge of bringing a new self to being. With restraint and attentiveness, the sensitive caregiver arouses the child to laughter and excitement but allows excitement to abate before it becomes too much and moves to distress. 184 Through sensitive contingent engagement, and synchrony, the child is given to feel that they can affect their environment (experience potency), and by being met and replied to, experience belonging to a conversation (feel a valued other). 185 Though we do not have any written accounts of this between Zélie and Thérèse, or Rose and Thérèse, we can adduce its presence from Sroufe’s observation that sensitive caregiving is normative:

Helping the infant learn to maintain organized behaviour in the face of increasingly high levels of tension is something that caregivers do if they are involved with infants and psychologically available to respond to them. The system seems to be arranged so that caregivers customarily do what infants need, and infant’s responses encourage caregivers to continue or change their behaviour appropriately. 186

Further, Sroufe (quoting Sander) describes the consequences of insensitive care-giving. Interfering caregiving is judged to occur when

183 Sroufe, Emotional Development, 166.
184 There appears to be genuine reciprocity, as the mother genuinely fits in with the infant’s responses and call for the next behaviour, but, in effect, she leads by implementing those requests.
185 Sroufe, Emotional Development, 167.
186 Sroufe, Emotional Development, 163.
...interventions and initiations of interaction break into, interrupt or cut across the baby’s ongoing activity, rather than being temporally fitted to the baby’s state, mood, and current interests.” The highly interfering caregiver “has no respect for her baby as a separate, active, and autonomous person whose wishes and activity have a validity of their own.” Co-operative caregivers guide rather than control, their infants. Responsivity, mutuality, reciprocity, and cooperativeness are all related. When caregivers respond to an infant’s signals, they lay the groundwork for a sense of potency. The infant finds that the world (the caregiver) responds to his or her needs; the infant can have an effect. Likewise, such a sense is fostered when ...ministrations [are tuned] to the infant’s activity [and] The infant is stimulated when open to stimulation... The infant learns that stimulation from the caregiver is not chaotic, not strident...\(^{187}\)

What care did Thérèse receive? We do not find frequent frustrated crying (which might indicate emotional disorganization), or dullness (passivity/low responsiveness from repeated rebuffal) in Zélie’s written accounts around Thérèse’s first year in Semallé. From Zélie’s reports, Thérèse is alert and content. When she calls for Rose’s presence in Alençon, upon her appearance, Thérèse is swiftly reorganized. At eleven months of age, she makes advances of affection (kisses) toward persons of her own choosing (“working women”) in Rose’s absence.\(^{188}\) These represent initiative, a dynamic taught and practiced within sensitive interaction, indicating a sense of potency and expectancy. Thérèse has progressed to initiating affective-engagement. Finally, Zélie notes that Thérèse (at fourteen months) is “advanced for her age” (cognitively) which in Sroufe’s schema is inextricable from organized affect.\(^{189}\)

d. Sensitive Regulation as Merciful

In the developing infant (whose physiological needs are met) there is an intrinsic motivation to do and to experience. Sensitive caregivers support this intrinsic motivation by their participating with the infant as well as allowing space. Incorporating play into bathing, feeding and changing, ‘caregivers customarily do what infants need, and infants’ responses encourage caregivers to continue or to change their


\(^{188}\) *Letters of St. Thérèse of Lisieux: Volume II*, 1208.

\(^{189}\) *Letters of St. Thérèse of Lisieux: Volume II*, 1210. At eighteen months of age, Zélie considers her “intelligent” (1210), and again at two years of age (1213); at almost three (Dec 1875): she “has an incredible facility...she has an extremely precocious intelligence.”(1220) Then, at almost four (Nov 1876), she is “sharp as a needle” (1226).
behaviour appropriately.“

Like accessing milk, cleanliness, safety and warmth, engaging with the environment can only be taken up with help; but, unlike hunger, pain, and discomfort, this need is easy to ignore. Here the infant relies entirely on the caregiver’s imagination and commitment. To bring the child ‘to life’ as a new positive other, requires the caregiver to envisage what life holds for the child, on the child’s behalf. It involves attention to the infant’s subtle indications, their developmental changes, and their otherness in the face of its inability to override the caregiver’s powerful (adult) will, or to exert protest over what it does not know (not yet knowing itself as separate). To alleviate the distress of the infant’s limited ability to regulate its own emotion involves the adult caregiver putting aside height, speed, power, strength, reserve, and self-glory. The adult restrains herself, yet also implements all at her disposal to regulate the emotion of one who is increasingly recognized as vulnerable, and entirely at her mercy. The adult compensates, models, carries, and responds, so that true/equal interaction is felt by the infant (a sense of influence). This orchestration may be described as ‘gracious’.

Caregiver orchestration is not felt as mercy by the infant. Mercy describes the caregiver’s activity, but the infant is as yet unaware of its own helplessness, especially, when it is well cared for. The child, however, eventually reaches a point of self-regulation, and begins (around 6 months of age) to repeat and initiate the activity that she received. Merciful behaviour will be practiced in play. Later, upon encountering a younger person or animal, perceived as more limited than herself, she recreates her

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190 Stern studied mother’s play with their infant. “In an intricate process...infant and caregiver wind their way toward positive outcomes of smiling and cooing, which punctuate bouts of interaction. The playful interactions vary greatly, with the infant at times slowing the pace by looking away ... or the caregiver may “escalate” and “de-escalate” the stimulation by changing the intensity, variety or pacing, or by pausing momentarily. ...all [is]... organized around a common outcome, the affectively positive exchange.” Sroufe, Emotional Development, 163.

191 Sroufe, Emotional Development, 167.

192 Sroufe, Emotional Development, 205. Søren Kierkegaard writes about a mother teaching her child to walk: She is far enough from him so that she cannot actually support him, but she holds out her arms to him. She initiates his movements, and if he totters she swiftly bends as if to seize him, so that the child might believe he is walking alone... Her face beckons like a reward...thus, the child walks alone with his eyes fixed on his mother’s face, not on the difficulties in his way. He supports himself by the arms that do not hold him and constantly strives towards the refuge in his mother’s embrace, little suspecting that at the very same moment that his is emphasizing his need of her, he is proving that he can do without her, because he is walking alone.
familiar environment, sensitively accommodating the other’s limitation, from her affective-memory. In this mimetic activity, merciful behaviour is comprehended. But mercy, we suggest, is effectively felt when a contrast arises. The sense of potency and of being met, as mercifully given, enters the child’s awareness, and is gauged, on the occasion of its loss. We will observe later that suffering, in its loss of autonomy, represents this contrast. Suffering, as Thérèse felt it, especially in the form of helplessness (“impasse”), disables a person’s hopes, aims, and efforts, creating a sense of chaos and impotence. We turn to Zélie and Rose as Thérèse’s caregivers.

e. Zélie and Rose

Thérèse’s development is first advanced by the experience of regular and reliable events involved in feeding and changing, and by sensitive engagement during these events. 193 Favouring her child, she looks into Thérèse’s face with expectation. Watching for Thérèse’s smile, Zélie stimulates positive affect. She reports that Thérèse is very responsive to her at two weeks of age, showing a clear smile, 194 which generates anticipation in Zélie. Zélie feels Thérèse is full of potential (smiling, singing, “different,” “strong”), 195 and she looks for occasions to reinforce this. Thérèse responds to what the presenting face does. 196 We reaffirm that the child, not privy to the whole person and their intention (object relations theory), makes what it can from “objects” presented.

At this age, consistent handling satisfies the infant’s responsiveness to routine. Responding to emotional states and signals, comforting and engaging, learning the infant’s characteristics and qualities is critical for the subsequent period. 197 Investment and confidence in managing the infant (what works and what does not), is rewarded by

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193 Sroufe, Emotional Development, 44.

194 “... she is already smiling. I noticed this on Tuesday for the first time. I imagined I was mistaken, but yesterday ... she looked at me attentively, then gave me a delightful smile.” Letters of St. Thérèse of Lisieux: Volume II, 1200. For description and circumstance of “second week” smile see Sroufe, Emotional Development, 80-81.


196 Sroufe, Emotional Development, 104.

197 Sroufe, Emotional Development, 161.
the infant’s reliable smile.\textsuperscript{198} For Zélie, much of this period is occupied with worry, with assessing Thérèse’s health, in terms of her surviving. While a negative (an interfering fear), Zélie also interacts with Thérèse positively. Concern with nutrition does not wholly eclipse loving stimulation. Zélie shows a level of confidence by realizing that what she was doing (feeding poorly) was not working. Importantly, overall, Zélie’s orientation toward Thérèse is joy; fear stems from the possible grief over losing this joy.

When Thérèse comes to live with Rose, she is in an adaptable phase (in the first six months, focus is on caregiver routine). She has experienced reliable replies to her needs/requests. As Zélie did, Rose invests in Thérèse’s welfare (her paid task), but on the side of nourishment in its most physical sense, with perhaps less fear or moral fastidiousness than Zélie, and desire to prove the extent of her bounty. Rose takes charge of an infant who has experienced attention to her every movement.\textsuperscript{199} From two and a half to thirteen months of age Thérèse is with Rose. For this time, we have some vivid records of high positive affective response. Thérèse squeals with delight – able to tolerate high positive tension in the presence of her sisters, and wants to stand, to ‘get at’ the world.\textsuperscript{200} She has formed a strong attachment bond with Rose (cries insistently for her), she seeks to engage with others,\textsuperscript{201} and enjoys “novelty” (new experience), such as in eating porridge from Zélie’s table. Importantly, she is described as smiling, ‘hardly ever crying,” and “darling,” which means she expresses positive affect and makes bids for affectionate returns.\textsuperscript{202}

Rose and Zélie are both responsive to Thérèse, but their sense of freedom is different. Rose uses her ingenuity to be available to baby Thérèse by tying her to the cow she is

\textsuperscript{198} Sroufe, \textit{Emotional Development}, 161-162.

\textsuperscript{199} Constance Fitzgerald describes this maternal watchfulness: when Thérèse looks “into the face of her mother (and by extension her surrogate nurse-mother)” she sees “her mother’s ability to let her tiny daughter see her own reflection in a loving gaze of total regard.” This emphasizes an available, attentive face, rather than an exclusive identity. Fitzgerald, “The Mission of Thérèse of Lisieux,” 3.

\textsuperscript{200} \textit{Letters of St. Thérèse of Lisieux: Volume II}, 1208-9.

\textsuperscript{201} \textit{Letters of St. Thérèse of Lisieux: Volume II}, 1207.

\textsuperscript{202} \textit{Letters of St. Thérèse of Lisieux: Volume II}, 1208-9.
milking, by placing her atop of a wheelbarrow of hay, and by holding her while she sells butter at the market. For Rose, rearing a baby belongs to life’s natural fecundity, as much as does all farm productivity. Zélie, on the other hand, carries with her the expectations of her place in life, and is less secure about her intuitions. She consults doctors with respect to feeding,\textsuperscript{203} and expresses annoyance that her maid as unable to take Thérèse off her hands when she meets with her “working women.”\textsuperscript{204} Zélie’s commitment to mass attendance causes her to be less available to Thérèse.\textsuperscript{205} Influencing Zélie were the religious and romantic themes of this time. Through a focus on the preeminent goodness of the ‘natural’, parents were encouraged to attend to child-rearing with tender watchfulness.\textsuperscript{206} Compatible with this, a theme in Catholic spirituality saw the human surrender to the every ‘whim’ of a tender God, such as a wife might toward a husband (requiring attentiveness to those whims). Fulfilling this led to belonging to a privileged community, and one’s true home (this present life a sad empty, deceptive, ‘land’).

5. Mercy and Thérèse’s Early Self-Formation – Conclusion

Beginning with the premise that the characteristics attributed to God are drawn from experience, there was an attempt to reconstruct the process which formed Thérèse to find what in her early life provided an experience of mercy. McDargh’s insights on the development of religious faith in the light of object relations theory, and Sroufe’s observations with regard to emotional development were enlisted. McDargh noted the importance of the representations of early relations in forming a God-object. Sroufe’s theory of emotional development showed human development as integrated through affect, and occurring through affective-engagement between the caregiver and infant. Thérèse’s experience of Rose and Zélie’s early caregiving provided potential material for her God-object relation.

\textsuperscript{203} Zélie frequently asks for medical opinion with regard to her children. She concedes to being mistaken in offering the feeding bottle. She regularly asks M Guerin for advice, and not having faith in one doctor, mentions sending for “another” doctor to attend to Thérèse. Zeldin notes this as typical of bourgeois practice. \textit{Letters of St. Thérèse of Lisieux: Volume II}, 1200, 1201, 1203.

\textsuperscript{204} \textit{Letters of St. Thérèse of Lisieux: Volume II}, 1208.

\textsuperscript{205} \textit{Letters of St. Thérèse of Lisieux: Volume II}, 1208-9.

\textsuperscript{206} \textit{Letters of St. Thérèse of Lisieux: Volume II}, 1211.
While no behaviour is intrinsically merciful, activity directed to anchoring the infant to a caregiver (a secure base), who affirms the child’s goodness, values them, and envisions the best possible future for them, may be classed as merciful. Such a (secure) base promises future interaction, and ensures justice based on the caregiver participating in the infant’s history (its repository). Ultimately, merciful behaviour is that which alleviates the helplessness of the one who cannot bring what is needed to establish and prolong interaction with one who knows their intrinsic good and potential.

Sensitive engagement with the child, as outlined by Sroufe, in its alleviation from physical, cognitive, and emotional disorganization, we asserted qualified as merciful care. This care (“synchronic” or “contingent”) is central to forming secure attachment, and critical to forming a self that senses itself as affecting its environment. Though our data offered no explicit accounts of “sensitive regulation of affect” from Zélie or Rose, we inferred it as present from the attentive interaction in the Zélie-Thérèse and Rose-Thérèse dyads. Further, there was strong evidence of attachment, affectionate initiatives, and a state of predominantly organized positive affect in Thérèse.

Finally, merciful care is from the perspective of the caregiver, rather than the infant. How does Thérèse as a recipient come to own it? In the caregiver guiding the child to regulate their affect (establishing positive affects, trust, and positive expectations in the future), the child comes to replicate these patterns – now responding to an internalized ‘merciful guide’. She absorbs and repeats it; its quality is imprinted in her in a felt-knowing. Cognitive comprehension of the quality of mercy will occur by way of contrast (through its absence), and in intentionally merciful activity.

In Chapter Three we examine Thérèse’s later self-development, continuing our search for evidence of merciful caregiving influencing her self-formation. Thérèse interacts with religious concepts, such as reparation. Entering the dynamic of faith development, we investigate whether Thérèse returns to the ‘most real’, a felt-knowing from childhood, through experiences of helplessness – leading to filial love as a “core” metaphor.